

# Stimulants

## Brief Assessment

e.g. *Dexamphetamine, Ritalin®*,  
*Methamphetamine ('ice'), Cocaine*



### Worker's notes

The purpose of this tool is to provide you with a better understanding of your stimulant use.

This tool is not intended to replace a full assessment. It is designed to be used alongside other Check Tools as part of a tailored brief intervention. Please consider all risk, safety, consent and confidentiality issues before commencing. If now is not a good time, this and other Check Tools can be taken away by the person and read at a later date.

**Name:**

**Date:**

**At what age did you first try stimulants?**

yrs

**Over the past 3 months, how often have you used the following?** (please tick/select)

	Never	Once or twice only	Few times a month	Weekly	Daily or almost daily
Dexamphetamine ("dexies")					
Ritalin®					
Ice (crystal methamphetamine)					
Base methamphetamine (oily paste)					
Speed (powdered meth/amphetamine)					
Cocaine					

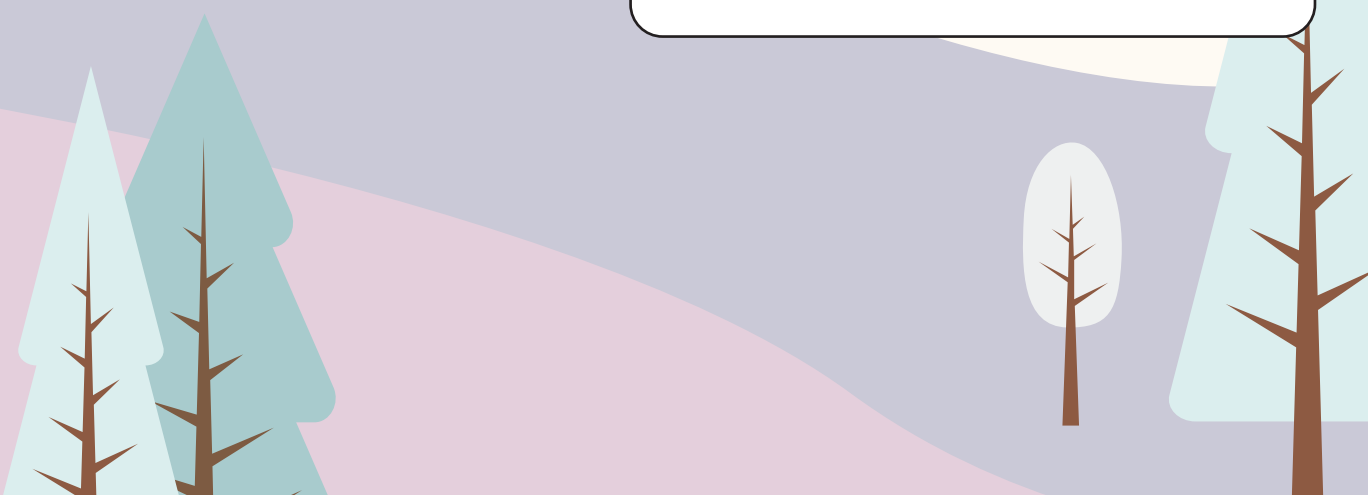
**If using Dexamphetamine or Ritalin®, are they prescribed by a doctor?**

Yes     Sometimes     No

**How are you using your stimulants?** (tick all that apply)

- Swallowing
- Snorting
- Smoking
- Injecting
- Some other way? \_\_\_\_\_

If using in more than one way, what's the most common way that you use?



## Can you describe your pattern of stimulant use in a bit more detail?

e.g. Approx how much do you use? What time of the day do you first have it / last have it? Do you use it throughout the day? Or just in one hit/go?

## Are there particular times, events, places or people that influence the way you use stimulants?

e.g. Do you use more or less on a work/non-work day or weekend/holidays? Or when you're with certain people or do/don't have children in your care (or other caregiving responsibilities)? Or when having certain thoughts or feelings? What about special occasions or anniversaries?

## Would you say your overall level of stimulant use is...

Increasing?  Decreasing?  Staying roughly the same?



**Would you like to explore your relationship with stimulants further?**

See Check Tool 2 "Understanding your substance use"



**Would you like to make changes to your stimulant use?**

See Check Tool 3 "Thinking about cutting back or quitting?"



**Would you like information on ways to use stimulants more safely?**

See Check Tool 4 "Ways to reduce harms"

