

# MJ Study Questionnaire

Please complete the survey below.

Thank you!

---

What is your date of birth?

---

---

What is your age?

---

---

Are you Hispanic or Latino?

- Yes  
 No

---

What is your race?

- Black/African American  
 White  
 Native Hawaiian/Other Pacific Islander  
 Asian  
 American Indian/Native Alaskan  
 Don't Know  
 Refuse to Answer

---

What is your place of birth as listed on your birth certificate? (City, state)

---

---

Do you consider yourself to be homeless?

- Yes  
 No  
 Don't Know  
 Refuse to Answer

---

What is your marital status?

- Married  
 Widowed  
 Separated  
 Divorced  
 Never married

---

What is the HIGHEST grade in school you have completed?

- No formal schooling  
 Eighth grade (8th) or less  
 Less than high school graduation (less than 12th grade)  
 GED  
 High school graduation  
 Trade or Technical training  
 Some college (includes AA degree)  
 College graduation  
 Don't know  
 Refuse to answer

---

What is your CURRENT employment status?

- Full time (35+ hours per week)  
 Part time (regular hours each week)  
 Part time (irregular hours each week/month)  
 Student  
 Service  
 Retired  
 Disabled  
 Unemployed  
 Don't know  
 Refuse to answer

What is your PRIMARY reason for using marijuana/cannabis?

- Recreation
- Medical issues
- Combination (equally for both above)
- 4. Not Applicable

Have you EVER used marijuana to reduce your use of illicit drugs?

- Yes
- No
- Refuse to answer

If YES, which illicit drugs were you using marijuana to reduce your use of?

\_\_\_\_\_

Do you have a MEDICAL marijuana registration?

- Yes
- No

If YES, did you use marijuana BEFORE you received a medical recommendation?

- Yes
- No

Has having a medical recommendation INCREASED or DECREASED your use of marijuana?

- Increased marijuana use
- Decreased marijuana use
- No change in use
- Not Applicable

How do you use marijuana/cannabis?

- Smoking
- Edibles
- Vapor
- Tincture
- Not Applicable

How old were you when you FIRST started SMOKING marijuana/cannabis?

\_\_\_\_\_

How many YEARS have you been SMOKING marijuana?

\_\_\_\_\_

HOW do you SMOKE marijuana (as a percentage of overall use. In other words, if you smoke joints 90% of the time, place "90" next to "joint." All answers much add up to 100)

- Joint
- Blunt
- Pipe
- Hookah
- Dab
- Not Applicable

What percentage of the time do you smoke a joint?

\_\_\_\_\_  
(Percentage)

What percentage of the time do you smoke a blunt?

\_\_\_\_\_  
(Percentage)

What percentage of the time do you smoke a pipe?

\_\_\_\_\_  
(Percentage)

What percentage of the time do you smoke a hookah?

\_\_\_\_\_  
(Percentage)

---

What percentage of the time do you smoke a dab?

---

(Percentage)

---

Now think about the LAST 12 MONTHS through today. We want to know how many days you have smoked marijuana during the past 12 months. What would be the easiest way to tell us how many days you've smoked marijuana?

- Average number of days PER WEEK in 12 months?
- Average number of days PER MONTH in 12 months?
- Total number of days during the past 12 months?

---

On average, how many DAYS did you use marijuana EACH WEEK during the past 12 months?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Not Applicable

---

On these days that you smoked marijuana, how many times did you smoke marijuana PER DAY (frequency)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

---

On these days, how much marijuana (in grams) did you smoke PER DAY?

- 0.5 grams
- 1.0 grams
- 1.5 grams
- 2.0 grams
- 2.5 grams
- 3.0 grams
- 3.5 grams
- 4.0 grams
- 4.5 grams or greater
- Not Applicable

---

On average, how much money do you spend on marijuana (to SMOKE) per week (in dollars)?

---

---

On average, How many DAYS did you use marijuana EACH MONTH during the past 12 months?

---

---

On these days that you smoked marijuana, how many times did you smoke PER DAY (average frequency per day of use)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

---

On these days that you smoked marijuana, how much marijuana did you smoke PER DAY?

- 0.5 grams
- 1.0 grams
- 1.5 grams
- 2.0 grams
- 2.5 grams
- 3.0 grams
- 3.5 grams
- 4.0 grams
- 4.5 grams or greater

---

On average, how much money do you spend on marijuana PER MONTH (in dollars)?

---

---

On average, how many DAYS in the past 12 months did you SMOKE marijuana?

---

---

On these days that you SMOKED marijuana, how many times did you smoke marijuana per day (frequency per day)?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

---

On these days that you SMOKED marijuana, how much marijuana did you smoke (in grams)?

- 0.5 grams or less
- 1.0 grams
- 1.5 grams
- 2.0 grams
- 2.5 grams
- 3.0 grams
- 3.5 grams
- 4.0 grams
- 4.5 grams or greater

---

On average, how much money do you spend on marijuana (to smoke) per year?

---

---

Think specifically about the PAST 30 DAYS. In these past 30 days, how many days did you SMOKE marijuana?

---

---

On these days of smoking marijuana (in the past 30 days), how many times did you smoke marijuana PER DAY?

---

---

On these days of smoking marijuana (in the past 30 days), how MUCH marijuana did you smoke (in grams)?

- 0.5 grams or less
- 1.0 grams
- 1.5 grams
- 2.0 grams
- 2.5 grams
- 3.0 grams
- 3.5 grams
- 4.0 grams
- 4.5 grams or more
- Not applicable

---

How much money have you spent on marijuana (to smoke) in the past 30 days (in dollars)?

---

---

How old were you when you FIRST started EATING/CONSUMING marijuana products/edibles? \_\_\_\_\_

---

How many years have you been EATING or consuming marijuana and marijuana EDIBLES (in years)? \_\_\_\_\_

---

Now think about the past 12 months through today. We want to know how many days you've EATEN/CONSUMED marijuana EDIBLES during the past 12 months. What would be the easiest way to tell us how many days you've used EDIBLE marijuana during that time?

- Average number of days PER WEEK in past 12 months  
 Average number of days PER MONTH in past 12 months  
 Total number of days in the past 12 months
- 

On average, how many DAYS did you eat or consume edible marijuana in EACH WEEK over the past 12 months?

- 1  
 2  
 3  
 4  
 5  
 6  
 7
- 

On these days that you consumed marijuana, how many times did you eat or consume edible marijuana PER DAY?

- 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8 or more
- 

On these days that you consumed edible marijuana, how much marijuana (in grams) did you eat PER DAY?

- Less than 10 mg  
 10 to 30 mg  
 30 to 50 mg  
 50 to 70 mg  
 70 to 90 mg  
 90 to 110 mg  
 110 to 130 mg  
 130 to 150 mg  
 Greater than 150 mg
- 

On average, how much money do you spend on EDIBLE marijuana per week (in dollars)? \_\_\_\_\_

---

On average, how many DAYS did you eat marijuana or marijuana edibles EACH MONTH in the past 12 months? \_\_\_\_\_

---

On these days that you consumed edible marijuana, how many times did you eat or consume marijuana PER DAY? \_\_\_\_\_

---

On these days that you ate or consumed edible marijuana, how much marijuana (in grams) did you eat PER DAY?

- Less than 10 mg  
 10 to 30 mg  
 30 to 50 mg  
 50 to 70 mg  
 70 to 90 mg  
 90 to 110 mg  
 110 to 130 mg  
 130 to 150 mg  
 Greater than 150 mg

---

On average, how much money do you spend on edible marijuana PER MONTH (in dollars)?

---

---

On average, how many days in the past 12 months did you eat marijuana or marijuana edibles?

---

---

On these days that you ate marijuana or consumed marijuana edibles, how many times did you eat or consume marijuana PER DAY?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

---

On these days that you consumed or ate marijuana, how much marijuana did you eat PER DAY (in grams)?

- Less than 10 mg
- 10 to 30 mg
- 30 to 50 mg
- 50 to 70 mg
- 70 to 90 mg
- 90 to 110 mg
- 110 to 130 mg
- 130 to 150 mg
- Greater than 150 mg

---

On average, how much money did you spend on edible marijuana in the past year (in dollars)?

---

---

Think specifically about the PAST 30 DAYS. In the past 30 days, how many days did you eat or consume marijuana or marijuana edibles?

---

---

On these days that you consumed edible marijuana (in the past 30 days), how many times did you eat or consume marijuana PER DAY?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

---

On these days (in the past 30 days), how much marijuana did you consume/eat (in grams)?

- Less than 10 mg
- 10 to 30 mg
- 30 to 50 mg
- 50 to 70 mg
- 70 to 90 mg
- 90 to 110 mg
- 110 to 130 mg
- 130 to 150 mg
- Greater than 150 mg

---

How old were you when you first started using vaporized (vaping) marijuana?

---

---

How many years have you been vaporizing (vaping) marijuana?

---

---

Now think about the PAST 12 MONTHS through today. We want to know how many DAYS you've vaped marijuana in the past 12 months. What would be the easiest way to tell us how many days you've vaped marijuana?

- Average number of days PER WEEK in the past 12 months
- Average number of days PER MONTH in the past 12 months
- Total number of days during the past 12 months

---

On average, how many days did you vaporize (vape) marijuana EACH WEEK during the past 12 months?

- 1
- 2
- 3
- 4
- 5
- 6
- 7

---

On the days that you vaped marijuana, how many times PER DAY did you vape?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

---

On the days that you vaped marijuana, how many grams of marijuana did you vape?

- Less than 10 mg
- 11 mg to 20 mg
- 21 mg to 30 mg
- 31 mg to 40 mg
- 41 mg to 50 mg
- 51 mg to 60 mg
- 61 mg to 70 mg
- 71 mg to 80 mg
- More than 80 mg

---

On average, how much money do you spend on marijuana vaping per week (in dollars)?

---

---

On average, how many DAYS did you vape marijuana in EACH MONTH during the past 12 months?

---

---

On days that you vaped marijuana, how many TIMES PER DAY did you vape?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

---

On the days that you vaped marijuana, how MUCH marijuana did you vape (in grams)?

- Less than 10 mg
- 11 mg to 20 mg
- 21 mg to 30 mg
- 31 mg to 40 mg
- 41 mg to 50 mg
- 51 mg to 60 mg
- 61 mg to 70 mg
- 71 mg to 80 mg
- More than 80 mg

---

On average, how much money do you spend on marijuana vaping PER MONTH (in dollars)?

---

---

On average, how many days in the PAST 12 MONTHS did you vape marijuana? \_\_\_\_\_

---

On these days that you vaped marijuana, how many times PER DAY did you vape?

- 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8 or more
- 

On these days that you vaped marijuana, how much marijuana did you vape (in grams)?

- Less than 10 mg  
 11 mg to 20 mg  
 21 mg to 30 mg  
 31 mg to 40 mg  
 41 mg to 50 mg  
 51 mg to 60 mg  
 61 mg to 70 mg  
 71 mg to 80 mg  
 More than 80 mg
- 

On average, how much money do you spend on VAPING marijuana per year (in dollars)? \_\_\_\_\_

---

Now, think specifically about the PAST 30 DAYS. In the past 30 days, on how many days did you vape marijuana? \_\_\_\_\_

---

On these days that you vaped marijuana, how many times did you vape marijuana PER DAY?

- 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8 or more
- 

On these days that you vaped marijuana (in the past 30 days), how MUCH marijuana did you vape PER DAY (in grams)?

- Less than 10 mg  
 11 mg to 20 mg  
 21 mg to 30 mg  
 31 mg to 40 mg  
 41 mg to 50 mg  
 51 mg to 60 mg  
 61 mg to 70 mg  
 71 mg to 80 mg  
 More than 80 mg
- 

**Think about your use of marijuana during the PAST 12 MONTHS as you answer the following questions:**

	No	Yes
During the past 12 months, did you find that your usual amount of marijuana had less effect on you that it once did?	<input type="radio"/>	<input type="radio"/>



During the past 12 months, did you find that you had to use much more marijuana that you once did to get the effect you wanted?

During the past 12 months, did you often use marijuana in larger amounts for a much longer period of time than you meant to?

During the past 12 months, did you more than once WANT TO stop or cut down on using marijuana?

During the past 12 months, did you more than once TRY to stop or cut down on using marijuana but found you could not?

During the past 12 months, did you give up or cut down on activities that were important to you in order to use marijuana - like work, school or associating with friends or relatives?

During the past 12 months, did you give up or cut down on activities that you were interested in or that gave you pleasure in order to use marijuana?

During the past 12 months, did you have a period when you spent a lot of time using marijuana or getting over its bad after effects?

During the past 12 months, did you have a period when you spent a lot of time making sure you always had enough marijuana available?

During the past 12 months, did you continue to use marijuana even though it was making you feel depressed, uninterested in things, or suspicious or distrustful?

During the past 12 months, did you continue to use marijuana even though you knew it was causing you a health problem or making a health problem worse?

---

Score: \_\_\_\_\_

---

How would you say, in general, your health is?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't know/Not sure
- Refuse to answer

---

Using a scale from 0 (being NO pain) to 10 (being EXTREME pain) what has been your average level of physical pain over the last 30 days?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

---

Using the above scale (0 through 10), what is your current level of pain today?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

How many days have you experienced medical problems in the past 30 days? (Including flu, infections, colds)?

- 0  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12  
 13  
 14  
 Don't Know  
 Refuse to answer  
 Not applicable

Have you EVER been told by a doctor, nurse or other health professional that you have or have had ASHTMA?

- Yes  
 No  
 Don't know/Not sure  
 Refuse to answer

Do you STILL have asthma?

- Yes  
 No  
 Don't know/Not sure  
 Refuse to answer

### Asthma Control Test

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Not relevant (does not have asthma)
In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 4 weeks, how often have you had shortness of breath?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 4 weeks, how often have you used your rescue inhaler or nebulizer machine (such as Albuterol)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How would you rate your asthma control during the past 4 weeks?

During the past 30 days, how often did you have wheezing, shortness of breath, chest tightness or phlegm production?

- Never  
 Less than once per week  
 Once or twice per week  
 More than 2 times per week but not every day  
 Everyday but not all the time  
 all the time  
 Don't know/Not sure  
 Refuse to answer

	Yes	No	Refuse to answer	Don't know
During the past 12 months, have you been told by a doctor or other health professional that you had sinusitis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 6 months, have you been told by a doctor or other health professional that you had sinusitis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 12 months, have you been told by a doctor or other health professional that you had chronic bronchitis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 6 months, have you been told by a doctor or other health professional that you had chronic bronchitis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 12 months, have you been told by a doctor or other health professional that you had pneumonia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the past 6 months, have you been told by a doctor or other health professional that you had pneumonia?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I cough:

- Most days of the week  
 Several days of the week  
 A Few times a month  
 Only with chest infections  
 Not at all  
 Refuse to answer

I bring up phlegm (sputum):

- Most days of the week  
 Several days of the week  
 A Few times a month  
 Only with chest infections  
 Not at all  
 Refuse to answer

I have shortness of breath:

Most days of the week  
 Several days of the week  
 A few day per month  
 Only with chest infections  
 Not at all  
 Refuse to answer

I have attacks of wheezing:

Most days of the week  
 Several days of the week  
 A few day per month  
 Only with chest infections  
 Not at all  
 Refuse to answer

How many attacks of chest trouble did you have during the last year?

3 or more  
 1 or 2 attacks  
 None  
 Refuse to answer

How often do you have good days (with little chest trouble)?

No good days  
 A few good days  
 Most days are good  
 Everyday is good  
 Refuse to answer

If you have a wheeze, is it worse in the morning?

No  
 Yes  
 Refuse to answer

How would you describe your chest condition?

Causes me a lot of problems and is the most important health problem I have  
 Causes me a few problems  
 Causes me no problems  
 Refuse to answer

### Do the following activities make you feel breathless?

	True	False	Refuse to answer
Getting washed or dressing myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking around the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking outside on the level ground	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking up one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking up a hill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### The next questions are about any cough and breathlessness you are experiencing

	True	False	Refuse to answer
My cough hurts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My cough makes me tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am breathless when I walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am breathless when I bend over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My cough or breathing disturbs my sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get exhausted easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next few questions are about other effects that your potential chest trouble may have on you**

	True	False	Refuse to answer
My cough or breathing is embarrassing in public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My chest trouble is a nuisance to my family, friends or neighbors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get afraid or panic when I cannot get my breath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I am not in control of my chest problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have become frail or invalid because of my chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise is not safe for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Everything seems too much of an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The next few questions are about how your activities might be affected by your breathing**

	True	False	Refuse to answer
I take a long time to get washed or dressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot take a bath or shower, or if I can it takes me a long time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I walk slower than other people or stop frequently to rest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jobs such a housework take a long time or I have to stop frequently to rest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I walk up a flight of stairs, I have to go slowly or stop to rest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I hurry or walk fast, I have to stop or slow down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My breathing makes it difficult to do things such as walk up hills, carrying things up stairs, light gardening such as weeding, dance, play bowling or golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My breathing makes it difficult to do things such as carry heavy loads, dig in the garden, shovel snow, jog, play tennis or swim

**We would like to know how your chest trouble USUALLY affects your daily life**

	True	False	Refuse to answer
I cannot play sports or physical games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot go out for entertainment or recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot go out of the house to do shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot do housework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cannot move from my bed or chair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How does your chest trouble affect you?  It does NOT stop me from doing anything I would like to do  
 It Stops me from doing one or two things I would like to do  
 It stops me from doing most of the things I would like to do  
 It stops me from doing everything I would like to do  
 Refuse to answer

**The next questions are about your medical history**

	0	1	2	3	4	5	6	7	8	9	10 or more	Do not know	Not applicable
How many times IN YOUR LIFE have you been hospitalized overnight for medical problems (number of hospital admissions, NOT days in the hospital. Do NOT include hospitalizations for child birth or psychiatric conditions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Refuse to answer	<input type="radio"/>
How many of these admissions were for respiratory (breathing) related issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many times in the PAST 12 MONTHS have you been hospitalized overnight for a medical problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many times in the PAST 12 MONTHS have these hospitalizations been related to pulmonary/respiratory (lungs and breathing) problems?

How many times in the PAST 6 MONTHS have you been hospitalized overnight for medical problems?

How many times in the PAST 6 MONTHS have you been hospitalized overnight for pulmonary/respiratory (lungs and breathing) problems?

How many times have you visited an urgent care or emergency room (ER, ED) in the PAST 12 MONTHS?

How many times in the PAST 12 MONTHS have these ED/ER or urgent care visits been due to pulmonary/respiratory (lungs and breathing) problems?

How many times have you visited an urgent care or emergency room (ER, ED) in the PAST 6 MONTHS?

How many times in the PAST 6 MONTHS have these ED/ER or urgent care visits been for pulmonary/respiratory (lungs and breathing) problems?

---

Do you have a primary care medical provider, someone you see on a regular basis for medical issues?  Yes  No

---

Have you seen a medical care provider in the PAST 12 MONTHS for issues related to your lungs? If yes, how many times?  No  Yes 1 times  Yes 2 times  Yes 3 times  Yes 4 times  Yes 5 times  Yes 6 times  Yes 7 times  Yes 8 times  Yes 9 times  Yes 10 times or more



In the last 6 months, did you go to any other doctor, clinic or an HMO (health maintenance organization) for medical care? These visits can include physical or respiratory therapy or any time of visit when you may have seen a doctor or nurse.

- No  
 Yes

Was this visit to a health care professional due to a pulmonary/respiratory (lung) problem?

- No  
 Yes

### These are additional questions about your use of health care services

	No	Yes
During the LAST 6 MONTHS did you receive help at home with medical problems, personal care, housekeeping or other services?	<input type="radio"/>	<input type="radio"/>

During the last 6 MONTHS did you see a dentist, oral surgeon or other professional dental care provider?	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------

If you are currently using medical marijuana, how satisfied are you with marijuana as a treatment option?

- Not at all satisfied  
 Slightly satisfied  
 Moderately satisfied  
 Considerably satisfied  
 Extremely satisfied  
 Don't know/Not relevant  
 Refuse to answer

Do you believe that smoking marijuana once or twice per week poses a risk to lung health?

- No risk  
 Slight risk  
 Moderate risk  
 Great risk  
 Don't know

How difficult do you think it is to obtain marijuana?

- Practically impossibly  
 Very difficult  
 Fairly difficult  
 Fairly easy  
 Very easy  
 Don't know/Not relevant

How do you feel about adults trying marijuana once or twice?

- Neither approve or disapprove  
 Somewhat disapprove  
 Strongly disapprove  
 Don't know

Do you believe that smoking marijuana is less harmful to lung health than smoking cigarettes?

- Agree  
 Disagree  
 Don't know

My marijuana use has affected my overall health (not just lung health):

- Agree (has made it BETTER)  
 Agree (has made it WORSE)  
 It did NOT affect my health either way  
 Don't know/Not relevant

---

My marijuana use has affected my LUNG health:

- Agree (made it BETTER)
- Agree (made it WORSE)
- It did NOT affect my lung health either way
- Don't know/Not relevant

---

### Alcohol Use Questionnaire

---

How often did you have a drink containing alcohol in the past year?

- Never
- monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

---

How many drinks did you have on a typical day when you were drinking in the past year?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

---

How often do you have 6 or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

---

How often during the last year have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

---

How often during the last year have you failed to do what was normally expected of you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

---

How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

---

How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

---

How often during the last year have you been unable to remember what happened the night before because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

---

Have you or someone else been injured as a result of your drinking?

- No
- Yes, but not in the last year
- Yes, in the last year

---

Has a relative, friend, doctor, or other health workers been concerned about your drinking and suggested that you cut down?

- No
- Yes, but not in the last year
- Yes, in the last year

---

Total Audit Score

\_\_\_\_\_

---

Total AUDIT-C

\_\_\_\_\_

# Dfaqcu Inventory

Please complete the survey below.

Thank you!

---

Instructions: Please read each of the following questions and mark the response alternative that best describes your use of cannabis. Note that the term cannabis is being used to refer to marijuana, cannabis concentrates, and cannabis-infused edibles.

---

1. Have you ever used cannabis?

- No
- Yes

\*If response is no, do not complete the rest of the questionnaire, scroll to the bottom and submit

---

2. Which of the following best captures when you last used cannabis?

- over a year ago
- 9-12 months ago
- 6-9 months ago
- 3-6 months ago
- 1-3 months ago
- less than 1 month ago
- last week
- this week
- yesterday
- today
- I am currently high

\*If response is "today" or "I am currently high" then answer 2b below

---

2b. How high are you right now?

- I am not at all high
  - I am a little bit high
  - I am moderately high
  - I am very high
  - I am extremely high
- 

3. Which of the following best captures the average frequency you currently use cannabis?

- I do not use cannabis
  - less than once a year
  - once a year
  - once every 3-6 months (2-4 times/yr)
  - once every 2 months (6 times/yr)
  - once a month (12 times/yr)
  - 2-3 times a month
  - once a week
  - twice a week
  - 3-4 times a week
  - 5-6 times a week
  - once a day
  - more than once a day
- 

4. Which of the following best captures how long you have been using cannabis at this frequency?

- less than 1 month
- 1-3 months
- 3-6 months
- 6-9 months
- 9-12 months
- 1-2 years
- 2-3 years
- 3-5 years
- 5-10 years
- 10-15 years
- 15-20 years
- more than 20 years

---

5. Before the period of time you indicated above, how frequently did you use cannabis?

- I did not use cannabis
- less than once a year
- once a year
- once every 3-6 months (2-4 times/yr)
- once every 2 months (6 times/yr.)
- once a month
- 2 - 3 times a month
- once a week
- twice a week
- 3 - 4 times a week
- 5 - 6 times a week
- once a day
- more than once a day

---

6. How many days in the past week did you use cannabis?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

---

7. Approximately how many days of the past month did you use cannabis?

\_\_\_\_\_

---

8. Which of the following best captures the number of times you have used cannabis in your entire life?

- 1 - 5 times in my life
- 6 - 10 times in my life
- 11 - 50 times in my life
- 51 -100 times in my life
- 101 - 500 times in my life
- 501 - 1000 times in my life
- 1001 - 2000 times in my life
- 2001 - 5000 times in my life
- 5001 - 10,000 times in my life
- More than 10,000 times in my life

---

9. Which of the following best captures your pattern of cannabis use throughout the week?

- I do not use cannabis at all
- I only use cannabis on weekends
- I only use cannabis on weekdays
- I use cannabis on weekends and weekdays

---

10. How many hours after waking up do you typically first use cannabis?

- I do not use cannabis at all
- 12 - 18 hours after waking up
- 9 - 12 hours after waking up
- 6 - 9 hours after waking up
- 3 - 6 hours after waking up
- 1 - 3 hours after waking up
- within 1 hour of waking up
- within ½ hour of waking up
- immediately upon waking up

---

11. How many times a day, on a typical weekday, do you use cannabis?

\_\_\_\_\_

---

12. How many times a day, on a typical weekend, do you use cannabis?

\_\_\_\_\_

13. What is the primary method you use to ingest cannabis?

- I do not use cannabis
- joints
- blunts (cigar sized joints)
- hand pipe
- bong (water pipe)
- hookah
- vaporizer (e.g., Volcano, vape pen)
- edibles
- other

Please describe:

---

14. Which of the following other methods to ingest cannabis do you use regularly (at least 25% of the time use you cannabis)? [Mark all that apply]

- none
- joints
- blunts (cigar sized joints)
- hand pipe
- bong (water pipe)
- hookah
- vaporizer (e.g., Volcano, Vape pen)
- edibles
- other

Please describe:

---

15. What is the primary form of cannabis you use?

- None
- Marijuana
- Concentrates (e.g., oil, wax, shatter, butane hash oil, dabs)
- edibles
- other

Please describe:

---

16. What other forms of cannabis do you use regularly (at least 25% of the time you use cannabis)? [Mark all that apply]

- None
- Marijuana
- Concentrates (e.g., Oil, Wax, Shatter, Butane Hash Oil, Dabs)
- Edibles
- Other

Please describe:

---

\*\*\*If response to questions 15 and 16 = 0 (None) then skip to question 29

\*\*\*If responses to questions 15 or 16 = A (Marijuana) then answer questions 17-21

\*\*If responses to question 15 or 16 = B (Concentrates) then answer questions 22-26

\*If responses to question 15 or 16 = C (Edibles) then answer question 27

Note: If you use more than one form of cannabis then complete all of the associated questions listed above.

Please use the image below to refer to various quantities of marijuana. The image is not to scale; the dollar bill is included to help provide size perspective.

For questions 17 to 19 below, clearly indicate the number of grams of marijuana you use with a number between 0 - 100. Do NOT include other forms of cannabis you may use (such as concentrates). You may use up to 3 decimals to indicate amounts under 1 gram.

Note:  $1/8$  of a gram = 0.125 grams,  $1/4$  of a gram = 0.25 grams,  $1/2$  of a gram = 0.5 grams,  $3/4$  of a gram = 0.75 grams.  $1/8$  of an ounce = 3.5 grams,  $1/4$  of an ounce = 7 grams,  $1/2$  ounce = 14 grams, 1 ounce = 28 grams



17. In a typical session, how much marijuana do you personally use?

\_\_\_\_\_

18. On a typical day you use marijuana, how much do you personally use?

\_\_\_\_\_

19. In a typical week you use marijuana, how much marijuana do you personally use?

\_\_\_\_\_

20. On a typical day you use marijuana, how many sessions do you have?

\_\_\_\_\_

21. What is the average THC content of the marijuana you typically use? Leave blank if you do not know.

- 0-4%  
 5-9%  
 10-14%  
 15-19%  
 20-24%  
 25-30%  
 greater than 30%

\*\*If response to questions 15 or 16 = B (Concentrates) then answer questions 22-26 below

---

22. In a typical session you use cannabis concentrates, how many hits do you personally take?

---

---

23. On a typical day you use cannabis concentrates, how many hits do you personally take?

---

---

24. How many hits of cannabis concentrates did you personally take yesterday?

---

---

25. On a typical day you use cannabis concentrates, how many sessions do you have?

---

---

26. What is the average THC content of the concentrates you typically use? Leave blank if you do not know.

- 0-9%
- 10-19%
- 20-29%
- 30-39%
- 40-49%
- 50-59%
- 60-69%
- 70-79%
- 80-90%
- greater than 90%

---

\*\*If response to questions 15 or 16 = C (Edibles) then answer question 27 below

---

27. When you eat edibles how many milligrams of THC do you personally ingest in a typical session?

---

---

28. What is your current age?

---

---

29. How many years in total have you used cannabis?

---

---

30. How old were you when you FIRST tried cannabis?

---

---

31. Has there been any time in your life when you used cannabis regularly (2 or more times per month for 6 months or longer)?

- No
- Yes

---

\*If response = 1 (Yes) then answer questions 31b and 31c below

---

31b. How old were you when you FIRST STARTED using cannabis regularly? (2 or more times/month)

---



---

31c. Has there been any time in your life when you used cannabis on a daily or near daily basis for 6 months or longer?

- No  
 Yes

---

\*If response = 1 (Yes) then answer question 31ci below

---

31ci. How old were you when you FIRST STARTED using cannabis on a daily or near daily basis?

---

---

32. Which of the following best captures the average frequency that you used cannabis before the age of 16?

- more than once a day  
 once a day  
 5 - 6 times a week  
 3 - 4 times a week  
 twice a week  
 once a week  
 2 - 3 times a month  
 once a month  
 once every 2 months (6 times/yr.)  
 once every 3-6 months (2-4 times/yr.)  
 once a year  
 less than once a year  
 never

---

33. Do you have a physician's recommendation to use cannabis for medicinal purposes?

- No  
 Yes  
 Yes, but I use it for both medicinal and recreational purposes

---

\*If response = 1 or 2 (Yes) then answer questions 33b and 33c

---

33b. Which medical condition(s) do you use cannabis for?

---

---

33c. What percentage of the time do you use cannabis for recreational (rather than medicinal) purposes?

---