

Cannabis Use

Please complete the survey below.

Thank you!

This survey is entirely optional as cannabis is currently illegal under federal law.

1. Have you ever used cannabis (marijuana, pot, hashish) in any form (smoked, edibles, topicals)?

No
 Yes

If No, then STOP.

2. Do you currently (within the past 12 months) use cannabis (marijuana, pot, hashish, smoked, edibles, topicals)?

No
 Yes

If No, then STOP.

3. How do/did you use cannabis/marijuana? (check all that apply)

Joints (rolled by someone other than a dispensary)
 Pre-rolled joints
 Inhaled combination that includes tobacco (spliff, blunt)
 Vape/eCigarette (commercial cartridges/pods)
 Vape/eCigarette (cartridges/pods filled at home)
 Pipe (dry)
 Water Pipe (bong, bubbler)
 Dabbing
 Edible ingestion (edibles or drinks)
 Tinctures (under the tongue)
 Topical

Edible ingestion (eating) of cannabis, mg/day:

((mg/day))

Tinctures of cannabis (to be put under the tongue), mg/day:

((mg/day))

Topical cannabis (put on the skin), mg/day:

((mg/day))

a. How often do you use eCigarettes or vape products containing cannabis?

Every day
 Most days
 4+ days a week
 1-3 days a week
 Less than once a week
 Less than once a month

b. Do you vape a THC (psychoactive ingredient) product?

No
 Yes
 Don't know

If yes: 0-10%
 11-20%
Percentage refers to percentage of THC 21-30%
 31-40%
 41-50%
 51-60%
 61-70%
 71-80%
 81-90%
 91-100%
 Don't know

c. Do you vape a CBD (non-psychoactive ingredient) product? No
 Yes
 Don't know

If yes: 0-10%
 11-20%
Percentage refers to percentage of CBD 21-30%
 31-40%
 41-50%
 51-60%
 61-70%
 71-80%
 81-90%
 91-100%
 Don't know

4. Have you ever smoked/inhaled cannabis regularly (five times or more in a given year)? No
 Yes

5. On average over the entire time that you smoke(d) about how many joints per week do (did) you smoke ? _____

6. On average over the entire time that you smoke(d) about how many pipes per week do (did) you smoke ? _____

7. How many years have you smoked cannabis? _____
((Years))

8. Why do you use cannabis? (check all that apply)

- Recreation
- Pain
- Anxiety
- Depression
- Headache/migraine
- Nausea
- Sleep
- Sexual Health
- Muscle spasticity
- Arthritis
- Irritable bowel
- Anorexia
- Cancer
- Ulcerative colitis/Crohn's disease
- Other seizure disorder
- Tics
- Glaucoma
- Epilepsy
- Multiple sclerosis
- HIV
- Improve breathing
- Other: _____

Specify other reason:

9. When was the last time you smoked cannabis?

- In the last week
- In the last month
- In the last six months
- In the last 12 months
- More than 12 months ago
- Don't know
- Declines to answer