

Cannabis Use

Please complete the survey below.

Thank you!

Section 1. Cannabis use

1. Have you ever used cannabis (marijuana, pot, hashish) in any form (smoked, edibles, topicals)?
- No - End Form
 Yes
2. Do you currently (within the past 12 months) use cannabis (marijuana, pot, hashish, smoked, edibles, topicals)?
- No - End Form
 Yes
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): mg/day _____
 Tinctures (under the tongue): mg/day _____
 Topical: mg/day _____

(If Vaporizer is checked then answer A, B, and C below)

- 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 - Go to C
 Yes
 Don't know

- if yes:
- 0-10% 51-60% Don't know
 11-20% 61-70%
 21-30% 71-80%
 31-40% 81-90%
 41-50% 91-100%

- C. Do you vape a CBD (non-psychoactive ingredient) product?
- No - Go to 4
 Yes
 Don't know

- if yes:
- 0-10% 51-60% Don't know
 11-20% 61-70%
 21-30% 71-80%
 31-40% 81-90%
 41-50% 91-100%

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: _____

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