

		<b>MJ1</b>	
(1)	MJ1 Have you ever used marijuana or hashish?	NO.....(SKIP TO DR1).....1	
		YES.....5	
	A. How many times?	_____ TIMES	<b>MJ1A</b>
	1. <b>IF DK:</b> Would you say 11 or more times?	<b>MJ1a1</b>	
		NO.....1	
		YES.....5	
	2. <b>IF NO:</b> Would you say 5 or more times?	<b>MJ1a2</b>	
		NO.....1	
		YES.....5	
	<b>IF MJ1A&lt;21 TIMES, SKIP TO MJ2. OTHERS CONTINUE.</b>		
	B. Did you ever use marijuana at least 21 times in a single year?	<b>MJ1b</b>	
		NO.....1	
		YES.....5	

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(2)	MJ2 How old were you the first time you used marijuana?	AGE ONS: ____/____	<b>MJ2AgeOns</b>	<i>t</i>
		ONS: 1 5	<b>MJ2Ons</b>	
	<b>IF AGE ONS 15 OR LATER, SKIP TO B. OTHERS CONTINUE.</b>			
	A. Did you use marijuana more than once before you were 15?	<b>MJ2A</b>		
		NO.....1		
		YES.....5		
	B. How old were you the last time you used marijuana?	AGE REC: ____/____	<b>MJ2AgeRec</b>	<i>t</i>
	<b>IF REC OVER 1 YEAR AGO, SKIP TO D. OTHERS CONTINUE.</b>	REC: 1 5	<b>MJ2Rec</b>	
	C. How many times did you use marijuana in the last 12 months?	_____ TIMES	<b>MJ2C</b>	
	<b>IF DK, ASK C1. IF MORE THAN 20 TIMES, SKIP TO MJ3. OTHERS SKIP TO D.</b>			
	1. Did you use marijuana at least 21 times during the past 12 months?	<b>MJ2c1</b>		
		NO.....1		
		YES.....5		
	D. Did you ever use marijuana at least once a week for a month or more?	<b>MJ2d</b>		
		NO.....1		
		YES.....5		

**BOX MJ2 IF MJ1A<11 OR MJ1A.1=1, SKIP TO DR1. OTHERS CONTINUE.**

(3)  
DRFGNC

MJ3 What was the longest period of time you used  
marijuana almost every day?

\_\_\_ \_\_\_ UNITS MJ3\_num  
CODE UNITS: MJ3\_unit  
DAYS.....1  
WEEKS.....2  
MONTHS.....3  
YEARS.....4

**IF NEVER, CODE 0 DAYS AND SKIP TO B.  
IF LESS THAN 2 WEEKS, SKIP TO B.  
OTHERS CONTINUE.**

A. How old were you the (first/last) time you used  
marijuana almost every day for at least two  
weeks?

AGE ONS: \_\_\_/\_\_\_ MJ3AgeOns  
ONS: 1 5 MJ3Ons *t*  
AGE REC: \_\_\_/\_\_\_ MJ3AgeRec  
REC: 1 5 MJ3Rec *t*

B. Please think about the period when you were using  
marijuana the most. During that period, how  
many days per month did you use marijuana?

\_\_\_ \_\_\_ DAYS MJ3b

C. During that period of heaviest use, how much  
marijuana did you use on an average day?

\_\_\_ \_\_\_ UNITS MJ3c\_NUM  
CODE UNITS: MJ3c\_UNIT  
HITS.....2  
JOINTS/CIGS.....3  
PIPEFULS.....4

D. How old were you when that period started?

AGE: \_\_\_ MJ3d *t*

E. How long did that period last?

\_\_\_ \_\_\_ MONTHS MJ3e

(4)  
DRFGNC

MJ4 Have you ever stayed high from marijuana for a whole  
day or more?

MJ4  
NO.....(SKIP TO MJ5).....1  
YES.....5

A. How old were you the (first/last) time you stayed  
high from marijuana for a whole day or more?

AGE ONS: \_\_\_/\_\_\_ MJ4AgeOns  
ONS: 1 5 MJ4Ons  
AGE REC: \_\_\_/\_\_\_ MJ4AgeRec  
REC: 1 5 MJ4Rec

**BEGIN SCORING ASTERISKED ITEMS ON MARIJUANA TALLY SHEET**

(5)  
DD3RA3/B  
DD45  
DDICD5

MJ5 Has there ever been a period of a month or more  
when a great deal of your time was spent using  
marijuana, getting marijuana, or getting over its  
effects?

MJ5  
NO.....1  
YES.....5\*

		COL. I		COL. II	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
(6)	MJ6	Because of your marijuana use, did you ever experience any of the following: <b>CODE IN COLUMN I.</b>			
	1.	Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning?.....	MJ6_1 1	5	MJ6a1 1 5*
	2.	Having trouble concentrating or having such trouble thinking clearly for more than 24 hours that it interfered with your functioning?.....	MJ6_2 1	5	MJ6a2 1 5*
	3.	Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships?.....	MJ6_3 1	5	MJ6a3 1 5*
	4.	Decreased contact with friends or family?.....	MJ6_4 1	5	MJ6a4 1 5*
	5.	Hearing, seeing, or smelling things that weren't really there?.....	MJ6_5 1	5	MJ6a5 1 5*
<b>FOR EACH 5 CODED IN COL.I, ASK A.</b>					
DD3RA6/B DD47 DDICD6 DA3RA1/B	A.	Did you continue to use marijuana after you knew it caused this? <b>CODE IN COLUMN II.</b>			
<b>IF MJ6.4 IS CODED 1, SKIP TO MJ7. OTHERS CONTINUE.</b>					
DA4A4	B.	Did you have decreased contact with friends or family 3 or more times in any 12-month period?	MJ6b NO.....1 YES.....5		
(7) DD3RA2 DD44 DDICD2  DD3RA2	MJ7	Have you <u>often</u> wanted to stop or cut down on marijuana?	MJ7 NO.....1 YES.....5*		
	A.	Have you ever tried to stop or cut down on marijuana but found you couldn't? <b>IF NEVER TRIED TO STOP/CUT DOWN, CODE <u>NO</u>.</b>	MJ7A NO, COULD STOP.....1 YES, COULD <b><u>NOT</u></b> STOP.....5*		
<b>IF NO, COULD STOP (OR NEVER TRIED), SKIP TO MJ8. OTHERS CONTINUE.</b>					
DD44 DDICD2	B.	Were you unable to stop or cut down 3 or more times?	MJ7B NO.....1 YES.....5		
(8) DD3RA1/B DD43 DDICD2	MJ8	Have you <u>often</u> used marijuana more frequently or in larger amounts than you intended to?	MJ8 NO.....1 YES.....5*		

(9) DD3RA7 DD41 DDICD4	MJ9	Did you ever need larger amounts of marijuana to get an effect, or did you ever find that you could no longer get high on the amount you used to use?	<b>MJ9</b> NO.....1 YES.....5*	
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(10)	MJ10	When you stopped, cut down, or went without marijuana, did you ever experience any of these following problems <u>for most of the day</u> for 2 days or longer? Did you.....	<b>CODE IN COLUMN I.</b>		COL. I NO YES	COL. II NO YES
					<b>MJ10_1</b> 1 5	<b>MJ10d_1</b> 1 5
		1. feel nervous, tense, restless or irritable?.....			<b>MJ10_2</b> 1 5	<b>MJ10d_2</b> 1 5
		2. have trouble sleeping?.....			<b>MJ10_3</b> 1 5	<b>MJ10d_3</b> 1 5
		3. tremble or twitch?.....			<b>MJ10_4</b> 1 5	<b>MJ10d_4</b> 1 5
		4. sweat or have a fever?.....			<b>MJ10_5</b> 1 5	<b>MJ10d_5</b> 1 5
		5. have nausea or vomiting?.....			<b>MJ10_6</b> 1 5	<b>MJ10d_6</b> 1 5
		6. have diarrhea or stomach aches?.....			<b>MJ10_7</b> 1 5	<b>MJ10d_7</b> 1 5
		7. have a marked increase or decrease in appetite, that is, have a significant change from your <u>normal</u> level?.....				

  

**BOX MJ10A IF NO 5'S CODED IN MJ10.1-7, SKIP TO MJ11. OTHERS CONTINUE.**

  

	A.	Have you ever used marijuana to keep from having any of these problems or to make them go away?	<b>MJ10a</b> NO....(SKIP TO BOX MJ10B)...1 YES.....5
DD3RA9/B DD42B DDICD3	B.	Did this happen 3 or more times?	<b>MJ10b</b> NO.....1 YES.....5*

  

**BOX MJ10B IF ONLY ONE 5 CODED IN COL. I, SKIP TO MJ11. OTHERS CONTINUE.**

  

DD3RA8 DD42A DDICD3 DRFGNA	C.	Did these problems ever occur together?	<b>MJ10c</b> NO.....(SKIP TO G).....1 YES.....5*
	D.	Which ones? <b>CODE IN COL. II</b>	<b>MJ10d_1 through MJ10d_7—see above</b>
DD3RB DA3RA	E.	How many times did you have problems like that (when they occurred together)?	____ TIMES <b>MJ10e</b>
DD3RB	F.	What was the longest time these problems occurred together?	____ DAYS <b>MJ10f</b>
	G.	Did these problems interfere with your functioning at work, school, or home?	<b>MJ10g</b> NO.....1 YES.....5

(11) ASP3RC7 ASP4A5	MJ11	Have you ever been under the effects of marijuana when it increased your chances of getting hurt, for instance, when driving a car or boat, using knives, machinery or guns, crossing against traffic, climbing or swimming?	MJ11 NO.....(SKIP TO B).....1 YES.....5
DD3RA4/B DA3RA2/B	A.	Have you been in situations like this 3 or more times?	MJ11a NO.....(SKIP TO B).....1 YES.....5*
DA4A2	1.	Did this happen 3 or more times in any 12-month period?	MJ11a1 NO.....1 YES.....5
	B.	Did marijuana ever cause you to have any accidental injuries like a bad fall, cutting or burning yourself, or being hurt in a traffic accident?	MJ11b NO.....(SKIP TO MJ12).....1 YES.....5
DD3RA6/B DDICD6 DA3RA1/B	C.	Did this happen 3 or more times?	MJ11c NO.....(SKIP TO MJ12).....1 YES.....5*
DA4A2	1.	Did this happen 3 or more times in any 12-month period?	MJ11c1 NO.....1 YES.....5
(12)	MJ12	Did your marijuana use ever cause you to have problems with your friends or family?	MJ12 NO.....(SKIP TO MJ13).....1 YES.....5
DA4A4	A.	Did this happen 3 or more times in any 12-month period?	MJ12a NO.....1 YES.....5
DD3RA6 DA3RA1	B.	Did you continue to use marijuana after you realized it was causing these problems?	MJ12b NO.....1 YES.....5*
	MJ13	Have you ever been arrested or had any other trouble with the police because of your marijuana use?	MJ13 NO.....(SKIP TO MJ14).....1 YES.....5
DD3RA6	A.	Did this happen 3 or more times?	MJ13a NO.....(SKIP TO MJ14).....1 YES.....5*
DA4A3	1.	Did this happen 3 or more times in any 12-month period?	MJ13a1 NO.....1 YES.....5
(14) DD3RA4/B	MJ14	Has your being high on marijuana or experiencing its after-effects <u>often</u> interfered with your work, school, household, or child care responsibilities?	MJ14 NO.....(SKIP TO MJ16).....1 YES.....5*
DA4A1	A.	Did this happen 3 or more times in any 12-month period?	MJ14a NO.....1 YES.....5

(16)	MJ15	OMITTED.	
(15) DDICD1	MJ16	In situations where you couldn't use marijuana, did you ever have such a strong desire for it that you couldn't think of anything else?	<b>MJ16</b> NO.....(SKIP TO MJ17).....1 YES.....5*
	A.	How old were you the (first/last) time?	AGE ONS: ___/___ <b>MJ16AgeOns</b> ONS: 1 5 <b>MJ16Ons</b>  AGE REC: ___/___ <b>MJ16AgeRec</b> REC: 1 5 <b>MJ16Rec</b>
(13)	MJ17	Have you given up or greatly reduced important activities like sports, work, or associating with friends or relatives while using marijuana?	<b>MJ17</b> NO.....(SKIP TO MJ18).....1 YES.....5
DD3RA5/B DD46 DDICD5	A.	Has this happened 3 or more times, or did it last a month or longer?	<b>MJ17a</b> NO.....1 YES.....5*
(17)	MJ18	Have you ever used marijuana together with one or more other drugs, including alcohol?	<b>MJ18</b> NO.....(SKIP TO BOX MJ19)...1 ALCOHOL ONLY.....3 YES.....(SPECIFY).....5
		<b>IF YES:</b> Let's list these drugs, beginning with the first you used together with marijuana.	
		1. _____ <b>MJ18_Specify</b>	CODE: ___ ___ ___ <b>MJ18_Code</b>
		2. _____ <b>MJ18_Specify2</b>	CODE: ___ ___ ___ <b>MJ18_Code2</b>
		3. _____ <b>MJ18_Specify3</b>	CODE: ___ ___ ___ <b>MJ18_Code3</b>
		4. _____ <b>MJ18_Specify4</b>	CODE: ___ ___ ___ <b>MJ18_Code4</b>
DSMIIR	<b>BOX MJ19 IF ONE OR MORE SX MARKED ON MJ TALLY SHEET, CONTINUE. OTHERS SKIP TO MJ23.</b>		
	<b>HAND R MARIJUANA TALLY SHEET</b>		
(19)	MJ19	You told me you that you had the following experiences with marijuana ( <b>REVIEW SX</b> ). How old were you the (first/last) time you had any of these experiences?	AGE ONS: ___/___ <b>MJ19AgeOns</b> ONS: 1 5 <b>MJ19Ons</b>  AGE REC: ___/___ <b>MJ19AgeRec</b> REC: 1 5 <b>MJ19Rec</b>

**BOX MJ19A IF 3 OR MORE SX MARKED ON  
TALLY, CONTINUE. OTHERS SKIP  
TO BOX MJ22.**

DD3RB

**HAND R MARIJUANA TALLY**

MJ19A Now, I'd like you to think about the 12-month period of time when you had the greatest number of the problems or experiences we've talked about. These experiences might not have occurred together – one could have happened in March, another in November, and another the following January. But they must have occurred in the same 12-month period.

During this period of 12 months when you had the greatest number of problems, did you . . .

**READ SX CHECKED ON THE TALLY  
SHEET. CIRCLE YES OR NO FOR EACH SX  
IN "12-MONTH" COLUMN.**

**IF LESS THAN 3 SX CIRCLED IN 12-  
MONTH COLUMN, SKIP TO MJ22.  
OTHERS CONTINUE.**

- C. We were just talking about the time in your life when you had the greatest number of problems or experiences with marijuana. Now, I'd like you think about the very first time you had several of these problems or experiences within a 12-month period. It might have been the same period, or it could have been earlier. How old were you when this period began?

AGE ONS: \_\_\_/\_\_\_ [MJ19cAgeOns](#) t  
ONS: 1 5 [MJ19cOns](#)

How old were you the last time you had several of these experiences occur within the same 12-month period? It might have been the same period we just talked about, or it could have been later.

AGE REC: \_\_\_/\_\_\_ [MJ19cAgeRec](#) t  
REC: 1 5 [MJ19cRec](#)

Now, I'd like you to think about the period of 30 days when you had the greatest number of the problems or experiences we've talked about.

During this period of 30 days when you had the greatest number of problems, did you . . .

**READ SX CHECKED ON THE TALLY  
SHEET. CIRCLE YES OR NO FOR EACH SX  
IN "30 DAY" COLUMN.**

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MJ20 & MJ21 OMITTED

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MJ24	<p><b>REFER TO MH9 BEFORE ASKING</b></p> <p>Have you ever been treated for a problem with marijuana?</p>	<p><b>MJ24</b></p> <p>NO .....(SKIP TO D).....1</p> <p>YES.....5</p>
<p>A. Were you ever treated at:</p>		
	<p><u>NO</u>      <u>YES</u></p>	
1. NA or another self-help group.....	1      5	<a href="#">MJ24a1</a>
2. an outpatient drug program?.....	1      5	<a href="#">MJ24a2</a>
3. an outpatient program for something other than marijuana?.....	1      5	<a href="#">MJ24a3</a>
4. an inpatient drug program?.....	1      5	<a href="#">MJ24a4</a>
5. when you were an inpatient for medical complications due to marijuana use?.....	1      5	<a href="#">MJ24a5</a>
6. at any other place or program?.....	1      5	<a href="#">MJ24a6</a>
<p>(IF YES, SPECIFY)</p> <p>SPECIFY: _____<a href="#">MJ24a6_Specify</a></p>		
<p>B. How old were you the (first/last) time you were treated for a problem with marijuana?</p>		
	<p>AGE ONS: ____/____</p> <p>ONS:    1    5</p>	<p><a href="#">MJ24bAgeOns</a></p> <p><a href="#">MJ24bOns</a></p>
	<p>AGE REC: ____/____</p> <p>REC:    1    5</p>	<p><a href="#">MJ24bAgeRec</a></p> <p><a href="#">MJ24bRec</a></p>
<p>C. Where were you <u>first</u> treated? <b>RECORD CODE (1-6 from M24A) AND SKIP TO DR1.</b></p>		
		<p>CODE: _____ <a href="#">MJ24c</a></p>
<p><b>MJ24d</b></p>		
D. Did you ever attend a self-help group (like NA) for your marijuana use?		<p>NO.....(SKIP TO DR1).....1</p> <p>YES.....5</p>
1. How old were you the (first/last) time you attended a self-help group for your marijuana use?	<p>AGE ONS:    ____/____</p> <p>ONS:        1    5</p>	<p><a href="#">MJ24dAgeOns</a></p> <p><a href="#">MJ24dOns</a></p>
	<p>AGE REC:    ____/____</p> <p>REC:        1    5</p>	<p><a href="#">MJ24dAgeRec</a></p> <p><a href="#">MJ24dRec</a></p>

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## MARIJUANA TALLY SHEET

ITEM	SYMPTOM	12 MO	30 DAY
____MJ5	Spend a great deal of time using marijuana, getting it, or getting over its effects	1 5 MJ5YrCl	1 5 MJ5MnthCl
____MJ6A1-6	Continue to use marijuana knowing it caused any emotional or psychological problems or decreased contact with family/friends	1 5 MJ6a1YrCl MJ6a3YrCl MJ6a4YrCl MJ6a5YrCl	1 5 MJ6a1MnthCl MJ6a3MnthCl MJ6a4MnthCl MJ6a5MnthCl
____MJ7	Often want to stop or cut down on marijuana	1 5 MJ7YrCl	1 5 MJ7MnthCl
____MJ7A	Try but find yourself <u>unable</u> to stop or cut down on marijuana	1 5 MJ7aYrCl	1 5 MJ7aMnthCl
____MJ8	Often use marijuana in larger amounts than intended	1 5 MJ8YrCl	1 5 MJ8MnthCl
____MJ9	Need larger amounts of marijuana to get same effect or couldn't get high on amount used	1 5 MJ9YrCl	1 5 MJ9MnthCl
____MJ10B	Use marijuana to avoid withdrawal symptoms	1 5 MJ10bYrCl	1 5 MJ10bMnthCl
____MJ10C	Experience withdrawal symptoms	1 5 MJ10cYrCl	1 5 MJ10cMnthCl
____MJ11A	High from marijuana when could have injured yourself	1 5 MJ11aYrCl	1 5 MJ11aMnthCl
____MJ11C	Have accidental injuries caused by marijuana	1 5 MJ11cYrCl	1 5 MJ11cMnthCl
____MJ12B	Continue to use despite problems with family/friends	1 5 MJ12bYrCl	1 5 MJ12bMnthCl
____MJ13A	Have trouble with police	1 5 MJ13aYrCl	1 5 MJ13aMnthCl
____MJ14	Find that marijuana often interfered with your responsibilities	1 5 MJ14YrCl	1 5 MJ14MnthCl
____MJ16	Have such a strong desire for marijuana that you couldn't think of anything else	1 5 MJ16YrCl	1 5 MJ16MnthCl
____MJ17A	Give up or reduce important activities to use marijuana	1 5 MJ17aYrCl	1 5 MJ17aMnthCl