MCQ

Has this occurred in the last 12 months?

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| 1. | While using marijuana I have said or done embarrassing things. | Yes / No |
| 2. | The quality of my work or schoolwork has suffered because of my marijuana use. | Yes / No |
| 3. | I have felt badly about myself because of my marijuana use. | Yes / No |
| 4. | I have driven a car when I was high | Yes / No |
| 5. | I have felt in a fog, sluggish, tired, or dazed the morning after using marijuana. | Yes / No |
| 6. | I have passed out from marijuana use. | Yes / No |
| 7. | I have taken foolish risks when I have been high. | Yes / No |
| 8. | I have felt very sick to my stomach or thrown up after using marijuana. | Yes / No |
| 9. | I have gotten into trouble at work or school because of marijuana use. | Yes / No |
| 10. | I often used more marijuana than I originally had planned. | Yes / No |
| 11. | My marijuana use has created problems between myself and my boyfriend/girlfriend/spouse/parents, or other near relatives. | Yes / No |
| 12. | I have been unhappy because of my marijuana use. | Yes / No |
| 13. | I have gotten into physical fights because of my marijuana use. | Yes / No |
| 14. | I have spent too much time using marijuana. | Yes / No |
| 15. | I have not gone to work, or have missed classes or school because of using marijuana, being high, or after effects (feeling hung-over). | Yes / No |
| 16. | I have felt like I needed a hit of marijuana after I’d gotten up (that is, before breakfast). | Yes / No |
| 17. | I have become rude, obnoxious, or insulting after using marijuana. | Yes / No |
| 18. | I have felt guilty about my marijuana use. | Yes / No |
| 19. | I have damaged property or done something disruptive like setting off a fire alarm, or other things like that after using marijuana. | Yes / No |
| 20. | Because of my marijuana use, I have not eaten properly. | Yes / No |
| 21. | I have been less physically active because of my marijuana use. | Yes / No |
| 22. | I have had trouble sleeping after stopping or cutting down on marijuana use. | Yes / No |
| 23. | My boyfriend/girlfriend/spouse/parents have complained to me about my marijuana use. | Yes / No |
| 24. | I have woken up in an expected place after using marijuana. | Yes / No |
| 25. | I have found that I needed larger amounts of marijuana to feel any effect, or that I could no longer get high on the same amount that used to get me high. | Yes / No |
| 26. | As a result of marijuana use, I neglected to protect myself or partner from an STD or unwanted pregnancy. | Yes / No |
| 27. | I have neglected obligations to family, work, or school because of my marijuana use. | Yes / No |
| 28. | I often have ended up using marijuana on nights when I had planned not to use marijuana. | Yes / No |
| 29. | When using marijuana I have done impulsive things that I regretted later. | Yes / No |
| 30. | I often have found it difficult to limit how much marijuana I use. | Yes / No |
| 31. | My marijuana use has gotten me into sexual situations I have later regretted. | Yes / No |
| 32. | I have not been able to remember large stretches of time while using marijuana. | Yes / No |
| 33. | While using marijuana I have said harsh or cruel things to someone. | Yes / No |
| 34. | Because of my marijuana use, I have not slept properly. | Yes / No |
| 35. | My physical appearance has been harmed by my marijuana use. | Yes / No |
| 36. | I have said things while using marijuana that I later regretted. | Yes / No |
| 37. | I have awakened the day after using marijuana and found I could not remember a part of the evening before. | Yes / No |
| 38. | I have been overweight because of my marijuana use. | Yes / No |
| 39. | I haven’t been as sharp mentally because of my marijuana use. | Yes / No |
| 40. | I have received a lower grade on an exam or paper than I ordinarily could have because of marijuana use. | Yes / No |
| 41. | I have tried to quit using marijuana because I thought I was using too much. | Yes / No |
| 42. | I have felt anxious, irritable, lost my appetite or had stomach pains after stopping or cutting down on marijuana use. | Yes / No |
| 43. | I have not had as much time to pursue activities or recreation because of my marijuana use. | Yes / No |
| 44. | I have injured someone else while using marijuana or high. | Yes / No |
| 45. | I often have thought about needing to cut down or stop using marijuana. | Yes / No |
| 46. | I have had less energy or felt tired because of my marijuana use. | Yes / No |
| 47. | I have had a blackout after using marijuana heavily (i.e. could not remember hours at a time). | Yes / No |
| 48. | Using marijuana has made me feel depressed or sad. | Yes / No |
| 49. | I have felt panicked or paranoid after using marijuana. | Yes / No |
| 50. | I have lost motivation to do things because of my marijuana use. | Yes / No |