MINI: Marijuana Use

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|  | 0=No 1=Yes |
| The next set of question ask about Marijuana use. Marijuana includes hashish or hash, THC, “pot”, “grass”, “weed”, or “reefer”.  1. In the **past 12 months**, have you had used marijuana more than once to get high, to feel better, or to change your mood? Do not include use of medical marijuana.  If yes to continue to #2 | 0 1 |
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| 2. In the past 12 months:  a. Have you often found that when you used marijuana, you ended up using more than you though you would? | 0 1 |
| b. Have you tried to reduce or stop using marijuana but failed? | 0 1 |
| c. On days that used marijuana, did you spend substantial time (> 2 hours) in obtaining marijuana, using or in recovering from the drug, or thinking about the drug? | 0 1 |
| b. Did you crave marijuana or have a strong desire or urge to use marijuana? | 0 1 |
| c. Did you spend less time working, enjoying hobbies, or being with others because of your marijuana use? | 0 1 |
| d. Have you continued to use marijuana even though you knew that it caused you health or mental health problems? | 0 1 |
| e. Did you continue to use marijuana even though it caused problems with your family or other people? | 0 1 |
| f. Have you been intoxicated, high or hungover from marijuana more than once when you had other responsibilities at school, work, or at home? Did this cause any problems? (circle yes only if it caused problems) | 0 1 |
| g. Have you been high or intoxicated from marijuana in any situation where you were physically at risk (for example, driving a car, riding a motorbike, using machinery, boating, etc.)? | 0 1 |
| h. Have you found that you needed to use more marijuana to get the same effect that you got when you first started drinking? | 0 1 |
| i. When you reduced or stopped using marijuana, did you have withdrawal symptoms (aches, shaking, fever, weakness, diarrhea, nausea, sweating, heart pounding, difficulties sleeping, or feeling agitated, anxious, irritable, or depressed)?  If you never reduced or stopped marijuana use, then circle No. | 0 1 |
| j. When you reduced or stopped using marijuana, did you use any drug(s) to keep yourself from getting sick and experiencing withdrawal symptoms or so that you would feel better? | 0 1 |
| k. Did you have legal problems more than once because of your marijuana use, for example, an arrest or disorderly conduct? | 0 1 |