

BRIEF MARIJUANA SCREENING QUESTIONNAIRE

Benefits of Use

- ___ pleasure
- ___ improve sleep
- ___ reduce anxiety
- ___ reduce depression
- ___ painkiller
- ___ improve appetite
- ___ improved social interaction
- ___ improve sex

Unwanted or Tolerated Side Effects from Use

- ___ loss of concentration or feel "scatter-brained"
- ___ loss of motivation
- ___ increased problems in friendships or social interactions
- ___ interferes with sex
- ___ more withdrawn from others socially
- ___ association with or use of harmful substances
- ___ negative impact on financial goals
- ___ decreased personal accomplishment
- ___ appetite problem or weight gain
- ___ increased anxiety
- ___ negative legal consequences
- ___ too extroverted

Types/Times of Use

- ___ upon waking up or to wake up
- ___ social use when others make it available
- ___ to go to sleep
- ___ with specific friends or individuals
- ___ to take edge off of other medications (e.g. stimulants)
- ___ make sex more pleasurable
- ___ make drinking more pleasurable

Frequency

Frequency of Use in the last 3 months _____ per week
 or _____ per month

Unwanted Effects After Stopping Frequent Use

- ___ insomnia (circle -mild, moderate, severe)
- ___ irritability (circle – mild, moderate, severe)
- ___ appetite problem or weight gain
- ___ increased anxiety
- ___ difficulty socializing
- ___ increased alcohol intake
- ___ headaches
- ___ sexual problems
- ___ does not apply (have not stopped use)
- ___ none (stopped use without side effects)