PhenX Toolkit

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Cannabis Products, Types, and Modes of Use

1. Have you used marijuana in any of the following ways?

	No	Yes, but NOT in the past 12 months	Yes, in the past 12 months	Don't Know
1 Dried herb (smoked or vaped, including pre-rolled joints)	[ ]	[ ]	[ ]	[ ]
2 Cannabis oils or liquids **taken orally** (e.g., drops, capsules or sprays)	[ ]	[ ]	[ ]	[ ]
3 Cannabis oils or liquids **for vaping**	[ ]	[ ]	[ ]	[ ]
4 Edibles / foods	[ ]	[ ]	[ ]	[ ]
5 Drinks (e.g., marijuana cola, tea or coffee)	[ ]	[ ]	[ ]	[ ]
6 Concentrates (e.g., wax, shatter, budder, resin, rosin, crumble)	[ ]	[ ]	[ ]	[ ]
7 Hash or kief	[ ]	[ ]	[ ]	[ ]
8 Tinctures (concentrated amounts ingested orally or taken under the tongue)	[ ]	[ ]	[ ]	[ ]
9 Topical ointments (e.g., skin lotions or bath products)	[ ]	[ ]	[ ]	[ ]
10 Other (please specify): _____	[ ]	[ ]	[ ]	[ ]

CANNABIS PRODUCTS – DRIED FLOWER

(Ask if question 1 = 1 - Past 12-month user)
2. In the past **12 months**, how often did you use **dried herb**?
 [ ] 1 Less than once a month

[ ] 2 Monthly
[ ] 3 Weekly
[ ] 4 Daily
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 2 = 4)
3. On average, how many **times per day** do you use <u>**dried herb**</u>: _____

(Ask if question 2 = 3)
4. On average, how many **days per week** do you use **dried herb**: _____

(Ask if question 2 = 2)
5. On average, how many **days per month** do you use <u>**dried herb**</u>: _____

(Ask if question 2 = 1)
6. Approximately how many days over the past 12 months did you use <u>dried herb</u>:
_____

7. Think about the <u>**LAST DAY**</u> you used dried herb.
<u>**How much dried herb**</u> did you use that entire day?
Is it easier for you to tell us the…
[ ] 1 Number of joints
[ ] 2 Amount of dried herb (e.g., grams or oz)

Ask if previous question 7 = 1
8. On the last day you used dried herb, how many joints did you smoke over the ENTIRE DAY?
(We'll ask you about the size of the joint in a minute.)
Only include the amount you personally smoke—don't include what you share with others.
[ ] 1 One or two puffs
[ ] 2 Less than ¼ of a joint
[ ] 3 ¼ joint
[ ] 4 ½ joint
[ ] 5 ¾ joint
[ ] 6 1 joint
[ ] 7 2 joints
[ ] 8 3 joints
[ ] 9 4 joints
[ ] 10 5 joints
[ ] 11 6 joints
[ ] 12 7 joints
[ ] 13 8 joints
[ ] 14 9 joints
[ ] 15 10 joints
[ ] 16 More than 10 joints
[ ] -77 Don't know
[ ] -88 Refuse to answer

9. How many joints did you smoke over the **entire day**?

ENTER NUMBER OF JOINTS:_____
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

10. Think of the **LAST DAY** you smoked a joint.
Please choose the joint that is closest to the size you smoked.

1.2 grams

11. You told us that you smoked [RESPONSE FROM 8 or 9]. Is that your usual amount on days you use dried herb?

 [ ] 1 Yes
 [ ] 2 No
 [ ] 3 Not applicable – I don't use it regularly

12. Think of the **average** number of joints you smoke on days you use **dried herb**.

How many joints do you **usually** smoke over the **ENTIRE DAY**?

Only include the amount you personally smoke—don't include what you share with others.

[ ] 1 One or two puffs
[ ] 2 Less than ¼ of a joint
[ ] 3 ¼ joint
[ ] 4 ½ joint
[ ] 5 ¾ joint
[ ] 6 1 joint
[ ] 7 2 joints
[ ] 8 3 joints
[ ] 9 4 joints
[ ] 10 5 joints
[ ] 11 6 joints
[ ] 12 7 joints
[ ] 13 8 joints

[ ] 14 9 joints
[ ] 15 10 joints
[ ] 16 More than 10 joints
[ ] -77 Don't know
[ ] -88 Refuse to answer

Ask if answer to question 12 = 16
13. How many joints did you smoke over the **entire day**?

ENTER NUMBER OF JOINTS:_____
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if question 7 = 1)
14. Please choose the joint that is closest to the size you normally smoke.

1.0 gram

Ask if question 11 = 1
15. Does the joint you usually smoke contain any tobacco?
 [ ] 1 Yes
 [ ] 2 No
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

Ask if question 11 = 1
16. About what percent (%) tobacco does the joint usually contain?
 [ ] 1 10%
 [ ] 2 20%
 [ ] 3 30%
 [ ] 4 40%
 [ ] 5 50%
 [ ] 6 60%
 [ ] 7 70%
 [ ] 8 80%
 [ ] 9 90%
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

Ask if question 7 = 2
17. On the last day you used dried herb, **how much** did you use over the **ENTIRE DAY**? Only include the amount you personally smoke—don't include what you share with others.

0.8 gram

18. You told us that you use [AMOUNT & UNIT] of dried herb. Is that your usual amount on days you use dried herb?
[ ] 1 Yes
[ ] 2 No
[ ] 3 Not applicable—I don't use it regularly

19. Think of the average amount you use on days you use dried herb.

How much do you usually use over the ENTIRE DAY?

0.6 gram

20. Do you use...

0.5 gram

(Ask if question 1 = 1 - Past 12-month user)

Think of the **last time** you used **dried herb**.

21. Which of the following best describes the THC level?
[ ] 1a No THC
[ ] 2a Low THC
[ ] 3a Medium THC
[ ] 4a High THC
[ ] 5a Very high THC
[ ] 6a I don't know
[ ] -88 Refuse to answer

(Ask if question 1 = 1 - Past 12-month user)
22. Which of the following best describes the CBD level?
[ ] 1b No CBD
[ ] 2b Low CBD
[ ] 3b Medium CBD
[ ] 4b High CBD
[ ] 5b Very high CBD
[ ] 6b I don't know
[ ] -88 Refuse to answer

(Ask if question 1 = 1 - Past 12-month user)
23. Do you know the **amount of THC or CBD** of the dried herb you used last?
[ ] 1 Yes
[ ] 2 No

[ ] -77 Don't know
[ ] -88 Refuse to answer

What were the **THC and CBD levels** of the dried herb you used last?

(Ask if question 23 = 1)
24. Enter number: _____% THC or Don't Know
     [ ] -88 Refuse to answer

(Ask if question 23 = 1)
25. Enter number: _____% CBD or Don't Know
     [ ] -88 Refuse to answer

CANNABIS PRODUCTS - ORAL LIQUIDS

(Ask if question 1 = 2 - Past 12-month user)

26. In the past 12 months, how often did you use <u>cannabis/marijuana oil or liquid DROPS</u>?
 [ ] 1 Less than once a month
 [ ] 2 Monthly
 [ ] 3 Weekly
 [ ] 4 Daily
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if question 26 = 4)
27. On average, how many times per day do you use <u>cannabis/marijuana oil or liquid DROPS</u>: _____

(Ask if question 26 = 3)
28. On average, how many days per week do you use <u>cannabis/marijuana oil or liquid DROPS</u>: _____

(Ask if question 26 = 2)
29. On average, how many days per month do you use <u>cannabis/marijuana oil or liquid DROPS</u>: _____

(Ask if question 26 = 1)
30. Approximately how many days over the past 12 months did you use <u>cannabis/marijuana oil or liquid DROPS</u>: _____

(Ask if question 1 = 2 - Past 12-month user)
31. Think about the LAST DAY you used oil or liquid taken orally (as DROPS).

How much cannabis/marijuana oil or liquid (taken as DROPS) did you use over the entire day?

 0.4 gram

ENTER NUMBER: _____ [drop-down list: mL/fl oz/drop(s)]
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if 31 was answered)
32. You told us that you used [**AMOUNT, UNIT**] of cannabis/marijuana oil or liquid. Is that your **usual amount** on days you use oil or liquid DROPS?
[ ] 1 Yes
[ ] 2 No—I want to correct my answer
[ ] 3 Not applicable—I don't use them regularly

(Ask if 32 = 2)
33. Ok. Think of the average amount you use on days you use **cannabis/marijuana oil or liquid DROPS**.

How much do you usually use over the entire day?

 0.2 gram

ENTER NUMBER: _____ [drop-down list: mL/fl oz/drop(s)]
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 1 = 2 - Past 12-month user)

34. Think of the last time you used oil or liquid DROPS.

Which of the following best describes the THC level?
[ ] 1a No THC
[ ] 2a Low THC
[ ] 3a Medium THC
[ ] 4a High THC
[ ] 5a Very high THC
[ ] 6a I don't know

(Ask if question 1 = 2 - Past 12-month user)
35. Which of the following best describes the CBD level?
[ ] 1b No CBD
[ ] 2b Low CBD
[ ] 3b Medium CBD
[ ] 4b High CBD
[ ] 5b Very high CBD
[ ] 6b I don't know

(Ask if question 1 = 2 - Past 12-month user)
36. Do you know the **amount of THC or CBD** in the oil or liquid DROPS you used last?

[ ] 1 Yes
[ ] 2 No
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 36 = 1)
37. Would you like to report the THC and CBD levels in...?
[ ] 1 mg per mL
[ ] 2 %
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 36 = 1)
What were the **THC and CBD levels** in the cannabis/marijuana oil or liquid DROPS you used last?

38. Enter number: _____% THC or Don't Know
        [ ] -88 Refuse to answer

39. Enter number: _____% CBD or Don't Know
        [ ] -88 Refuse to answer

CANNABIS PRODUCTS – VAPING PRODUCTS

(Ask if question 1 = 3 - Past 12-month user)
40. In the past 12 months, how often did you VAPE cannabis/marijuana oil or liquid?
[ ] 1 Less than once a month
[ ] 2 Monthly
[ ] 3 Weekly
[ ] 4 Daily
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 40 = 4)
41. On average, how many times per day do you VAPE cannabis/marijuana oil or liquid:
_____

(Ask if question 40 = 3)
42. On average, how many days per week do you VAPE cannabis/marijuana oil or liquid:
_____

(Ask if question 40 = 2)
43. On average, how many days per month do you VAPE cannabis/marijuana oil or liquid:
_____

(Ask if question 40 = 1)
44. Approximately how many days over the past 12 months did you <u>VAPE</u> cannabis/marijuana oil or liquid: _____

45. How many times did you vape oil or liquid over the entire day?
ENTER NUMBER:_____ **times**
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if 45 was answered)
46. You told us that you **vaped oil or liquid [NUMBER]** times. Is that **how often you usually vape** on days you vape oil or liquid?

 [ ] 1 Yes
 [ ] 2 No—I want to correct my answer
 [ ] 3 Not applicable—I don't use them regularly

(Ask if 46 = 2)
47. Ok. Think of the **average** amount you use on days you **vape oil or liquid**.
How many **times** do you **usually vape** over the **entire day**?

ENTER NUMBER: _____ times
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if question 1 = 3 - Past 12-month user)
48. Think about the LAST DAY you vaped cannabis/marijuana oil.
How many times did you vape oil or liquid over the entire day?

ENTER NUMBER:_____ times
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if question 1 = 3 - Past 12-month user)
49. Think of the last time you vaped cannabis/marijuana oil or liquid.

Which of the following best describes the THC level?
 [ ] 1a No THC
 [ ] 2a Low THC
 [ ] 3a Medium THC
 [ ] 4a High THC
 [ ] 5a Very high THC
 [ ] 6a I don't know

(Ask if question 1 = 3 - Past 12-month user)
50. Which of the following best describes the CBD level?
 [ ] 1b No CBD
 [ ] 2b Low CBD
 [ ] 3b Medium CBD

[ ] 4b High CBD
[ ] 5b Very high CBD
[ ] 6b I don't know

(Ask if question 1 = 3 - Past 12-month user)
51. Do you know the amount of THC or CBD in the oil or liquid you vaped last?
 [ ] 1 Yes
 [ ] 2 No
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if question 51 = 1)
52. Would you like to report the THC and CBD levels in…?
 [ ] 1 mg per mL
 [ ] 2 %
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if question 51 = 1)
What were the **THC and CBD levels** in the **oil or liquid** you vaped last?

53. Enter number: _____ [mg per ml or %] THC or Don't Know
       [ ] -88 Refuse to answer

(Ask if question 39 = 1)
54. Enter number: _____ [mg per ml or %] CBD or Don't Know
       [ ] -88 Refuse to answer

CANNABIS PRODUCTS – EDIBLES

(Ask if question 1 = 4 - Past 12-month user)
55. In the past 12 months, how often did you eat <u>edible marijuana products</u>? [ ] 1 Less than once a month
 [ ] 2 Monthly
 [ ] 3 Weekly
 [ ] 4 Daily
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if question 55 = 4)
56. On average, how many **times per day** do you have **edible marijuana products**:
 _____

(Ask if question 55 = 3)
57. On average, how many **days per week** do you have **edible marijuana products**:
 _____

(Ask if question 55 = 2)
58. On average, how many **days per month** do you have **edible marijuana products**:

_____

(Ask if question 55 = 1)
59. Approximately how many days over the past 12 months did you have **edible marijuana products**: _____

60. In the past 12 months, have you had any **"HOMEMADE"** edibles made by you or someone you know?

Do not include edibles bought from a store or a dealer.
[ ] 1 Yes
[ ] 2 No
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if 60 = 1)
61. Did you make any of the homemade edibles yourself or did you get them from someone you know?

[ ] 1 Made them myself
[ ] 2 From someone else
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if 60 = 1)
62. Of all the edibles you had in the past 12 months, how many of them were homemade by you or someone you know?
Do not include edibles bought from a store or a dealer.
[ ] 1 Almost none
[ ] 2 Less than 10%
[ ] 3 10%
[ ] 4 20%
[ ] 5 30%
[ ] 6 40%
[ ] 7 50%
[ ] 8 60%
[ ] 9 70%
[ ] 10 80%
[ ] 11 90%
[ ] 12 100%
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 1 = 4 - Past 12-month user)
63. In the past 12 months, did you eat any of the following <u>edible marijuana products</u>?

(If you used cannabis oil or butter to make food, choose the type of food from the list below.)

SELECT ALL THE APPLY

[ ] 1 Gummy or jelly candy (e.g., gummy bears, sour or soft candy)
[ ] 2 Other candy [UK: Other candy/sweets] (e.g., lollipop, hard candy, licorice, caramel, toffee)
[ ] 3 Cookie [UK: Cookie/biscuits]
[ ] 4 Chocolate (e.g., chocolate/candy bar, truffle, peanut butter cups)
[ ] 5 Brownie
[ ] 6 Other baked good (e.g., muffin, cake, rice krispie treat)
[ ] 7 Mint or gum
[ ] 8 Salty or savoury snack (e.g., chocolate-covered pretzels or nuts, crackers)
[ ] 9 Dried fruit
[ ] 10 Granola/cereal bar, protein bar or energy bite
[ ] 11 Butter or oil used on its own
[ ] 12 Other (please specify):_____
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 1 = 4 - Past 12-month user)
64. The **LAST DAY** you had an edible, what type was it?

If you used cannabis oil or butter to make food, choose the type of food from the list below.

[ ] 1 Gummy or jelly candy (e.g., gummy bears, sour or soft candy)
[ ] 2 Other candy (e.g., lollipop, hard candy, licorice, caramel, toffee)
[ ] 3 Cookie
[ ] 4 Chocolate (e.g., chocolate/candy bar, truffle, peanut butter cups)
[ ] 5 Brownie
[ ] 6 Other baked good (e.g., muffin, cake, rice krispie treat)
[ ] 7 Mint or gum
[ ] 8 Salty or savoury snack (e.g., chocolate-covered pretzels or nuts, crackers)
[ ] 9 Dried fruit
[ ] 10 Granola/cereal bar, protein bar or energy bite
[ ] 11 Butter or oil used on its own
[ ] 12 Other (please specify):_____
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 1 = 4 - Past 12-month user except when 64 = 11)
65. Think about the **LAST DAY** you had an **edible**.

How much/many of the **[INSERT EDIBLE TYPE]** did you eat?

[ ] 1 Less than ¼
[ ] 2 ¼
[ ] 3 ½
[ ] 4 ¾
[ ] 5 1
[ ] 6 2
[ ] 7 3
[ ] 8 4
[ ] 9 5
[ ] 10 More than 5
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if 64 = 11)
66. Think about the **LAST DAY** you had cannabis butter or oil (e.g., cannabutter, coconut oil).

How much of the butter or oil did you **EAT**?

ENTER AMOUNT: _____ [Dropdown list of units: teaspoon(s), tablespoon(s), cup(s), oz, mL]

[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask those who answered 65)
67. You told us that you ate [AMOUNT] of the [INSERT EDIBLE TYPE]. Is that your **usual amount** on days you eat edibles?

[ ] 1 Yes
[ ] 2 No—I want to correct my answer
[ ] 3 Not applicable—I don't use them regularly

(Ask if 67 = 2 and 64 = 1-10)
68. Ok. Think of the **average** amount you use on days you have **edibles** such as [INSERT EDIBLE TYPE].

How much/many edibles do you usually have over the entire day?

[ ] 1 Less than ¼
[ ] 2 ¼
[ ] 3 ½
[ ] 4 ¾
[ ] 5 1
[ ] 6 2
[ ] 7 3
[ ] 8 4

[ ] 9 5
[ ] 10 More than 5
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if 67 = 2 and 64 = 11)
69. Ok. Think of **a usual day** you have **edibles** such as cannabis butter or oil (e.g., cannabutter, coconut oil).

How much of the butter or oil do you **usually** have over the **entire day**?

ENTER AMOUNT: _____ [Drop-down list of units: teaspoon(s), tablespoon(s), cup(s), oz, mL]

[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 64 = 1-10)
70. When you ate [**AMOUNT**] of the [INSERT EDIBLE TYPE], how many **servings of THC** was this?

Enter number: _____servings of THC [PROGRAMMER: Max = 100. Allow up to 2 decimal places.]

[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 1 = 4 - Past 12-month user)
71. Think of the **last time** you had an **edible**.

Which of the following best describes the THC level?

[ ] 1a No THC
[ ] 2a Low THC
[ ] 3a Medium THC
[ ] 4a High THC
[ ] 5a Very high THC
[ ] 6a I don't know

(Ask if question 1 = 4 - Past 12-month user)
72. Which of the following best describes the CBD level?
[ ] 1b No CBD
[ ] 2b Low CBD
[ ] 3b Medium CBD
[ ] 4b High CBD

[ ] 5b Very high CBD
[ ] 6b I don't know

(Ask if question 1 = 4 - Past 12-month user)
73. Do you know the **amount of THC or CBD** of the edibles you used last?
[ ] 1 Yes
[ ] 2 No
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 73 = 1)
What were the **THC and CBD levels** of the edibles you used last?

73. Enter number: _____ **mg THC** or Don't Know
     [ ] -88 Refuse to answer

(Ask if question 73 = 1)
74. Enter number: _____ **mg CBD** or Don't Know
     [ ] -88 Refuse to answer

CANNABIS PRODUCTS – DRINKS

(Ask if question 1 = 5 - Past 12-month user)
75. In the past 12 months, how often did you have <u>marijuana drinks (e.g., soda, tea, coffee)</u>?
[ ] 1 Less than once a month
[ ] 2 Monthly
[ ] 3 Weekly
[ ] 4 Daily
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 75 = 4)
76. On average, how many times per day do you use <u>marijuana drinks (e.g., soda, tea, coffee)</u>: _____

(Ask if question 75 = 3)
77. On average, how many days per week do you use <u>marijuana drinks (e.g., soda, tea, coffee)</u>: _____

(Ask if question 75 = 2)
78. On average, how many days per month do you use <u>marijuana drinks (e.g., soda, tea, coffee)</u>: _____

(Ask if question 75 = 1)
79. Approximately how many days over the past 12 months did you use <u>marijuana drinks (e.g., soda, tea, coffee)</u>: _____

(Ask if question 1 = 5 - Past 12-month user)
80. The **last time** you had a **marijuana drink**, what type was it?

[ ] 1 Soft drink or pop (e.g., cola)
[ ] 2 Other sparkling drink (e.g., sparkling water, tonic water)
[ ] 3 Coffee (hot or iced)
[ ] 4 Tea (hot or iced)
[ ] 5 Milk or hot chocolate
[ ] 6 Juice, fruit punch or lemonade
[ ] 7 Energy drinks or 'elixir'
[ ] 8 Liquid cannabis 'shot'
[ ] 9 Non-alcoholic beer or wine
[ ] 10 Alcoholic drink (e.g., beer, wine, cocktail)
[ ] 11 Other (please specify): _____
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 1 = 5 - Past 12-month user)
81. Think about the LAST DAY you had a marijuana drink (e.g., cola, tea, coffee).

How many marijuana drinks did you have over the entire day?

[Check boxes: 0, Less than 1, 1, Enter number greater than 1: _____] drinks
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if respondent answered 81)
82. You told us that you had **[NUMBER] marijuana drinks**. Is that your usual amount on days you have marijuana drinks?
 [ ] 1 Yes
 [ ] 2 No—I want to correct my answer
 [ ] 3 Not applicable—I don't use them regularly

(Ask if 82 = 2)
83. Ok. Think of the **average** amount you use on days you have **marijuana drink**s.

How many **drinks** do you **usually** have over the **entire day**?

[Check boxes: 0, Less than 1, 1, Enter number greater than 1: _____] drinks
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if question 1 = 5 - Past 12-month user)
Think of the **last time** you had a **marijuana drink**.

84. Which of the following best describes the THC level?
 [ ] 1a No THC
 [ ] 2a Low THC
 [ ] 3a Medium THC
 [ ] 4a High THC
 [ ] 5a Very high THC
 [ ] 6a I don't know

(Ask if question 1 = 5 - Past 12-month user)
85. Which of the following best describes the CBD level?
 [ ] 1b No CBD
 [ ] 2b Low CBD
 [ ] 3b Medium CBD
 [ ] 4b High CBD
 [ ] 5b Very high CBD
 [ ] 6b I don't know

(Ask if question 1 = 5 - Past 12-month user)
86. Do you know the amount of THC or CBD in the marijuana drink you had last?
 [ ] 1 Yes
 [ ] 2 No
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if question 86 = 1)
What were the **THC and CBD levels** in the **marijuana drink** you had last?
87. Enter number: _____ mg THC or Don't Know
       [ ] -88 Refuse to answer

(Ask if question 86 = 1)
88. Enter number: _____ mg CBD or Don't Know
       [ ] -88 Refuse to answer

CANNABIS PRODUCTS – SOLID CONCENTRATES

(Ask if question 1 = 6 Past – 12-month user)
89. In the past 12 months, how often did you use concentrate (e.g., wax, shatter, budder, etc.)?

[ ] 1 Less than once a month
[ ] 2 Monthly
[ ] 3 Weekly
[ ] 4 Daily
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 89 = 4)
90. On average, how many times per day do you use <u>concentrate (e.g., wax, shatter, budder, etc.):</u> _____

(Ask if question 89 = 3)
91. On average, how many days per week do you use <u>concentrate (e.g., wax, shatter, budder, etc.):</u> _____

(Ask if question 89 = 2)
92. On average, how many days per month do you use <u>concentrate (e.g., wax, shatter, budder, etc.):</u> _____

(Ask if question 89 = 1)
93. Approximately how many days over the past 12 months did you use <u>concentrate (e.g., wax, shatter, budder, etc.):</u> _____

(Ask if question 1 = 6 Past – 12-month user)
94. Think about the LAST DAY you used concentrate (e.g., wax, shatter, budder, etc.). (Do not include tinctures.)
How much concentrate did you use over the entire day?

[place holder for image]

ENTER NUMBER: _____ [drop-down list with 2 unit options: gram(s) or dab(s)/hit(s)]

[ ] -77 Don't know
[ ] -88 Refuse to answer

(Answer if respondent answered 94)
95. You told us that you used [**AMOUNT INCLUDING UNITS**] of <u>**concentrate**</u>. Is that <u>**your usual amount**</u> on days you use concentrate?
[ ] 1 Yes
[ ] 2 No—I want to correct my answer
[ ] 3 Not applicable—I don't use it regularly

(Answer if 95 = 2)
96. Ok. Think of the **average** amount you use on days you use <u>**concentrate**</u>.

How much do you usually use over the entire day?

0.8 gram

ENTER NUMBER: _____ [drop-down list with 2 unit options: gram(s) or dab(s)/hit(s)]

[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 1 = 6 - Past 12-month user)
97. The **last time** you used concentrate, what **type** of **concentrate** did you use? (Do not include tinctures.)
[ ] 1 Wax
[ ] 2 Shatter
[ ] 3 Budder
[ ] 4 CO2 oil
[ ] 5 Butane honey oil
[ ] 6 Hash oil
[ ] 7 Crumble
[ ] 8 Sap
[ ] 9 Pull-and-snap
[ ] 10 Resin
[ ] 11 Rosin
[ ] 12 Other (please specify):_____
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 1 = 6 - Past 12-month user)
Think of the last time you used concentrate (e.g., [TYPE]).
98. Which of the following best describes the THC level?
[ ] 1a No THC
[ ] 2a Low THC
[ ] 3a Medium THC
[ ] 4a High THC
[ ] 5a Very high THC
[ ] 6a I don't know
(Ask if question 1 = 6 - Past 12-month user)
99. Which of the following best describes the CBD level?
[ ] 1b No CBD
[ ] 2b Low CBD
[ ] 3b Medium CBD
[ ] 4b High CBD
[ ] 5b Very high CBD
[ ] 6b I don't know

(Ask if question 1 = 6 - Past 12-month user)
100. Do you know the amount of THC or CBD in the concentrate (e.g., [TYPE]) you used

last?
[ ] 1 Yes
[ ] 2 No
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 100 = 1)
101. Would you like to report the THC and CBD levels in...?
[ ] 1 mg
[ ] 2 %
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 100 = 1)
What were the THC and CBD levels in the concentrate (e.g., [TYPE]) you used last?
102. Enter number: _____ **[mg or %]** THC or Don't Know
[ ] -88 Refuse to answer

(Ask if question 100 = 1)
103. Enter number: _____ **[mg or %]** CBD or Don't Know
[ ] -88 Refuse to answer

CANNABIS PRODUCTS – HASH/KIEF

(Ask if question 1 = 7 - Past 12-month user)
104. In the **past 12 months**, how often did you use **hash or kief**?
[ ] 1 Less than once a month
[ ] 2 Monthly
[ ] 3 Weekly
[ ] 4 Daily
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 104 = 4)
105. On average, how many **times per day** do you use **hash or kief**: _____

(Ask if question 104 = 3)
106. On average, how many **days per week** do you use **hash or kief**: _____

(Ask if question 104 = 2)
107. On average, how many **days per month** do you use **hash or kief**: _____

(Ask if question 104 = 1)
108. Approximately how many days over the past 12 months did you use hash or kief:
_____

(Ask if question 1 = 7 - Past 12-month user)
109. Think about the **LAST DAY** you used **hash or kief**.

How much hash or kief did you use over the **entire day**?

 0.6 gram

ENTER NUMBER:_____ [drop-down list with 2 options: gram(s) or hit(s)/toke(s)]
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if respondent answered 109)
110. You told us that you used [**AMOUNT INCLUDING UNITS**] of **hash or kief**. Is that your **usual amount** on days you use hash or kief?

 [ ] 1 Yes
 [ ] 2 No—I want to correct my answer
 [ ] 3 Not applicable—I don't use it regularly

(Ask if 110 = 2)
111. Ok. Think of the **average** amount you use on days you use **hash or kief**.

How much do you usually use over the entire day?

 0.5 gram

ENTER NUMBER:_____ [drop-down list with 2 options: gram(s) or hit(s)/toke(s)]
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

Ask if question 1 = 7 - Past 12-month user)
Think of the **last time** you used **hash or kief**.
112. Which of the following best describes the THC level?
 [ ] 1a No THC
 [ ] 2a Low THC
 [ ] 3a Medium THC
 [ ] 4a High THC
 [ ] 5a Very high THC
 [ ] 6a I don't know

 Ask if question 1 = 7 - Past 12-month user)
113. Which of the following best describes the CBD level?
 [ ] 1b No CBD
 [ ] 2b Low CBD
 [ ] 3b Medium CBD
 [ ] 4b High CBD

[ ] 5b Very high CBD
[ ] 6b I don't know

Ask if question 1 = 7 - Past 12-month user)
114. Do you know the **amount of THC or CBD** of the **hash or kief** you used last?
[ ] 1 Yes
[ ] 2 No
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 114 = 1)
What were the **THC and CBD levels** in the **hash or kief** you used last?

115. Enter number: _____ % THC or Don't Know
[ ] -88 Refuse to answer

(Ask if question 114 = 1)
116. Enter number: _____ % CBD or Don't Know
[ ] -88 Refuse to answer

CANNABIS PRODUCTS – TINCTURES

(Ask if question 1 = 8 - Past 12-month user)
117. In the past 12 months, how often did you use <u>tinctures</u> (e.g., concentrated amounts ingested orally or taken under the tongue)?
[ ] 1 Less than once a month
[ ] 2 Monthly
[ ] 3 Weekly
[ ] 4 Daily
[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 117 = 4)
118. On average, how many **times per day** do you use **tinctures**: _____

(Ask if question 117 = 3)
119. On average, how many **days per week** do you use **tinctures**: _____

(Ask if question 117 = 2)
120. On average, how many **days per month** do you use **tinctures**: _____

(Ask if question 117 = 1)
121. Approximately how many days over the past 12 months did you use <u>tinctures</u>:

_____

(Ask if question 1 = 8 - Past 12-month user)
122. Think about the **LAST DAY** you used **tinctures**.

How much did you use over the **entire day**?

 0.4 gram

ENTER NUMBER: _____ [drop-down list: mL/oz/drop(s)]

[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if respondent answered 122)
123. You told us that you used [**AMOUNT INCLUDING UNITS**] of **tinctures**. Is that your **usual amount** on days you use tinctures?

[ ] 1 Yes
[ ] 2 No—I want to correct my answer
[ ] 3 Not applicable—I don't use them regularly

(Ask if 123 = 2)
124. Ok. Think of the **average** amount you use on days you use **tinctures**.

How much tincture do you usually use over the entire day?

 0.2 gram

ENTER NUMBER: _____ [drop-down list: mL/oz/drop(s)]

[ ] -77 Don't know
[ ] -88 Refuse to answer

(Ask if question 1 = 8 - Past 12-month user)
125. Think of the **last time** you used a **tincture**.
Which of the following best describes the THC level?
[ ] 1a No THC
[ ] 2a Low THC
[ ] 3a Medium THC
[ ] 4a High THC
[ ] 5a Very high THC
[ ] 6a I don't know
 (Ask if question 1 = 8 - Past 12-month user)
126. Which of the following best describes the CBD level?
[ ] 1b No CBD
[ ] 2b Low CBD
[ ] 3b Medium CBD
[ ] 4b High CBD
[ ] 5b Very high CBD

[ ] 6b I don't know
  (Ask if question 1 = 8 - Past 12-month user)
127. Do you know the amount of THC or CBD in the tincture you used last?
 [ ] 1 Yes
 [ ] 2 No
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if question 127 = 1)
128. Would you like to report the THC and CBD levels in…?
 [ ] 1 mg per mL
 [ ] 2 %
 [ ] -77 Don't know
 [ ] -88 Refuse to answer
(Ask if question 127 = 1)
What were the **THC and CBD levels** in the **tincture** you used last?

129. Enter number: _____ [mg per mL or %] THC or Don't Know
 [ ] -88 Refuse to answer

(Ask if question 127 = 1)
130. Enter number: _____ [mg per mL or %] CBD or Don't Know
 [ ] -88 Refuse to answer

CANNABIS PRODUCTS – TOPICALS

(Ask if question 1 = 9 - Past 12-month user)
131. In the past 12 months, how often did you use marijuana topical ointment (e.g.,
creams, lotions, balms, salves)?
 [ ] 1 Less than once a month
 [ ] 2 Monthly
 [ ] 3 Weekly
 [ ] 4 Daily
 [ ] -77 Don't know
 [ ] -88 Refuse to answer

(Ask if question 131 = 4)
132. On average, how many **times per day** do you use **marijuana topical ointment**:
_____

(Ask if question 131 = 3)
133. On average, how many **days per week** do you use **marijuana topical ointment**:
_____

(Ask if question 131 = 2)
134. On average, how many **days per month** do you use **marijuana topical ointment**:
_____

(Ask if question 131 = 1)

135. Approximately how many days over the past 12 months did you use <u>marijuana topical ointment</u>: _____