

# Recreational Cannabis Use Questionnaire. (R-CUE) Troup, Andrzejewski & Bastidas 2015

Complete the following and check the most appropriate response. Please answer each question honestly and to the best of your ability. You may add any extra information next to the question or on the back of each page.

1. Age \_\_\_\_
2. Are you part of Colorado's Medical Marijuana Registry (do you own a red card)?  Yes  No
3. If you answered yes to #2, for how long have you been a member of the registry?

<input type="checkbox"/> N/A (Never a member)	<input type="checkbox"/> 2-4 years
<input type="checkbox"/> Less than one year	<input type="checkbox"/> 4-7 years
<input type="checkbox"/> (This is my first red card)	<input type="checkbox"/> 7-10 years
<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 10+ years

4. How long ago did you first try cannabis?

<input type="checkbox"/> N/A (Never tried)	<input type="checkbox"/> 2-4 years
<input type="checkbox"/> Less than one year	<input type="checkbox"/> 4-7 years
<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 7-10 years
	<input type="checkbox"/> 10+ years

5. How often do you use Cannabis (in any form)?

<input type="checkbox"/> N/A (Don't use)	<input type="checkbox"/> A few (3-6) times a week
<input type="checkbox"/> Less than monthly (1-11 times/year)	<input type="checkbox"/> Daily
<input type="checkbox"/> Less than weekly (1-3 times/month)	<input type="checkbox"/> 2-4 times a day
<input type="checkbox"/> Once a week	<input type="checkbox"/> More than 4 times a day
<input type="checkbox"/> A couple (1-2) times a week	

6. Have you ever used Cannabis more heavily than you do now?

- No, have never used.
- No, same amount as now.
- Yes. How often did you use at that time? \_\_\_\_\_

7. Which of the following types of Cannabis and methods of intake do you prefer? Check all bolded items that apply (and check subcategories to the best of your knowledge/ability).

- a.  N/A (Don't use)
- b.  **Smoking Cannabis flower** (Bud, Nugget, etc.)

i. Strain (type) of cannabis:

<input type="checkbox"/> Indicas ("Body high")	
<input type="checkbox"/> Sativas ("Mind high")	
<input type="checkbox"/> Hybrids:	<input type="checkbox"/> Sativa-dominant
	<input type="checkbox"/> Indica-dominant
	<input type="checkbox"/> True hybrid (50/50 Sativa/Indica)

c.  **Smoking Cannabis Concentrates** (Hashish/"Dabs")

i. Strain (type) of cannabis:

<input type="checkbox"/> Indicas ("Body high")	
<input type="checkbox"/> Sativas ("Mind high")	

<input type="checkbox"/> Hybrids:	<input type="checkbox"/> Sativa-dominant
	<input type="checkbox"/> Indica-dominant
	<input type="checkbox"/> True hybrid (50/50 Sativa/Indica)

ii.  Strain-specific hash. If so, list strains that you have used:

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iii. *Method of THC extraction (type of concentrate):*

1.  Solvent based extraction:

- Butane Honey Oil (BHO)
- Carbon Dioxide (CO<sub>2</sub>)
- Quick Wash Isopropyl Alcohol (QWISO)
- Hexane solvent concentrates
- Propane solvent concentrates
- Ethanol solvent concentrates
- "Shatter" hash (High purity butane/ethanol extraction)

2.  Solvent-less concentrates:

- Cold Water Extraction (CWE)/Icewax/Solvent-less wax/"grease"/"jewce"
- Bubble hash
- Screen filtered hash (Finger hash/Keif)

d.  Cannabis Edibles

*i. Specify:*

- Pre-packaged baked edibles
- Hard candy/gummy edibles
- Chocolate edibles
- Drink-based edibles (THC-infused sodas, teas, etc.)
- Tinctures:  Glycerin based  
 Ethanol based
- Cannabis butter (Cannabutter)
- Other. Please list:

ii. *Cannabinoids contained:*

- CBD     THC     CBD/THC

e.  Dermal Cannabis Application:     Skin patches

Lotions/balms/oils

**8. In order of preference (1 being most preferred, 4 being least preferred), what is your preferred form of consuming Cannabis?**

- Cannabis flower/nugget    ▪ Concentrates/hash
- Edibles    ▪ Topical/Dermal Absorption

N/A (Don't use)

1. \_\_\_\_\_ (Most Preferred)
2. \_\_\_\_\_ (Second Most)
3. \_\_\_\_\_ (Second Least)

4. \_\_\_\_\_ (Least Preferred)

9. If applicable, **what smoking devices do you use? (Select all that apply)**

a.  None

b.  **Water-filtration devices:**

- Bong (upright/waterpipe)
- Bong (gravity)
- Bubbler

c.  **Dry smoking devices:**

- Pipe (glass/metal)
- Steamroller
- Joint
- Blunt

d.  **Vaporizers:**

- Bag vaporizers
- Whip vaporizers
- Portable/Pen vaporizers

e.  **Dabs:**

- Spoon dabs
- Nail dabs
- Noodle dabs
- Health stone dabs
- Skillet dabs

10. If applicable, **in an average month, how much in Cannabis flower/nugget do you smoke?**

<input type="checkbox"/> None (0 grams)	<input type="checkbox"/> An ounce or less (14.1-28 grams)
<input type="checkbox"/> A gram or less (0-1 grams)	<input type="checkbox"/> More than an ounce (1-2 ounces)
<input type="checkbox"/> An eighth of an ounce or less (1.1-3.5 grams)	<input type="checkbox"/> More than two ounces (2-4 ounces)
<input type="checkbox"/> A half of an ounce or less (3.6-14 grams)	<input type="checkbox"/> More than a quarter pound (4+ ounces)

11. If applicable, **in an average month, how much in Cannabis concentrates do you smoke?**

<input type="checkbox"/> None (0 grams)	<input type="checkbox"/> An ounce or less (14.1-28 grams)
<input type="checkbox"/> A gram or less (0-1 grams)	<input type="checkbox"/> More than an ounce (1-2 ounces)
<input type="checkbox"/> An eighth of an ounce or less (1.1-3.5 grams)	<input type="checkbox"/> More than two ounces (2-4 ounces)
<input type="checkbox"/> A half of an ounce or less (3.6-14 grams)	<input type="checkbox"/> More than a quarter pound (4+ ounces)

12. If applicable, **in an average month, how many Cannabis edibles do you consume? (One edible is equal to what is considered one dose by the manufacturer).**

<input type="checkbox"/> None	<input type="checkbox"/> 4-8 edibles
<input type="checkbox"/> One edible	<input type="checkbox"/> 8-20 edibles
<input type="checkbox"/> 2-4 edibles	<input type="checkbox"/> 20+ edibles