Click Click Pass: Cannabis Users Survey on Health (CUSH)

Greetings, Thank you for participating in the CUSH Survey. The purpose of this survey is to gather information on how marijuana is being consumed in our state. This will help Colorado Department of Public Health and Environment provide better programs and services. The survey will ask questions about your current marijuana use, other substance use, and general demographics (i.e. age, sex, and race). It should take you no more than 10 minutes to complete the survey. Your participation in this survey is completely voluntary, and your responses will be anonymous. You may choose not to answer any questions at any time, although some questions are required to continue the survey. You also may choose to end the survey at any time. If you have any issues or questions you may contact us: Allison Rosenthal, 303-692-6301, allison.rosenthal@state.co.us Elyse Contreras, 303-692-6455, elyse.contreras@state.co.us Thank you for your time and consideration in taking this survey! Sincerely,Colorado Department of Public Health and Environment

Electronic Consent

Please select "agree" if you wish to participate and agree to the following:-you have read the above information -you voluntarily agree to participate in the survey -you voluntarily agree to provide demographic information -you are at least 21 years of age -you will take this survey one-time onlyIf you do not want to participate in the survey, please select "disagree". *

- [ ] Disagree
- [ ] Agree

Please enter your initials below to confirm your consent to participate. *

During the past 30 days, on how many days did you use marijuana or marijuana products? *

Please select all the ways you use marijuana or marijuana products. *

- [ ] Smoke (like flower, concentrates, etc.)
- [ ] Vape (like flower, oil, concentrates, etc.)
- [ ] Eat/drink infused products (like edibles, soda, tinctures, etc.)
- [ ] Dab (like BHO, wax, shatter, etc.)

Smoke

How often do you smoke marijuana?

	Number of times																																													per (day, week, month, year)			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	day	week	month	year
I smoke __ times per ____:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

When you buy or get marijuana to smoke, how much do you usually get at one time?

	Amount (in grams or ounces)															Of Product				
	less than 1 gram	1 gram	1.5 grams	2 grams	2.5 grams	3 grams	1/8 ounce (3.5 grams)	1/4 ounce (7 grams)	1/2 ounce (14 grams)	3/4 ounce (17.5 grams)	1 ounce (28 grams)	1.25 ounce (35 grams)	1.5 ounce (42 grams)	1.75 ounce (45.5 grams)	2 ounces (56 grams)	more than 2 ounces (>56 grams)	Flower (buds)	Hashish (Hash)	Kief	Pre-rolled joint(s) or cone(s)	concentrate (wax, oil, etc.)
I usually get...	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

How often do you buy or get this amount of marijuana product to smoke?

	Number of Times																															Per (Days, Weeks, etc)			
	less than 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	30+	Day	Week	Month	Year
I usually buy or get this amount ____ times per ______.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Vape

How often do you vape marijuana or marijuana products?

	Number of times																													per (day, week, month, or year).				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	30+	Day	Week	Month	Year
I vape __ times per ___:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

When you buy or get marijuana or marijuana product to vape, how much do you usually get at one time?

	Amount (in grams)																	Of Product						
	less than 1 gram	1 gram	1.5 grams	2 grams	2.5 grams	3 grams	1/8 ounce (3.5 grams)	1/4 ounce (7 grams)	1/2 ounce (14 grams)	3/4 ounce (17.5 grams)	1 ounce (28 grams)	1.25 ounce (35 grams)	1.5 ounce (42 grams)	1.75 ounce (45.5 grams)	2 ounces (56 grams)	More than 2 ounces (>56 grams	Flower (buds)	Pre-filled oil cartridges	Oil I use to fill myself	Hash	Kief	Concentrate (wax, shatter, etc.)	Other
I usually get...	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

How often do you buy or get this amount of marijuana product to vape?

	Number of Times																														Per (Days, Weeks, etc)			
	less than 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	30+	Day	Week	Month	Year
I usually buy or get this amount ____ times per _____.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Eat/Drink

How often do you eat/drink marijuana infused products (like edibles, tinctures, etc.)?

	Number of Times																														Per (Days, Weeks, etc)			
	less than 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	30+	Day	Week	Month	Year
I usually eat/drink them __ times per __.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

What is the average amount of THC (in milligrams) you consume at one time to achieve your desired effect?

Dab

How often do you dab marijuana?

	Number of times																													per (day, week, month, or year).				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	30+	Day	Week	Month	Year
I dab ___ times per ___:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

When you buy or get concentrates to dab, how much do you usually get at one time?

	Amount (in grams)																	Of Product							
	5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8+	Wax	Shatter	Oil	Resin	Sap	Bubble	Hash (Hashish)	Other
I usually get...	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

How often do you buy or get this amount of marijuana product to dab?

	Number of Times																															Per (Days, Weeks, etc)			
	less than 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	30+	Day	Week	Month	Year
I usually buy or get this amount ____ times per _____.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

How old were you the first time you used marijuana or marijuana products?

Since recreational marijuana became legal in Colorado in 2014, would you say your marijuana use has...

- [ ] Increased
- [ ] Decreased
- [ ] Stayed the same

Do you take any of the following medications at the same time as marijuana? Select all that apply.

- [ ] Prescription pain relievers (like codeine, Vicodin, Oycontin, Percocet)
- [ ] Anti-anxiety medications (like Xanax, Valium)
- [ ] Sedatives (like Ambien, Sonata, barbiturates)
- [ ] None of the above
- [ ] Other

What other substances do you use at the same time with marijuana? Select all that apply.

- [ ] Alcohol
- [ ] Tobacco
- [ ] Cocaine
- [ ] Heroin
- [ ] None of the above
- [ ] Other substance (please specify

For what reasons do you use marijuana? Select all that apply.

- [ ] To treat a medical condition
- [ ] To relax or relieve tension
- [ ] To experiment or to see what it is like
- [ ] To feel good or get high
- [ ] To help with my sleep
- [ ] To help me with my feelings or emotions
- [ ] To increase or decrease the effect(s) of some other drug
- [ ] Because I am hooked or must have it
- [ ] Other (please specify)

What medical condition(s) do you use marijuana to treat? Select all that apply.

- [ ] Anxiety
- [ ] Cachexia or excessive weight loss
- [ ] Cancer
- [ ] Chronic or severe pain
- [ ] Glaucoma
- [ ] HIV or AIDS
- [ ] Inflammatory bowel disease
- [ ] Insomnia or sleep problems
- [ ] Multiple Sclerosis
- [ ] Uncontrolled nausea or vomiting
- [ ] Persistent muscle spasms
- [ ] PTSD
- [ ] Seizures
- [ ] Other (please specify)

Do you currently have a medical marijuana card?

- [ ] Yes
- [ ] No

Have you ever experienced any of the following health effects after using marijuana or marijuana products?

- ☐ Increased heart rate
- ☐ Panic attack or anxiety
- ☐ Paranoia
- ☐ Chest pain
- ☐ Nausea and/or vomiting
- ☐ Loss of consciousness
- ☐ Suicidal thoughts or actions
- ☐ Hallucinations
- ☐ None of the above
- ☐ Other (please specify)

Did you seek medical assistance for those unwanted effects?

	Yes	No
Called the Poison Center	☐	☐
Called 911	☐	☐
Went to the emergency room or hospital	☐	☐
Went to Urgent Care	☐	☐
Went to a clinic or community health center	☐	☐

Where do you usually buy or get your marijuana or marijuana products? (Select all that apply)

- [ ] Retail marijuana store
- [ ] Medical marijuana store
- [ ] Grow marijuana yourself
- [ ] Friends or family
- [ ] Make my own marijuana concentrate (like oil, wax, shatter, etc.)
- [ ] Marijuana dealer
- [ ] Friends or family with marijuana cards
- [ ] Other

About you

In what year were you born?

What is your gender?

- [ ] Male
- [ ] Female
- [ ] Or, please specify your preferred identify

Which race/ethnicity group best describes you?

- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Pacific Islander
- [ ] Don't know/Not sure
- [ ] Other (please specify)

Are you of Hispanic, Latino/a, or Spanish Origin?

- [ ] Yes
- [ ] No

Should we change these two race/ethnicity questions? In their current state, they do not match BRFSS. If we don't need to them to match up with BRFSS, should we just have a single checkbox q (including Hispanic, Spanish, Latino?)

What is the highest degree or level of school you have completed?

- [ ] Less than high school
- [ ] Some high school, no dipolma
- [ ] High school graduate (dipolma, dipolma equivalent or GED)
- [ ] Some college
- [ ] Bachelor's degree (for example: BA, AB, BS)
- [ ] Beyond a Bachelor's degree

What county in Colorado do you live in?

You're Done!

Thank you for participating in our survey!