

Supplemental Materials

Supplemental Materials Questionnaire 1: “Narrative” Lifetime Use Questions Tested in

Pilot Study

Question	Responses
How old were you when you first smoked marijuana?	<input type="checkbox"/> ___ Age <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
I'd like to create a timeline of your marijuana smoking history, we've found that people have periods of heavier use, lighter use and no use based on the events in their life. You were [mj2smkfirstfill] when you first started smoking. At that time how often did you smoke?	<input type="checkbox"/> Every day <input type="checkbox"/> 6 days/week <input type="checkbox"/> 5 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 2 days/week <input type="checkbox"/> 1 day/week <input type="checkbox"/> ___ Days/month <input type="checkbox"/> ___ Days/year <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
On those days, on average how many joints/pipes/bongs did you smoke?	<input type="checkbox"/> ___ Joints, pipes, or bongs/day <input type="checkbox"/> Less than one joint, pipe, or bong/day <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
How long did this period last?	<input type="checkbox"/> ___ Days <input type="checkbox"/> ___ Weeks <input type="checkbox"/> ___ Months <input type="checkbox"/> ___ Years <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
After this time did you continue smoking or stop smoking for a time or stop smoking completely or reach current usage?*	<input type="checkbox"/> Continue smoking <input type="checkbox"/> Stop smoking for a time <input type="checkbox"/> Stopped smoking completely or Reached current marijuana usage <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
*Based on the response to this question, the participant would either get (a) another question to assess their frequency of use in the new period followed by duration or (b) a question about the length of their quit time or (c) reach the end of the narrative section.	

Supplemental Materials Questionnaire 2: Cannabis Assessment Tool (CAT-1)

Question	Responses
Have you ever used marijuana in any form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
Have you ever smoked marijuana?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
Which category best describes the total number of times you've smoked marijuana over your lifetime?	<input type="checkbox"/> 0-50 <input type="checkbox"/> 51-500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> More than 1000 <input type="checkbox"/> Refuse <input type="checkbox"/> Don't know
<i>If participant indicates 51-more than 1000:</i> Over the entire period you smoked marijuana, how many years did you smoke marijuana on a daily or near-daily basis?	<input type="checkbox"/> ___ Years <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<i>If participant indicates at least 1 or more years of daily or near daily smoking:</i> During the ___ year(s) that you smoked on a daily or near daily basis, in which form did you most often smoke marijuana?	<input type="checkbox"/> Joints <input type="checkbox"/> Pipes <input type="checkbox"/> Bongs <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
During the ___ year(s) that you smoked (<u>insert most common form</u>) on a daily or near daily basis, how many (<u>insert most common form</u>) did you smoke a day?	<input type="checkbox"/> Number of form/day <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<i>If participant ever smoked marijuana:</i> Have you smoked marijuana in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<i>If participant smoked in the last 30 days:</i> In the last 30 days, have you smoked a: Joint Pipe Bong Blunt	<input type="checkbox"/> Joint <input type="checkbox"/> Pipe <input type="checkbox"/> Bong <input type="checkbox"/> Blunt <input type="checkbox"/> Spliff <input type="checkbox"/> Refused <input type="checkbox"/> Don't know

<p>Spliff</p> <p><i>[Interviewer note] If asked:</i> <i>Blunt: a hollowed-out cigar filled with marijuana</i> <i>Spliff: a marijuana cigarette prepared with both marijuana and tobacco</i></p>	
<p><i>If participant does not endorse blunts or spliffs:</i></p> <p>In the last 30 days, have you combined tobacco and marijuana to smoke at a single time?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know</p>
<p><i>If participant endorsed blunts:</i></p> <p>In the last 30 days, how many days per week did you smoke a blunt?</p>	<p><input type="checkbox"/> Every day <input type="checkbox"/> 6 days/week <input type="checkbox"/> 5 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 2 days/week <input type="checkbox"/> 1 day/week <input type="checkbox"/> ___ Day(s)/month <input type="checkbox"/> Refused <input type="checkbox"/> Don't know</p>
<p><i>If participant endorsed spliffs:</i></p> <p>In the last 30 days, how many days per week did you smoke a spliff?</p>	<p><input type="checkbox"/> Every day <input type="checkbox"/> 6 days/week <input type="checkbox"/> 5 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 2 days/week <input type="checkbox"/> 1 day/week <input type="checkbox"/> ___ Day(s)/month <input type="checkbox"/> Refused <input type="checkbox"/> Don't know</p>
<p><i>If participant endorsed joints:</i></p> <p>In the last 30 days, how many days per week did you smoke a joint?</p>	<p><input type="checkbox"/> Every day <input type="checkbox"/> 6 days/week <input type="checkbox"/> 5 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 2 days/week <input type="checkbox"/> 1 day/week <input type="checkbox"/> ___ Day(s)/month <input type="checkbox"/> Refused <input type="checkbox"/> Don't know</p>
<p>On the days you smoked in the last 30 days, how many joints did you smoke a day?</p>	<p><input type="checkbox"/> ___ Joints/day <input type="checkbox"/> Less than one joint/day <input type="checkbox"/> Refused <input type="checkbox"/> Don't know</p>

<p><i>If participant endorsed pipes:</i></p> <p>In the last 30 days, how many days per week did you smoke a pipe?</p>	<input type="checkbox"/> Every day <input type="checkbox"/> 6 days/week <input type="checkbox"/> 5 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 2 days/week <input type="checkbox"/> 1 day/week <input type="checkbox"/> ___ Day(s)/month <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<p>On the days you smoked in the last 30 days, how many pipes did you smoke a day?</p>	<input type="checkbox"/> ___ Pipes/day <input type="checkbox"/> Less than one pipe/day <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<p><i>If participant endorsed bong:</i></p> <p>In the last 30 days, how many days per week did you smoke a bong?</p>	<input type="checkbox"/> Every day <input type="checkbox"/> 6 days/week <input type="checkbox"/> 5 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 2 days/week <input type="checkbox"/> 1 day/week <input type="checkbox"/> ___ Day(s)/month <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<p>On the days you smoked in the last 30 days, how many bong did you smoke a day?</p>	<input type="checkbox"/> ___ Bong/day <input type="checkbox"/> Less than one bong/day <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<p>Which of the following categories best captures the amount of marijuana you smoked over the past 30 days:</p> <ul style="list-style-type: none"> - An eighth of an ounce, which is the same as 3.5 grams - A quarter of an ounce, which is the same as 7 grams - A half of an ounce, which is the same as 14 grams - Three quarters of an ounce, which is the same as 21 grams - An ounce, which is the same as 28 grams <p><i>[Interviewer note] If they cannot answer: "Can you answer in hits, grams or ounces?"</i></p> <p><i>If they still cannot answer:</i></p>	<input type="checkbox"/> ___ Hit(s)/month (smoked casually) <input type="checkbox"/> ___ Gram(s)/month <input type="checkbox"/> An eighth of an ounce, which is the same as 3.5 grams <input type="checkbox"/> A quarter of an ounce, which is the same as 7 grams <input type="checkbox"/> A half of an ounce, which is the same as 14 grams <input type="checkbox"/> Three quarters of an ounce, which is the same as 21 grams <input type="checkbox"/> An ounce, which is the same as 28 grams <input type="checkbox"/> ___ Ounce(s)month <input type="checkbox"/> Other measure: ___ <input type="checkbox"/> Refused <input type="checkbox"/> Don't know

Are you able to visualize the amount of marijuana in another measure, such as a teaspoon or tablespoon?	
Have you ever vaporized marijuana? <i>[Interviewer note]</i> <i>Vaporizing: Vaping is the act of inhaling vapor produced by a vaporizer or electronic marijuana cigarette</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
Which category best describes the total number of times you've vaporized marijuana over your lifetime?	<input type="checkbox"/> 0-50 <input type="checkbox"/> 51-500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> More than 1000 <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<i>If participant indicates 51-more than 1000:</i> Over the entire period you vaporized marijuana, how many years did you vaporize marijuana on a daily or near-daily basis?	<input type="checkbox"/> ___ Years <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<i>If participant ever vaporized marijuana:</i> Have you vaporized marijuana in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<i>If participant vaporized marijuana in the last 30 days:</i> In the last 30 days, how many days per week did you vaporize marijuana?	<input type="checkbox"/> Every day <input type="checkbox"/> 6 days/week <input type="checkbox"/> 5 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 2 days/week <input type="checkbox"/> 1 day/week <input type="checkbox"/> ___ Day(s)/month <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
Have you ever used edible marijuana, including tinctures or sublingual drops?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
Which category best describes the total number of times you've used edible marijuana over your lifetime?	<input type="checkbox"/> 0-50 <input type="checkbox"/> 51-500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> More than 1000 <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<i>If participant ever used edible marijuana:</i>	<input type="checkbox"/> Yes

Have you used edible marijuana in the last 30 days?	<input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<p><i>If participant used edible marijuana in the last 30 days:</i></p> <p>In the last 30 days, how many days per week did you used edible marijuana?</p>	<input type="checkbox"/> Every day <input type="checkbox"/> 6 days/week <input type="checkbox"/> 5 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 2 days/week <input type="checkbox"/> 1 day/week <input type="checkbox"/> ___ Day(s)/month <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<p>Have you ever dabbled marijuana?</p> <p><i>[Interviewer note]</i></p> <p><i>Dabbing: Dabbing is a way of heating butane hash oil to extremely high temperatures to inhale the fumes</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
Which category best describes the total number of times you've dabbled marijuana over your lifetime?	<input type="checkbox"/> 0-50 <input type="checkbox"/> 51-500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> More than 1000 <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<p><i>If participant ever used edible marijuana:</i></p> <p>Have you dabbled marijuana in the last 30 days?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<p><i>If participant dabbled marijuana in the last 30 days:</i></p> <p>In the last 30 days, how many days per week did you dab marijuana?</p>	<input type="checkbox"/> Every day <input type="checkbox"/> 6 days/week <input type="checkbox"/> 5 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 2 days/week <input type="checkbox"/> 1 day/week <input type="checkbox"/> ___ Day(s)/month <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
Have you ever topically applied marijuana, such as lotion, balms or oils?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know

Which category best describes the total number of times applied topical marijuana over your lifetime?	<input type="checkbox"/> 0-50 <input type="checkbox"/> 51-500 <input type="checkbox"/> 501-1000 <input type="checkbox"/> More than 1000 <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<i>If participant ever applied topical marijuana:</i> Have you topically applied marijuana in the last 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Don't know
<i>If participant topically applied marijuana in the last 30 days:</i> In the last 30 days, how many days per week did you topically apply marijuana?	<input type="checkbox"/> Every day <input type="checkbox"/> 6 days/week <input type="checkbox"/> 5 days/week <input type="checkbox"/> 4 days/week <input type="checkbox"/> 3 days/week <input type="checkbox"/> 2 days/week <input type="checkbox"/> 1 day/week <input type="checkbox"/> ___ Day(s)/month <input type="checkbox"/> Refused <input type="checkbox"/> Don't know

Supplemental Materials Table 1: Marijuana Conversion Table

Response	Conversion
1 gram	1 gram
1 ounce	28 grams
1 hit	.05 grams
1 teaspoon*	1 gram
1 tablespoon*	3 grams
1 cup*	48 grams
*conversions performed using oregano as a substitute for marijuana according to this metric: https://www.aqua-calc.com/calculate/food-volume-to-weight	

Supplemental Materials Table 2: Other Forms of Current Marijuana Use*

Question	Response Choices	Complete Observations	Pearson's r or Agreement
Have you ever vaporized marijuana?	Yes	100	Agreement = 94%
	No		
	Refused		
	Don't know		
Which category best describes the total number of times you've vaporized marijuana over your lifetime?	0-50	30	Agreement = 76.7%
	51-500		
	501-1000		
	More than 1000		
	Refused		
	Don't know		
Over the entire period you vaporized marijuana, how many years did you vaporize marijuana on a daily or near-daily basis?	Years	6	Pearson's r = 0.32
	Don't know		
	Refused		
Have you vaporized marijuana in the last 30 days?	Yes	30	Agreement = 86.7%
	No		
	Refused		
	Don't know		
In the last 30 days, how many days per week did you vaporize marijuana?	Every day	8	Pearson's r = 0.69
	6 days/week		
	5 days/week		
	4 days/week		
	3 days/week		
	2 days/week		
	1 days/week		
	Days/month		
	Refused		
	Don't know		

Have you ever used edible marijuana including tinctures or sublingual drops?	Yes	100	Agreement = 94.0%
	No		
	Refused		
	Don't know		
Which category best describes the total number of times you've used edible marijuana over your lifetime?	0-50	51	Agreement 80.4%
	51-500		
	501-1000		
	More than 1000		
	Refused		
	Don't know		
Have you used edible marijuana in the last 30 days?	Yes	51	Agreement = 86.3%
	No		
	Refused		
	Don't know		
In the last 30 days, how many days per week did you use edible marijuana?	Every day	13	Pearson's $r = 0.84$
	6 days/week		
	5 days/week		
	4 days/week		
	3 days/week		
	2 days/week		
	1 days/week		
	Days/month		
	Refused		
	Don't know		
	Have you ever dabbed marijuana? [If asked: Dabbing is a way of heating butane hash oil to extremely high temperatures to inhale the fumes]		
No			
Refused			

	Don't know		
Which category best describes the total number of times you've dabbled marijuana over your lifetime?	0-50	12	Agreement = 83.3%
	51-500		
	501-1000		
	More than 1000		
	Refused		
	Don't know		
Have you dabbled marijuana in the last 30 days?	Yes	12	Agreement = 91.7%
	No		
	Refused		
	Don't know		
In the last 30 days, how many days per week did you dab marijuana?	Every day	4	Pearson's r = 0.99
	6 days/week		
	5 days/week		
	4 days/week		
	3 days/week		
	2 days/week		
	1 days/week		
	Days/month		
	Refused		
	Don't know		
	Have you ever topically applied marijuana such as lotions balms or oils?		
No			
Refused			
Don't know			
Which category best describes the total number of times you've	0-50	18	Agreement = 66.7%
	51-500		

topically marijuana over your lifetime?	501-1000		
	More than 1000		
	Refused		
	Don't know		
Have you topically applied marijuana in the last 30 days?	Yes	18	Agreement = 83.3%
	No		
	Refused		
	Don't know		
In the last 30 days, how many days per week did you topically apply marijuana?	Every day	5	Pearson's r = 0.62
	6 days/week		
	5 days/week		
	4 days/week		
	3 days/week		
	2 days/week		
	1 days/week		
	Days/month		
	Refused		
	Don't know		