MARIJUANA USE INVENTORY TEST

Related to your use of pot have you ever:		Yes	No
1.	Used pot in a.m.?	____	____
2.	Used pot once a day or more?	____	____
3.	Been high on pot throughout the day?	____	____
4.	Used pot alone?	____	____
5.	Hidden your use from family/friends?	____	____
6.	Used at inappropriate times or places, i.e. school, work, driving a car?	____	____
7.	Experienced any loss of short term memory or your ability to concentrate?	____	____
8.	Experienced unusual fears, paranoia?	____	____
9.	Experienced any physical problems i.e. sore throat, congestion, coughing?	____	____
10.	Had a loss of interest in school, work, or other meaningful activities?	____	____
11.	Neglect work, missed work, been fired?	____	____
12.	Neglect school, missed classes, dropped out?	____	____
13.	Begun dealing to finance your habit?	____	____
14.	Wasted money, neglected bills, in debt?	____	____
15.	Been arrested for possession, or related inappropriate behavior because of use?	____	____
16.	Harmed relationships with family/friends?	____	____

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17.	Been confronted for usage by family or friends?	____	____
18.	Been unable to limit/stop usage?	____	____
19.	Felt guilty because of your behavior while using?	____	____
20.	Recognized that you have a problem?	____	____
21.	Sought counseling/treatment for pot abuse or related problems?	____	____
22.	Experienced a real need to use or significant distress when not using?	____	____
23.	Needed increased amounts to achieve the desired effects?	____	____
24.	Experienced a significant reduced effect with regular use of the same amount?	____	____
25.	Switched to more potent pot, i.e. sensimilla, hash, etc. to achieve the desired effect?	____	____

Total Yes _____
Total No _____

Patient Signature _____Date_____

Counselor Signature _____