

NIDA Clinical Trials Network

Marijuana Craving Questionnaire (MCQ)

Web Version: 1.0; 1.01; 03-20-14

Segment (*PROTSEG*):

Visit number (VISNO):

Date of assessment: (MCQASMDT) (mm/dd/yyyy)

(mm/dd/yyyy)

Indicate how strongly you agree or disagree with each of the following statements by checking one of the spaces between STRONGLY DISAGREE and STRONGLY AGREE. The closer you place your check mark to one end or the other indicates the strength of your agreement or disagreement. If you don't agree or disagree with a statement, place your check mark in the middle space. Please complete every item. We are interested in how you are thinking or feeling right now, as you are filling out the questionnaire.

[illegible]