

## Marijuana Withdrawal Checklist (MWC)

Please indicate whether or not you have experienced these symptoms and rate their severity **during the past week.**

	none	mild	moderate	severe
1) Shakiness/tremulousness	0	1	2	3
2) Depressed mood	0	1	2	3
3) Decreased appetite	0	1	2	3
4) Nausea	0	1	2	3
5) Irritability	0	1	2	3
6) Sleep difficulty	0	1	2	3
7) Sweating	0	1	2	3
8) Craving to smoke marijuana	0	1	2	3
9) Restlessness	0	1	2	3
10) Nervousness/anxiety	0	1	2	3
11) Increased aggression	0	1	2	3
12) Headaches	0	1	2	3
13) Stomach Pains	0	1	2	3
14) Strange dreams	0	1	2	3
15) Increased anger	0	1	2	3
16) Other (list): _____	0	1	2	3