

Medical Cannabis Patient Survey Rhode Island

You are being asked to participate in a project conducted through the Husson University School of Pharmacy by Brian Piper, PhD; by Dartmouth-Hitchcock Medical Center by Corey Burchman, MD; and by Maine Health by Stephanie Nichols, PharmD and Alexander Abess, MD that involves research. The researchers are required to receive your informed consent before you participate in this project. This project has been reviewed and approved by the Husson University Institutional Review Board (IRB) for the Protection of Human Subjects in Research. Contact the IRB at (207) 941-7049 if you have any questions about (1) the conduct of the project, (2) your rights as a research participant, or (3) a research-related injury. Any other questions about the research project should be directed to: Brian J. Piper (piperbj@husson.edu) or Stephanie Nichols (nicholss@husson.edu). Your participation in research is voluntary. If you refuse to participate, there are no penalties or loss of benefits or services that you are otherwise entitled to. If you decide to participate and then withdraw or skip a question, there are no penalties or loss of benefits or services. Whether or not you choose to participate in this project will have no effect on your relationship with Husson University, Dartmouth-Hitchcock Medical Center, or Maine Health, now or in the future. A basic explanation of the project is written below. After you have read this information, please indicate whether you consent at the bottom of this page.

PROJECT PURPOSE:

The purpose of this online survey is to gather information about the risks and benefits of medical cannabis use. Adults that are legally authorized to use medical cannabis are being asked to participate in this study. You have been invited to participate in this study because of your relationship with a cannabis dispensary. You are receiving this invitation because you have agreed to receive emails from your dispensary.

EXPLANATION OF PROCEDURES:

This study will involve answering questions about you, your health, and your use of medical cannabis.

CONFIDENTIALITY:

No identifying information will be collected during this research. Information from this research will not be released to anyone outside of this research project. Your responses will not be discussed with anyone not involved in the research. Only researchers associated with the project will have access to this information. Any information from this study to be presented or published, will be in aggregate form only and individuals will not be identified.

COMPENSATION:

Participation in this study is voluntary. No compensation will be awarded.

BENEFITS:

The overall benefits of this research include gaining a better understanding of medical cannabis.

RISKS:

This study involves minimal risk. Risks in this study are not anticipated to be any greater than those involved in day-to-day activities (working with a computer, answering questions, reading etc.).

KEY POINTS:

1. This survey is intended to learn more about the benefits and risks of medical cannabis.
2. Completion of this survey is voluntary. Information you provide in this survey is not identifiable to you and is completely anonymous.
3. Only the investigators involved in this study will have access to survey responses.
4. There will be no changes in your prescription or access to medications or medical cannabis should you decide to not participate.
5. The only benefit provided by participating in this survey is helping scientists and clinicians better understand medical cannabis.

6. Surveys may only be completed once, and must be completed in one session. The survey should only take about 15 minutes of time.

7. By completing this survey, you certify that you are over age 18.

8. Please answer as many questions as you feel comfortable answering.

9. Please note that in this survey, we use the term "cannabis" to mean the same as marijuana or medical marijuana.

CONSENT

* 1. Do you consent to participate in this research? Please be aware that that completion of the survey also implies consent.

Yes, I consent to participate.

No, I do not consent to participate.

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2. How old are you?

3. What is the highest level of education you have attained?

- Did not complete High School
- Completed High School or GED
- Vocational Degree
- Some College (AA, AS)
- Undergraduate Degree (BA, BS)
- Graduate or Professional Degree (MA, MBA, PhD, JD)

4. What is your ethnicity?

- White
- Black or African American
- Asian
- Hispanic or Latino
- Native Hawaiian
- Pacific Islander
- American Indian
- Alaska Native
- Prefer not to disclose

Other (please specify)

5. What are your annual earnings? If hourly, 7.5/hour = \$15,600, 15/hour = \$31,200.

- Prefer not to disclose
- \$0 to \$9,999
- \$10,000 to \$19,999
- \$20,000 to \$39,999
- \$40,000 to \$59,999
- \$60,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000+

6. How would you describe your work status? Check all that apply.

- Employed full time
- Employed part time
- Unemployed
- On disability
- Student
- Retired
- Prefer not to disclose

Other (please specify)

7. How would you describe the city or town where you live?

- Population less than 50,000
- Population more than 50,000 but less than 250,000
- Population more than 250,000

8. What state do you live in?

- Alabama
- Alaska
- Arizona
- Arkansas
- California

- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma

- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- Washington DC
- West Virginia
- Wisconsin
- Wyoming

Other (please specify)

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9. How tall are you?

Feet

Inches

10. How much do you weigh in pounds?

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11. Who issued your medical cannabis certificate?

M.D.

D.O.

Other (please specify)

12. Was your medical cannabis certificate issued by:

Primary Care Provider who I was seeing already

Specialist who I was seeing already (e.g. Neurologist or Psychiatrist)

A new provider that I'm seeing for my qualifying condition

Other (please specify)

13. Which of the following diseases or conditions have you been diagnosed by a medical professional (physician, PA, psychologist) as having? Check all that apply.

Alzheimer's Disease

Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease)

Arthritis

Anorexia

Anxiety Disorder (Generalized or Social)

Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder (ADHD or ADD)

Asthma

Autism Spectrum Disorder (Autism/Aspergers)

Bipolar Disorder (manic-depression)

Bulimia

Cancer

Cachexia

Celiac Disease

- Chronic pain
- COPD (Chronic Obstructive Pulmonary Disease)
- Crohn's Disease
- Dementia (non-Alzheimer's)
- Depression (Major Depressive Disorder)
- Diabetes
- Emphysema
- Fibromyalgia
- Heart disease (Heart failure, Coronary Artery Disease)
- High blood pressure
- HIV/AIDS
- Irritable Bowel Syndrome (IBS)
- Kidney disease
- Migraine / Chronic Headaches
- Myasthenia gravis
- Narcolepsy
- Obsessive Compulsive Disorder (OCD)
- Parkinson's Disease
- Premenstrual Dysphoric Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia
- Seizure disorder (epilepsy)
- Sleep disorder (insomnia)
- Stroke
- None of the above
- Prefer not to disclose

Other (please specify)

14. For what condition(s) did you receive a medical cannabis certificate? Check all that apply.

- Intractable or chronic pain
- Agitation related to Alzheimer's Disease
- Cachexia or wasting syndrome
- Cancer
- Glaucoma
- Hepatitis C
- HIV or AIDS
- Muscle spasms, including but not limited to, those characteristic of Multiple Sclerosis or Crohn's disease
- Nausea (severe)
- Parkinson's Disease
- Seizures, including but not limited to those characteristic of epilepsy
- Prefer not to disclose

Other (please specify)

You have completed approximately 25% of the survey.

15. If you are using medical cannabis for pain, what type of pain do you have? Check all that apply.

- Abdominal
- Back/Neck
- Cancer
- Chronic pain following surgery
- Menstrual pain
- Neuropathic (nerve pain)
- Trauma/Injury
- Not applicable

Other (please specify)

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16. How long have you been certified to use medical cannabis?

	Months	Years
Length	<input type="text"/>	<input type="text"/>

17. What is your preferred delivery method?

- Joint, pipe or bong
- Vaporizer
- Food edibles
- Concentrated
- Tincture
- Topicals (salve or balm)

18. How much do you use each week (for example, 3 cookies/week)?

19. How many grams of medical cannabis do you use each day (1 oz = 28.4 g)? If you'd prefer not to disclose, enter "NA".

20. How much money (\$) do you spend on medical cannabis each week?

21. What type of medical cannabis works best for you?

- Cannabis sativa dominant strains
- Cannabis indica dominant strains
- Don't know
- Prefer not to disclose

22. For the condition you were certified for, which strain(s) works best for you? If you prefer not to disclose, please feel free to skip this item.

23. Please describe other strains you use and why. If you prefer not to disclose, please feel free to skip this item.

24. How would you describe your use of cannabis? For example, if you use medical cannabis twice a day for your symptoms but on the weekends, twice midday to relax with friends, you might choose 20% recreation/ 80% medical).

- 100% recreational, 0% medical
- 90% recreational, 10% medical
- 80% recreational, 20% medical
- 70% recreational, 30% medical
- 60% recreational, 40% medical
- 50% recreational, 50% medical
- 40% recreational, 60% medical
- 30% recreational, 70% medical
- 20% recreational, 80% medical
- 10% recreational, 90% medical
- 0% recreational, 100% medical

25. How old were you when you first smoked a tobacco cigarette?

- 10 years or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21 or older
- I've never smoked a cigarette

26. How old were you when you first used alcohol?

- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21 or older
- I've never used alcohol

27. How many packs of cigarettes do you currently smoke each day?

- a few cigarettes
- half a pack
- 1
- 2
- 3
- 4
- 5
- I don't smoke

28. How old were you when you first used marijuana recreationally?

- 10 or younger
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 or older
- I've never used marijuana recreationally

29. What is your sex?

- Male
- Female
- Prefer not to disclose

30. How many days per week do you consume 4 or more alcoholic drinks in a single sitting?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- I don't drink

31. How many days per week do you consume 5 or more alcoholic drinks in a single sitting?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- I don't drink

You have completed about half of the survey.

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32. How effective is medical cannabis in treating your symptoms or condition(s)?

- 0% no relief at all
- 10%
- 20%
- 30%
- 40%
- 50% about half relief
- 60%
- 70%
- 80%
- 90%
- 100% complete relief

33. Are there any other conditions that you find are helped by cannabis? Please check all that apply.

- Anxiety
- Appetite stimulant
- Concentration (ADD/ADHD)
- Depression/mood
- Other substance cravings (nicotine, alcohol, or other)
- Pain
- Restless legs
- Sleep quality
- None

Other (please specify)

34. Besides yourself, how many members of your house-hold are certified to receive medical cannabis?

- 0
- 1
- 2
- 3
- 4

Other (please specify)

35. Are you on any of the following types of medications? Please select all that apply.

- ADHD medication (stimulant)
- antidepressant
- antipsychotic
- anti-seizure medication or mood stabilizer
- anxiety medication
- blood pressure medication
- diabetes medication
- pain medication (non-prescription)
- pain medication (prescription)
- sleeping medication(non-prescription)
- sleeping medication(prescription)
- none of the above
- prefer not to disclose

36. Do you regularly take opiate pain medications (such as oxycodone, hydrocodone, buprenorphine, methadone, or others)?

- Yes
- No

37. Have you noticed a change in the amount of opiate medication you need for the same pain relief since you began using medical cannabis?

- Yes, I need a *lot more* medication
- Yes, I need *slightly more* medication
- No change
- Yes, I need *slightly less* medication
- Yes, I need a *lot less* medication

38. Do you regularly take medications for anxiety (such as valium, lorazepam, clonazepam, or other)?

Yes

No

39. Have you noticed a change in the amount of prescription anxiety medication you need/use since you began using medical cannabis?

- Yes, I need *a lot more* medication
- Yes, I need *slightly more* medication
- No change
- Yes, I need *slightly less* medication
- Yes, I need *a lot less* medication

40. Do you regularly take medications to help you sleep (such as ambien or benadryl)?

- Yes
- No

41. Have you noticed a change in the amount of medication you need/use for sleep since you began using medical cannabis?

- Yes, I need a *lot more* medication
- Yes, I need *slightly more* medication
- No change
- Yes, I need *slightly less* medication
- Yes, I need a *lot less* medication

42. Do you regularly take medications to help you for depression (such as Celexa, Cymbalta, Effexor, Prozac, Paxil, Wellbutrin, Zoloft)?

Yes

No

43. Have you noticed a change in the amount of medication you need/use for depression since you began using medical cannabis?

- Yes, I need a lot more antidepressants
- Yes, I need slightly more antidepressants
- No change
- Yes, I need slightly less antidepressants
- Yes, I need a lot less antidepressants

44. Do you regularly consume alcohol?

- yes
- no
- prefer not to disclose

45. Have you notice a change in your alcohol consumption since you started medical cannabis?

- Yes, I need to drink a lot more
- Yes, I need to drink slightly more
- No change
- Yes, I need to drink slightly less
- Yes, I need to drink a lot less

Migraine

46. Do you regularly take medications for migraines or headaches?

- yes
- no
- prefer not to disclose

47. Since starting medical cannabis, have you noticed a change in the amount of medications you use for migraines or headaches?

- Yes, I need a lot more medications
- Yes, I need slightly more medications
- No change
- Yes, I need slightly less medications
- Yes, I need a lot less medications

48. Do you think using medical cannabis has caused any other significant change in your health conditions or medications (either better or worse)?

Yes

No

49. Please describe

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50. Does your primary care provider know about your medical cannabis use?

- Yes
- No

51. Do you inform healthcare providers (other specialists, pharmacists, clinics, etc.) of your medical cannabis use when providing information about other medications?

- Yes
- Sometimes
- No

52. Who first suggested medical cannabis as an option for you?

- Me (I brought it up with my doctor)
- Primary Provider
- Other specialist/clinician
- Friend/Family

53. How would you describe the way healthcare providers, in general, treat your use of medical cannabis?

- Strongly supportive
- Supportive
- Neutral
- Unsupportive
- Strongly unsupportive

54. Do you currently have any negative/unwanted side effects from medical cannabis?

- Yes
- No

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55. Please select any of the following side effects that were or are still bothersome to you:

- Anxiety/nervousness/paranoia
- Asthma or breathing problems
- Changes in perception or memory problems
- Chest pain
- Concentration problems
- Decline in motivation, productivity, or activity
- Facial hair
- Mood changes
- Nausea/vomiting
- Rapid heart beat/palpitations
- Sleep changes
- Weight gain that was not wanted

Other (please specify)

56. About how long have you had these side effects from cannabis?

Days:

Weeks:

Months

Length

57. Did side effects ever limit your use of medical cannabis?

- No
- Yes, but not any more
- Yes, and it still is limited by side effects

58. Do you think you have developed a tolerance to the benefits of medical cannabis?

- No
- Yes, and I still use the same dose, ingestion methods, and strain
- Yes, but I changed my dose, ingestion method, or strain to make it more effective

59. How long did it take for you to find the correct route/dose/frequency/strain of medical cannabis?

You have completed approximately 75% of the survey.

60. For the condition(s) on your medical cannabis certificate, which of the following complementary and alternative medicines or techniques do you currently use?

- Acupuncture
- Chiropractor
- Herbal/natural remedies
- Massage
- Reiki
- Physical therapy
- None

Other (please specify)

61. For the condition(s) on your medical cannabis certificate, which of the following complementary and alternative medicines or techniques did you use BEFORE medical cannabis?

- Acupuncture
- Chiropractor
- Herbal/natural remedies
- Massage
- Reiki
- Physical therapy
- None

Other (please specify)

62. Had you ever used cannabis before your current medical use?

- No
- Yes, recreationally
- Yes, self-prescribed for a medical condition
- Prefer not to disclose

63. Does your spouse/partner know about your medical cannabis use?

- No
- Yes
- Not Applicable (I don't have a spouse or partner)
- Prefer not to disclose

64. Does your immediate family know about your medical cannabis use?

- No
- Yes
- Prefer not to disclose

65. Do your closest friends know about your medical cannabis use?

- No
- Yes
- Prefer not to disclose

66. Does your employer know about your medical cannabis use?

- No
- Yes
- Not applicable (I don't have an employer)
- Prefer not to disclose

67. Have you experienced any legal issues because of medical cannabis?

- Yes
- No
- Prefer not to disclose

68. Have you ever suffered from alcoholism and/or drug addiction?

- No
- Yes- alcoholism
- Yes- drug addiction
- Both
- Prefer not to disclose

69. Do you currently use any illegal substances (such as heroin, cocaine, bath salts, or other “street drugs”)?

- Yes
- No
- Prefer not to disclose

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70. Which modes of delivery have you used for medical cannabis? Please choose all that apply.

- Smoke – joints
- Smoke – pipe
- Smoke – water pipe or bong
- Vaporize – whole flower
- Vaporize – oils/concentrates
- Eat
- Drink
- Tincture
- Topical (on the skin)
- Concentrates

71. What is the mode of delivery you use most for medical cannabis?

- Smoke – joints
- Smoke – pipe
- Smoke – water pipe or bong
- Vaporize – whole flower
- Vaporize – oils/concentrates
- Eat
- Drink
- Tincture
- Topical (on the skin)
- Concentrates

72. How frequently do you use medical cannabis?

- 3 or more times per day
- 2 times per day
- Once per day
- Multiple times per week
- Once per week or less

73. How many members of your household use medical cannabis?

- 1 (just me)
- 2
- 3
- 4 or more
- prefer not to disclose

74. Do you have any plans to stop using medical cannabis?

- Yes
- No

75. What is it that you like least about medical cannabis?

76. What is it that you like most about medical cannabis?

Thank you for completing this survey. We appreciate your participation!