

Supplementary Data

Survey

What is your gender?

- Male
- Female
- Other
- Prefer not to answer

What is your age?

- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

What is your professional degree? (Check all that apply)

- MD
- DO
- Other (please specify; i.e. PhD, JD, MBA, MSPH, etc.)

How many years are you in practice?

- < 1
- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- > 25

In which NY County do you practice?

- Prefer not to answer
- Please specify:

What is your specialty?

- Prefer not to answer
- Please specify:

What is your practice setting?

- Academic/University Hospital
- Public Hospital (non-VA)
- Private Practice
- VA Hospital



- Prefer not to answer
- Other (please specify)

How would you rate your knowledge of the endocannabinoid system? (1 = uninformed; 5 = very well informed)

- 1 2 3 4 5

Please rate the following statement: "Medical Marijuana (MMJ) should be an option available to patients."

- Strongly agree
- Somewhat agree
- Neutral
- Somewhat disagree
- Strongly disagree

Are you familiar with the requirements for a patient to be able to obtain MMJ in NY?

- Yes
- No
- Somewhat familiar

Are you familiar with the requirements for a physician to be able to certify a patient for MMJ in NY?

- Yes
- No
- Somewhat familiar

What do you think of the number of conditions and symptoms that qualify for MMJ certification in NY?

- Enough
- Too many
- Too few
- I am not sure

What do you think of the current MMJ formulations and routes of administration approved in NY?

- Enough
- Too many
- Too few
- I am not sure

Have you registered with NY State to certify patients for MMJ?

- Yes
- No
- Prefer not to answer

Which factors influenced your decision to register or not? Please mark all that apply:

- My medical specialty
- Experiences with patients
- Medical Literature
- Other Physicians/Colleagues
- News/media
- Lectures/CME
- Friend/family use
- Practice/Workplace policy



- Federal Law/Marijuana is a Schedule I drug
- Other (please specify)

Have your patients inquired about MMJ within the past year?

- Yes
- No

Are you willing to discuss MMJ with your patients?

- Yes, but only if my patient expresses interest first
- Yes, if I feel that my patient would benefit
- Yes, I am willing to discuss but I would not recommend its use under any circumstances
- No, I am not willing to discuss
- Not applicable
- Other (please specify):

Have any of your patients used marijuana (illicit or medical) for symptom control?

- Yes
- No
- I don't know

If yes, for what symptoms? Please mark all that apply:

- Pain
- Cachexia
- Nausea
- Depression
- Anxiety
- Other (please specify)

Have you prescribed FDA-approved cannabinoids (Dronabinol or Nabilone) for your patients?

- Yes
- No

If you would consider cannabinoids in your treatment plan, would you first opt for FDA-approved cannabinoids or NYS-approved MMJ formulations?

- FDA-approved cannabinoids
- NYS-approved MMJ formulations
- Not applicable

(OPTIONAL) Please explain your choice:

Do you prescribe opioids to your patients?

- Yes
- No
- Prefer not to answer

In general, which do you feel has a greater risk profile?

- MMJ
- Opioids
- I am not sure

