

Attitudes Toward Cannabis as Medicine

1. Attitudes

1. Cannabis should be legalized.

- Agree
 Disagree

2. Cannabis smokers are prone to violence.

- Agree
 Disagree

3. Withdrawal from cannabis can be life threatening.

- Agree
 Disagree

4. Cannabis is a gateway drug

- Agree
 Disagree

5. Cannabis use has a high risk of overdose.

- Agree
 Disagree

6. Cannabis is a very dangerous drug.

- Agree
 Disagree

7. It is possible that cannabis could have medicinal effects.

- Agree
 Disagree

8. It is safer to take prescription painkillers than to use cannabis.

- Agree
- Disagree

9. How much risk is there to people who use cannabis:

	No Risk	Slight Risk	Moderate Risk	Great Risk
Legal Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Cannabis is more addictive than:

	True	False
Tobacco	<input type="radio"/>	<input type="radio"/>
Chocolate	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>
Caffeine	<input type="radio"/>	<input type="radio"/>
Opiates	<input type="radio"/>	<input type="radio"/>

11. I believe that medical cannabis should be made available to people with qualifying conditions.

- True
- False

2. Experience with Cannabis - Prior Drug Use

1. I have used IV drugs.

- Yes
- No

2. I have used: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Speed or Methamphetamine (including "Meth") | <input type="checkbox"/> Synthetic drugs (bath salts, Kush) |
| <input type="checkbox"/> Xanax (or other Benzodiazepines) | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Cocaine |
| <input type="checkbox"/> Opioids | <input type="checkbox"/> None of the above |

3. I have abused drugs or alcohol at specific times in the past

- Yes
- No

4. Have any members of your family struggled with drug or alcohol addiction (Check all that apply)?

- None
- Mother
- Father
- Grandmother
- Grandfather
- Sibling
- Aunt
- Uncle
- Cousin

5. Have any members of your family experienced legal problems due to alcohol or drug use in the past
(Check all that apply)?

- None
- Mother
- Father
- Grandmother
- Grandfather
- Sibling
- Aunt
- Uncle
- Cousin

6. I have been addicted to drugs or alcohol in the past

- Yes
- No

3.

* 1. Have you ever used cannabis for any purpose (recreational or medical)?

- I currently use cannabis
- I have used cannabis in the past
- I have never used cannabis

4. Use of cannabis

1. In my experience, cannabis use has had a _____ effect on my life :

- Positive
- Negative
- Neutral

2. Do you smoke tobacco?

- Yes
- No

3. Do you, or did you, mix tobacco with cannabis?

- Yes
- No
- I do not smoke tobacco

4. How old were you when you first started using cannabis for any reason?

5. Which forms of cannabis have you used for any reason? (Check all that apply)

- Eaten as a cooked recipe (brownies, cookies, candy, etc) or as leaf/flower matter
- Drunk as tea
- Inhaled (cigarette, pipe, bong, vaporizer)
- Spray or Tincture (under tongue)
- Capsule (Marinol, Dronabinol)
- Hashish
- Wax or BHO (dabbing)
- Other (please specify)

6. When was the last time you used cannabis for non-medical purposes?

- Within the past week
- Within the past month
- Within the last year
- More than a year ago
- Never used cannabis for non-medical reasons

* 7. Do you use cannabis to treat a medical condition?

- I currently use medical cannabis
- I used medicinal cannabis in the past
- No, I do not currently and have never used medical cannabis

5. Use of medicinal cannabis

1. How old were you when you first started using cannabis for medical purposes?

2. If you stopped using medicinal cannabis, why did you stop? (please check all that apply)

- It never controlled my symptoms
- It was initially effective, but stopped working
- I was unable to find a regular supply
- I did not like the side effects
- I could not afford it
- Because of its illegal status
- I never stopped using medical cannabis
- Other (please specify)

3. For how long did you use medicinal cannabis before stopping?

- < 1year
- 1-5 yrs
- 6-10 yrs
- 11-15 yrs
- 16-20 yrs
- >20 yrs
- I never stopped using medical cannabis

4. On average, how often do you use or did you use medicinal cannabis?

- several times a day
- 6-7 days a week
- 3-5 days a week
- As required or other (give brief detail):
- 1-2 days a week
- Less than weekly
- Very seldom

5. Have you ever felt concerned about your current or past use of cannabis for medical reasons? (Please check all that apply)

- No
- Yes, because it has been illegal
- Yes, because of possible health effects
- Yes, because of risk of dependence
- Yes, because of cost
- Other (please specify)

6. Do you worry or did you worry about being arrested for using cannabis for medical reasons?

- Yes
- No

7. Have you been arrested or convicted due to current or past medicinal cannabis use?

- Yes
- No

8. How long have you used or did you use medicinal cannabis for your medical conditions? (please check one only)

- < 1year
- 1 - 5yrs
- 6 - 10 yrs
- 11 - 15 yrs
- 16 - 20 yrs
- >20 yrs

9. Has your employment ever been threatened due to your use of medicinal cannabis?

- Yes
- No

10. Has medicinal cannabis use ever strained personal/significant relationships?

- Yes
- No
- Other (please specify)

11. Has use of medicinal cannabis ever caused difficulty in work or school?

Yes

No

12. Why did you decide, now or in the past, to try cannabis for your medical condition (check all that apply)?

Helps with condition

Prescription medication failed

Hope that cannabis use would help reduce other prescriptions

Recommended by a physician

Recommended by a friend

13. What medical condition did you seek relief from with cannabis? (check all that apply)

anxiety

pain

sleeplessness

spasms

Other (please specify)

14. In what form did you/do you most often take cannabis for medical reasons? (Please check one only)

Eaten as a cooked recipe (brownies, cookies, candy, etc) or as leaf/flower matter

Capsule (Marinol, Dronabinol)

Drunk as tea

Hashish

Inhaled (cigarette, pipe, bong, vaporizer)

Wax or BHO (dabbing)

Spray or Tincture (under tongue)

15. When you use/used medicinal cannabis did the amount of cannabis needed to control your condition or symptoms change over time? (please check one only)

- I need or needed much more now than when I started I need or needed a little less now than when I started
- I need or needed a little more now than when I started I need or needed much less now than when I started
- I need or needed more than when I started but have a stable level now My use changes depending on my condition
- I need or needed about the same as when I started
- Other (please specify)

16. How does (or did) cannabis affect your conditions or symptoms overall? (please check one only)

- Gives (gave) me great relief I feel (felt) a little worse
- Gives (gave) me a little relief I feel (felt) a lot worse
- Makes (made) no difference

17. Did you decrease or discontinue your use of other medicines when you started using cannabis for your condition?

- Yes
- No

please describe:

18. Considering all the ways you have tried cannabis, which way/ways are **most effective**? For the methods in the list below that you **have tried**, rate the effectiveness of that medication with a score of 1 to 5 (1 least effective to 5 most effective).

	1	2	3	4	5
Eaten as a cooked recipe (brownies, cookies, candy, etc) or as leaf/flower matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drunk as tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhaled (cigarette, pipe, bong, vaporizer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spray or Tincture (under tongue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capsule (Marinol, Dronabinol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wax or BHO (dabbing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Considering all the ways you have tried cannabis, which way/ways are **most convenient**? For the methods in the list below that you have tried, rate the convenience of that medication with a score of 1 to 5 (1 least convenient to 5 most convenient).

	1	2	3	4	5
Eaten as a cooked recipe (brownies, cookies, candy, etc) or as leaf/flower matter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drunk as tea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhaled (cigarette, pipe, bong, vaporizer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spray or Tincture (under tongue)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capsule (Marinol, Dronabinol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wax or BHO (dabbing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Listed below are a number of effects that people may experience from using various prescription medications or cannabis. Please indicate whether you have experienced any of these effects when using **cannabis** for your medical condition(s). Please indicate below if each of the effects experienced was "good" (+) or "bad" (-) or "Not experienced" (N/A).

	+	-	N/A
Muscle relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastro-intestinal irritation / indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A floating sensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dehydration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A feeling of wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drowsiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A depressed feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A stimulating feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty in coordinating movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A desire to speak more freely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea and vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in keenness of senses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A quicker pulse/palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residual bad taste in mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotes sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	+	-	N/A
Lethargy/lack of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tingling, burning, cramps or aches usually in legs, numbness, feet and toes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Listed below are a number of effects that people may experience from using various prescription medications or cannabis. Please indicate whether you have experienced any of these effects when using **medications** for your medical condition(s). Please indicate below if each of the effects experienced was "good" (+) or "bad" (-) or "Not experienced" (N/A).

	+	-	N/A
Muscle relaxation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastro-intestinal irritation / indigestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A floating sensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dehydration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A feeling of wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drowsiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A depressed feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A stimulating feeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty in coordinating movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A desire to speak more freely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea and vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase in keenness of senses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	+	-	N/A
Weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A quicker pulse/palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residual bad taste in mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotes sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lethargy/lack of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tingling, burning, cramps or aches usually in legs, numbness, feet and toes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Have you ever stopped using cannabis only to find that your symptoms or condition returned or became worse?

- Yes
- No

IF YES, please give details of the condition/symptoms:

23. Have you ever stopped using cannabis for medical reasons and experienced any symptoms that you believed were due to withdrawal from cannabis?

- Yes
- No

IF YES, please give details of the condition/symptoms:

24. How would you describe undesirable effects produced by cannabis compared with undesirable effects produced by your usual medications? (please check one only)

- | | |
|--|--|
| <input type="radio"/> Cannabis produces much worse effects than other medications. | <input type="radio"/> Other medications produce somewhat worse effects than cannabis. |
| <input type="radio"/> Cannabis produces somewhat worse effects than other medications. | <input type="radio"/> Other medications produce much worse effects than cannabis. |
| <input type="radio"/> Undesired effects are about the same with cannabis and other medications. | <input type="radio"/> I have no undesirable effects from cannabis. |

25. Overall, how does (or did) cannabis compare with your other medications in giving you relief from your condition? (please check one only)

- | | |
|--|---|
| <input type="radio"/> Other medications work much better than cannabis | <input type="radio"/> Cannabis works a bit better than other medications |
| <input type="radio"/> Other medications work a bit better than cannabis | <input type="radio"/> Cannabis works much better than other medications |
| <input type="radio"/> Other medications work about the same as cannabis | <input type="radio"/> Only cannabis gives me relief from my condition |

26. Have you had any symptoms or condition(s) that have not been helped by cannabis at all?

- Yes
 No

IF YES, please give details of the condition/symptoms:

27. Where do you (did you) obtain your cannabis from? (please check all that apply). If you have more than one source of cannabis, please indicate all that apply.

- I grow/grew my own
 Friends or family in my area
 A dealer
 A 'club' or 'Cooperative' type outlet
 Dispensary

28. How difficult has it been to obtain cannabis?

- | | |
|--|-------------------------------------|
| <input type="radio"/> it is very difficult to have a continuous supply | <input type="radio"/> somewhat easy |
| <input type="radio"/> somewhat difficult | <input type="radio"/> very easy |
| <input type="radio"/> not difficult | |

29. Have you told any health service providers about your cannabis use?

	Told this provider about cannabis use	Provider was supportive	Provider was not supportive	Provider refused to seriously discuss
My primary care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. What is your family and friends' general attitude toward your medical cannabis use? (please check one only)

- Generally supportive
- Generally unsupportive
- They do not know I use cannabis
- Other (please specify)

6. *Knowledge of Cannabis*

1. The chemical in cannabis that causes the user to feel "high" is called (select only one):

- Dopamine
- Norepinephrine
- Δ 9-THC
- I don't know

2. Cannabis users experience short-term memory loss because of the drug's effect on the _____.

- Heart
- Hippocampus
- Basal ganglia
- I don't know

3. Cannabis intoxication causes impairment in learning simple tasks.

- True
- False
- I don't know

4. Cannabis smokers are prone to violence.

- True
- False
- I don't know

5. Research shows that medical cannabis is effective in reducing pain.

- True
- False
- I don't know

6. Cannabis is a highly effective treatment for glaucoma

- True
- False
- I don't know

7. Cannabis can help patients with cancer increase their body weight.

- True
- False
- I don't know

8. Crime increased in Colorado after cannabis was legalized.

- True
- False
- I don't know

9. The FDA-approved drug Dronabinol (Marinol) is actually synthetic THC.

- True
- False
- I don't know

10. Which of the following is true? (select only one):

- Cannabis leads to cancer
- Cannabis decreases immune system function
- Cannabis eases nausea
- I don't know

11. Which method of ingesting cannabis creates the fastest effects?

- Smoking
- Eating
- Tea
- I don't know

12. Cannabis has been shown to cause psychosis in?

- New users
- Experienced users
- Chronic users
- I don't know

13. Theoretically it is possible for a human to overdose on cannabis. In order to do so, a person would have to smoke:

- 100 lbs in one hour
- 1,000 lbs in 30 minutes
- 1,500 lbs in 15 minutes
- I don't know

14. A 2016 Pew Foundation poll found that which percent of Americans were in favor of legalizing cannabis for recreational use?

- 49
- 54
- 60
- 72
- I don't know

7. *Demographic and Injury-Specific Information*

1. Current Age

2. Age at Injury

3. Gender

- Male
- Female
- Transgender and other related
- Unknown

4. Do you work for pay?

- Yes, 24 hours or more a week
- Yes, 24 hours or less a week
- No, I do not work

5. Do you do volunteer work?

- No
- Yes (please specify number of hours per week)

6. Are you retired?

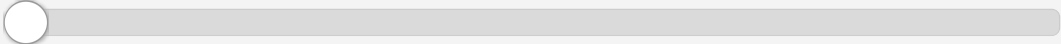
- Yes
- No

7. What is the highest level of education you have achieved?

- Less than high school
- High school graduate
- Some college
- College graduate
- Advanced degree

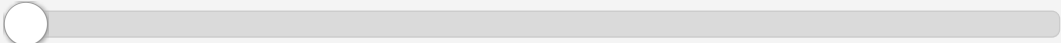
8. In general, how much has pain interfered with your day-to-day activities in the last week?

No interference = 0 Some interference = 5 Extreme interference = 10



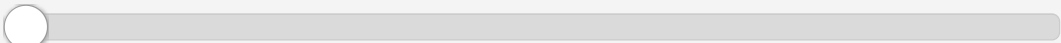
9. In general, how much has pain interfered with your overall mood in the last week?

No interference = 0 Some interference = 5 Extreme interference = 10



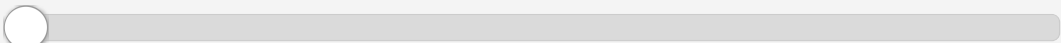
10. In general, how much has pain interfered with your ability to get a good night's sleep in the last week?

No interference = 0 Some interference = 5 Extreme interference = 10



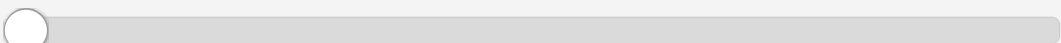
11. Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole in the past four weeks?

Completely dissatisfied = 0 Neither satisfied or unsatisfied = 5 Completely satisfied = 10



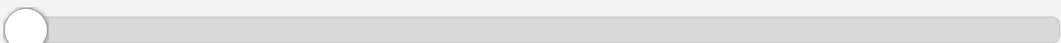
12. How satisfied are you with your physical health in the past four weeks?

Completely dissatisfied = 0 Neither satisfied or unsatisfied = 5 Completely satisfied = 10



13. How satisfied are you with your psychological health, emotions and mood in the past four weeks?

Completely dissatisfied = 0 Neither satisfied or unsatisfied = 5 Completely satisfied = 10



14. Cause of Injury (select best match)

- Sports
- Assault
- Motor Vehicle Crash
- Fall
- Birth injury or other traumatic cause
- Congenital or genetic etiology (e.g., spina bifida), Specify below
- Degenerative non-traumatic etiology
- Tumor
- Vascular etiology (e.g., ischemia, hemorrhage, arteriovenous malformation);
- Infection (e.g., bacterial, viral);
- Other non-traumatic spinal cord dysfunction, Specify below
- Unspecified or Unknown

Other (please specify)

15. Ventilatory Assistance

- None
- Every Day
- As needed

16. Place of Current Residence

- Private residence
- Hospital: includes mental hospital or other acute care hospital for management of continuing medical issues after spinal cord injury-related care and/or rehabilitation is completed
- Nursing home: includes skilled nursing facilities and institutions providing essentially long-term, custodial, chronic disease care
- Assisted living residence: includes residential non-institutional locations in which some level of support for activities of daily living is provided
- Group living situation: includes transitional living facility or any residence shared by non-family members
- Homeless: includes cave, car, tent, etc
- Hotel or motel

17. Motor Level "level of injury"

- Cervical
- Thoracic
- Lumbar

18. ASIA Impairment Scale (to the best of your knowledge)

- A D
 B E
 C I don't know

19. Which category best matches the size of your home city/town?

- Rural/country, population less than 2,500 Urban/city, population between 50,001 and 250,000
 Town, population between 2,501 and 10,000 Large city, population greater than 250,000
 Suburban, population between 10,001 and 50,000

20. State of Residence