

Medicine for Seniors Cannabis Use Survey

We are conducting a study about the use of cannabis (also known as marijuana) among seniors. As you know, cannabis is a very popular topic and may be used for a variety of health concerns. We want to get an idea of the ways in which cannabis is used by older adults, and the conditions for which they use it.

Your responses are completely anonymous, but you may also choose not to participate or to stop answering the questions at any time without worry. If you choose to not complete the survey, please still drop the uncompleted survey into the anonymous box so that we know the percentage of people who chose to respond to this questionnaire.

1. What is your age (in years)?

- <65
- 65-69
- 70-74
- 75-79
- 80-84
- 85-89
- 89+

2. What is your gender?

- Male
- Female
- Other

3. What is your race? (check all that apply)

- White/Caucasian
- Black/African American
- Asian/Pacific Islander
- Native American
- Other (specify): _____

4. What is your ethnicity?

- Hispanic
- Non-Hispanic

5. Relationship Status:

- Married or long-term partner
- Single, never married
- Divorced/separated
- Widowed

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6. Education:

- Less than high school graduate
- High school graduate or equivalent
- Some college or associate degree
- Bachelor's degree
- Graduate and/or advanced degree

7. Have you ever used cannabis or cannabis products?

- No, I have never used cannabis -> ***You have completed the survey. Thank you!***
- Yes, I have used or currently use cannabis

8. At what age(s) did you or have you ever used cannabis? (check all that apply):

- 10-20
- 21-40
- 41-60
- 61-70
- 71-80
- 81-89
- 89+

9. When was the most recent time you used cannabis?

- Greater than 3 years ago -> ***You have completed the survey. Thank you!***
- Between 6 months to 3 years ago
- Within the last 6 months

10. A number of cannabis products come in CBD-only (cannabidiol) forms. Do you primarily use CBD-only products or products that also contain THC (tetrahydrocannabinol)?

- CBD-only
- Products containing THC
- Not sure

11. Cannabis is often used medicinally and/or recreationally. What are the reasons for your own use of cannabis?

- Medical purposes only
- Recreational purposes only
- Both medical and recreational purposes

12. How do you obtain cannabis products? (check all that apply):

- Via a dispensary
- I grow my own
- With help from someone else; Relationship to helper: _____
- Through a delivery or courier system
- Other (specify): _____

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13. On average, how often do you use cannabis?

- Daily
- Weekly
- Monthly
- Yearly or less

14. What type of cannabis products have you used? (check all that apply):

- Smoking (e.g., via joint, pipe, water bong, etc.)
- Vaping using “vape pen” (a pen-like device similar to an e-cigarette)
- Vaporizing the dried flower material
- Edibles (e.g., gummies, cookies, etc.)
- Patches applied to the skin
- Tinctures (e.g., liquid dropped under tongue or sprayed in mouth)
- Pills
- Lotion or salve (e.g., topical application)
- Dabbing (vaporizing highly concentrated forms of cannabis extract)
- Suppository
- Other use: _____

15. Who is aware of your cannabis use? (check all that apply):

- Spouse/significant other
- Health care provider(s)
- Family member(s)
- Friend(s)
- Roommate(s)
- Home health aides/nursing assistant/care taker
- No one is aware
- Unsure
- Other (specify): _____

16. Have you ever experienced negative side-effects related to cannabis use?

- Yes
- No
- Unsure

If yes, which have you experienced? (check all that apply):

- Dry mouth
- Anxiety
- Panic attack
- Breathing problems
- Paranoia or feeling afraid

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- Dizziness
- Unsteadiness on my feet
- Agitation or feeling upset
- Dry eyes
- Vomiting
- Forgetfulness
- Other (specify): _____

17. Cannabis is often used to treat a number of conditions/symptoms. Below we list a number of conditions/symptoms. Please check the box next to those in which you have used cannabis to treat, and also indicate how helpful cannabis was for the condition/symptom.

Conditions/Symptoms	Extremely Helpful	Somewhat Helpful	Minimally Helpful	Not at all Helpful
<input type="checkbox"/> Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insomnia/sleep difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anxiety/stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Loss of libido	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Arthritis/joint pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Weight loss/low appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Migraines/headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dementia/memory loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seizures/epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Post-traumatic stress disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Do you have any other comment about cannabis use that you would like to add?

Thank you for completing this questionnaire.