

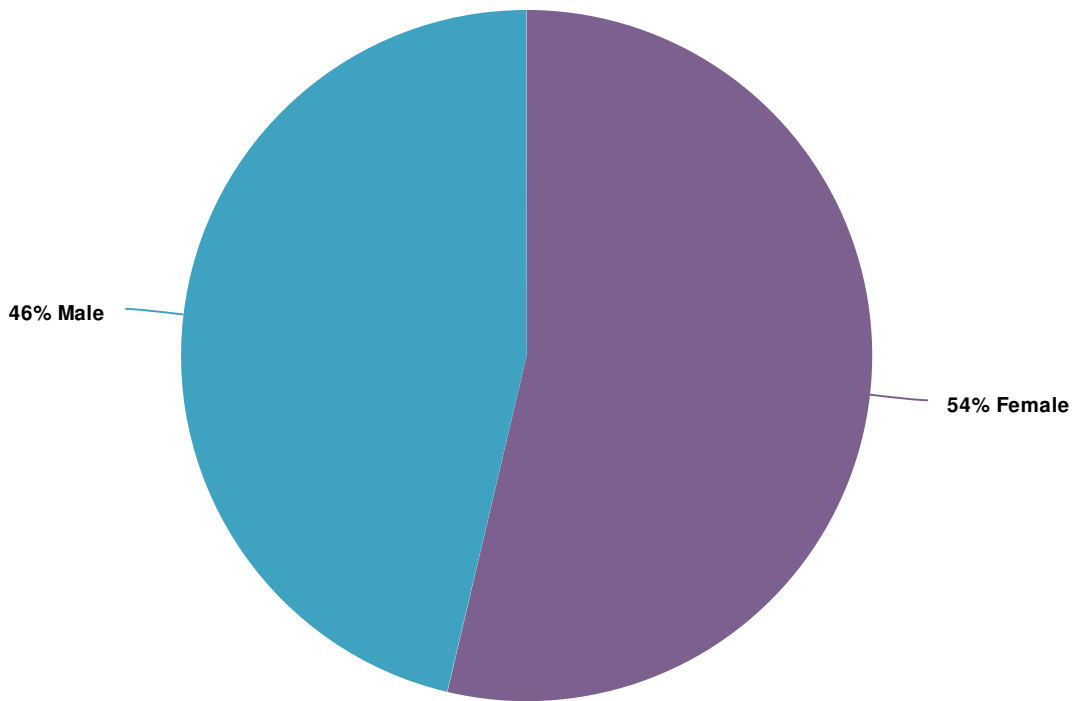
This report is filtered

Only show: #10 Question "Have you used cannabis ("marijuana") within the last year?" is one of the following answers ("Yes") and #30 Question "Do you suffer from periodic severe nausea and vomiting?" is one of the following answers ("No") and #37 Question "Do you suffer from periodic severe abdominal pain?" is one of the following answers ("No") and #44 Question "If you have suffered severe nausea, vomiting or abdominal pain, was the condition improved by taking hot baths or showers?" is one of the following answers ("No") and #45 Question "Have you ever been diagnosed as having the cannabinoid hyperemesis syndrome?" is one of the following answers ("No")

Report for Studysurvey

1. Gender:

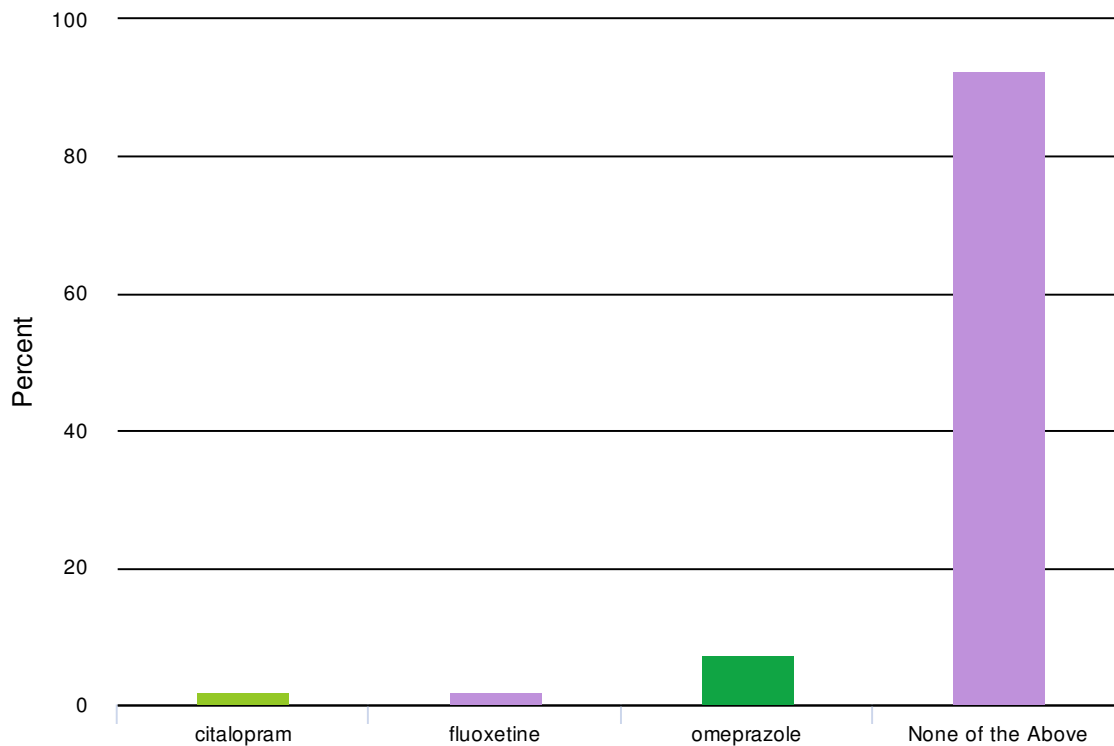
Filter: #10 Question "Have you used cannabis ("marijuana") within the last year?" is one of the following answers ("Yes")



Value	Percent	Responses
Female	53.7%	29
Male	46.3%	25

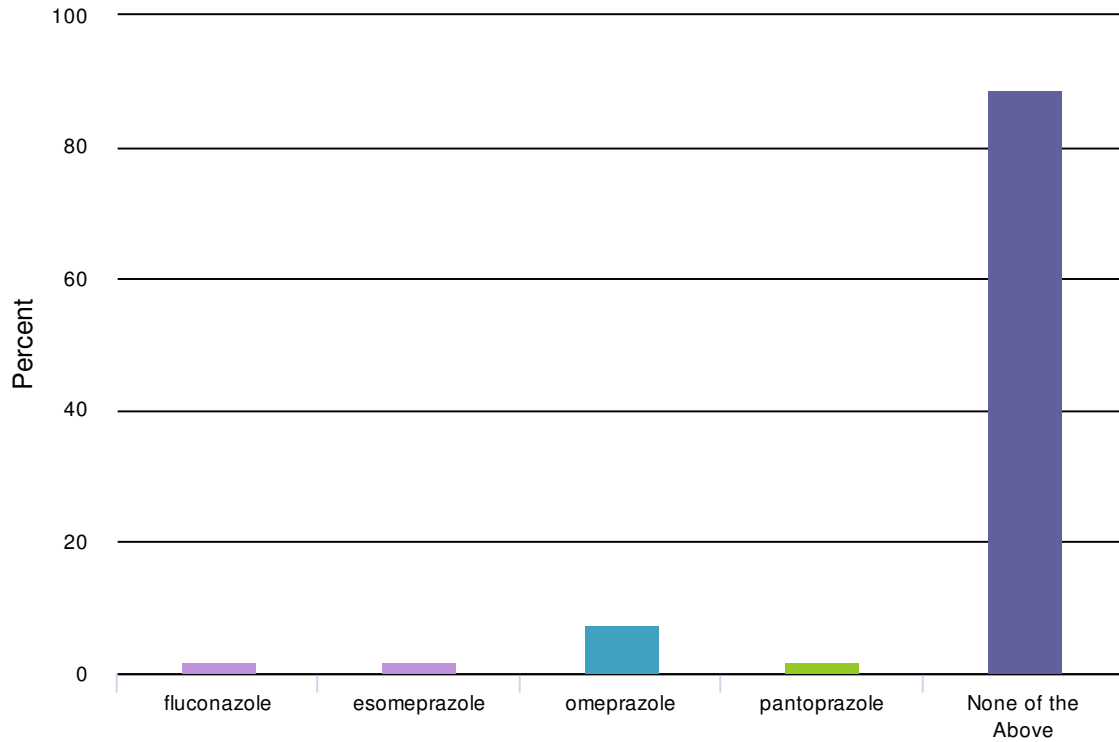
Totals: 54

2. Please check any medications you are currently using or were taking recently: 2C19 Inhibitors



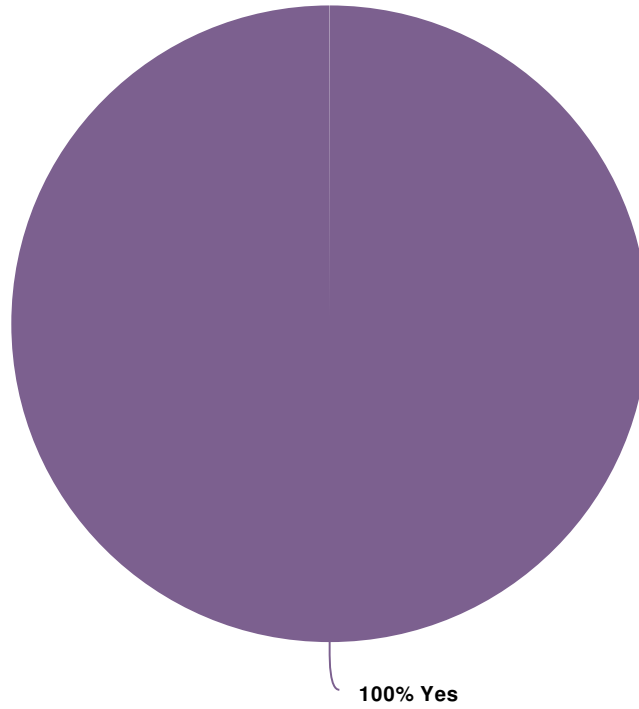
Value	Percent	Responses
omeprazole	7.4%	4
None of the Above	92.6%	50
citalopram	1.9%	1
fluoxetine	1.9%	1

3. Please check any medications you are currently using or were taking recently: 3A457 Inhibitors



Value	Percent	Responses
omeprazole	7.4%	4
None of the Above	88.9%	48
fluconazole	1.9%	1
esomeprazole	1.9%	1
pantoprazole	1.9%	1

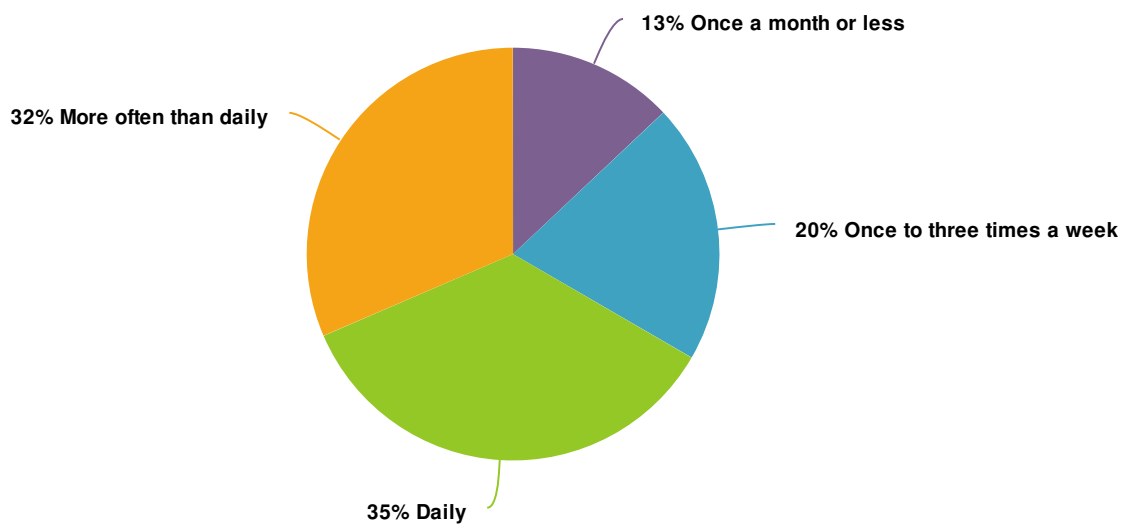
4. Have you used cannabis (“marijuana”) within the last year?



Value		Percent	Responses
Yes	<div style="width: 100%; height: 15px; background-color: #6a3d9a;"></div>	100.0%	54

Totals: 54

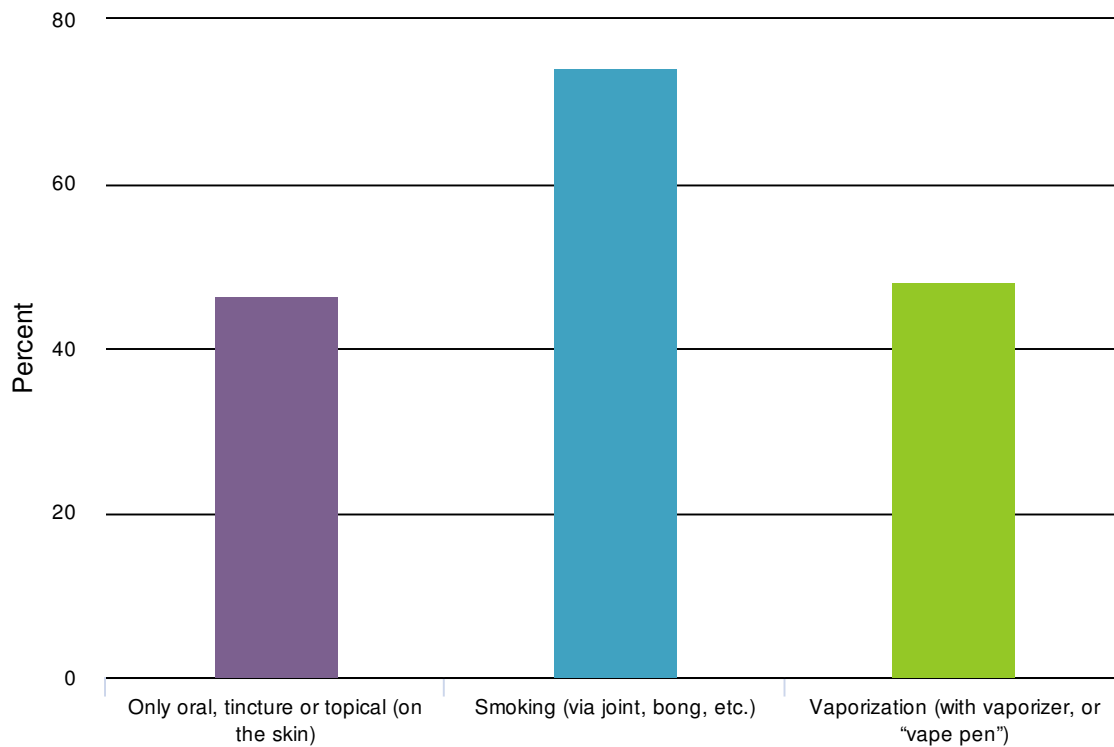
5. If yes, how often?






Value		Percent	Responses
Once a month or less		13.0%	7
Once to three times a week		20.4%	11
Daily		35.2%	19
More often than daily		31.5%	17

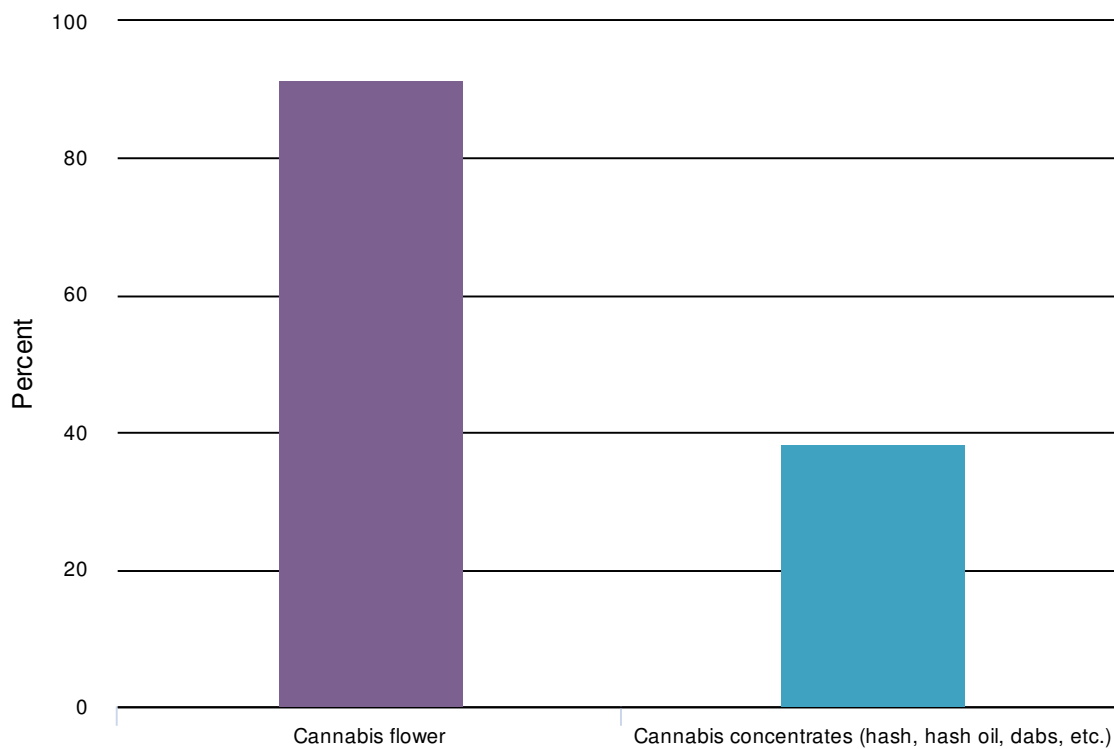
Totals: 54

6. How do you use cannabis (check as many as apply to you)?



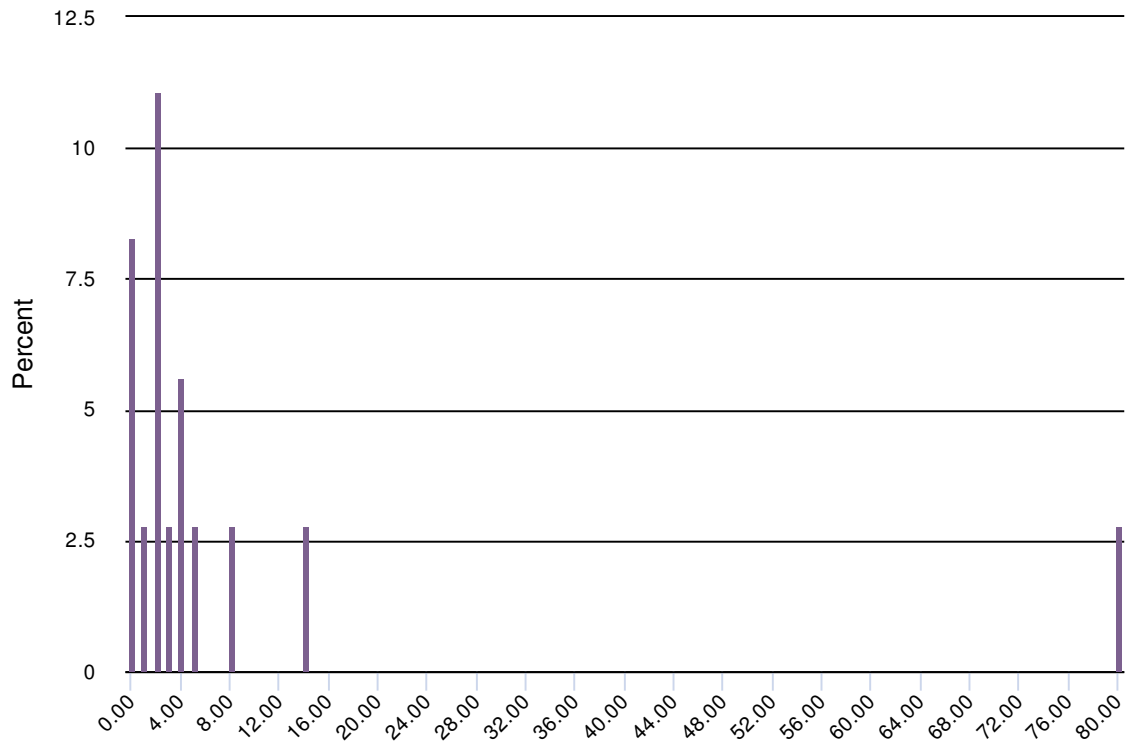
Value		Percent	Responses
Only oral, tincture or topical (on the skin)		46.3%	25
Smoking (via joint, bong, etc.)		74.1%	40
Vaporization (with vaporizer, or "vape pen")		48.1%	26

7. For smoking or vaporization, do you use?:

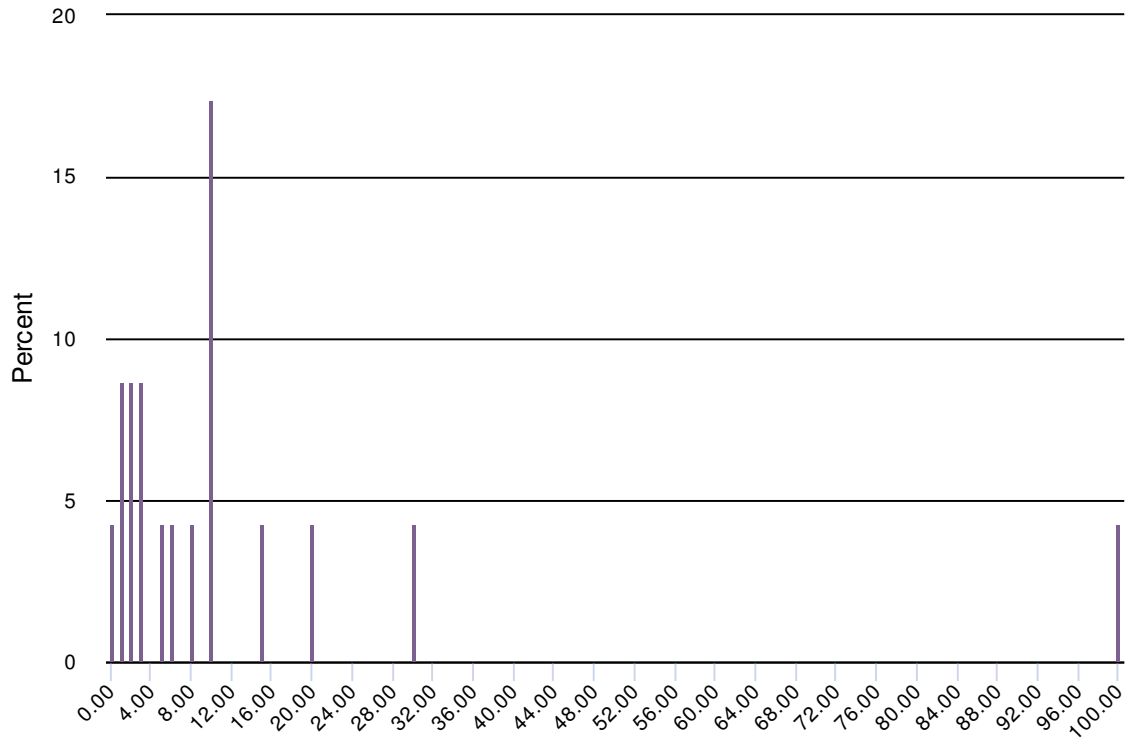


Value		Percent	Responses
Cannabis flower		91.5%	43
Cannabis concentrates (hash, hash oil, dabs, etc.)		38.3%	18

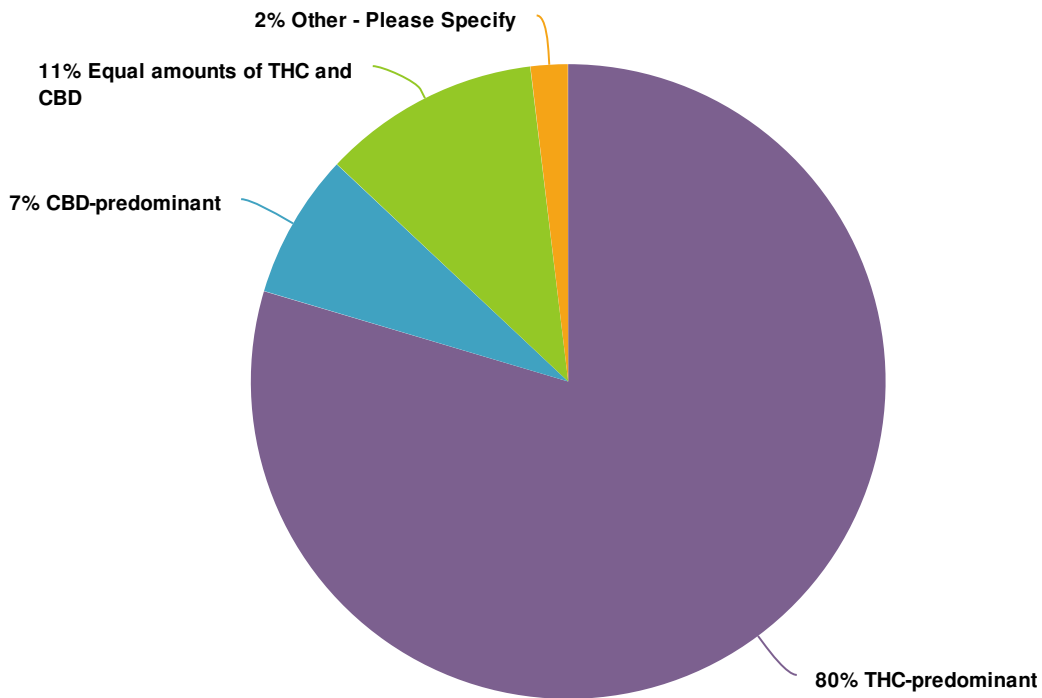
8. How many grams of cannabis flower do you use per day?



9. How many inhalations of cannabis concentrates do you take per day?



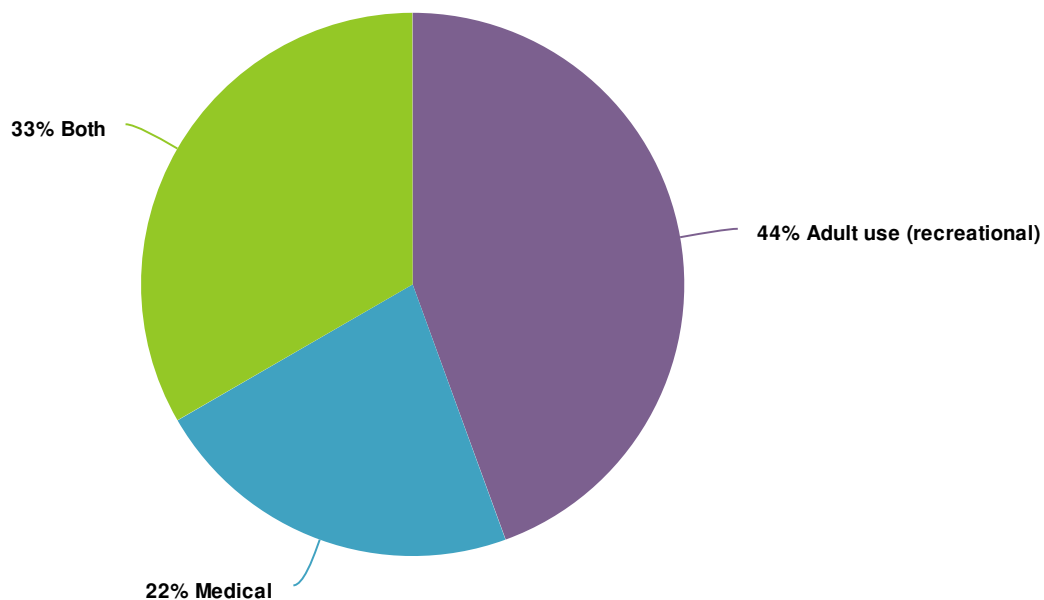
10. Do you know the composition of the cannabis that you use most often?






Value	Percent	Responses
THC-predominant	79.6%	43
CBD-predominant	7.4%	4
Equal amounts of THC and CBD	11.1%	6
Other - Please Specify	1.9%	1

Totals: 54

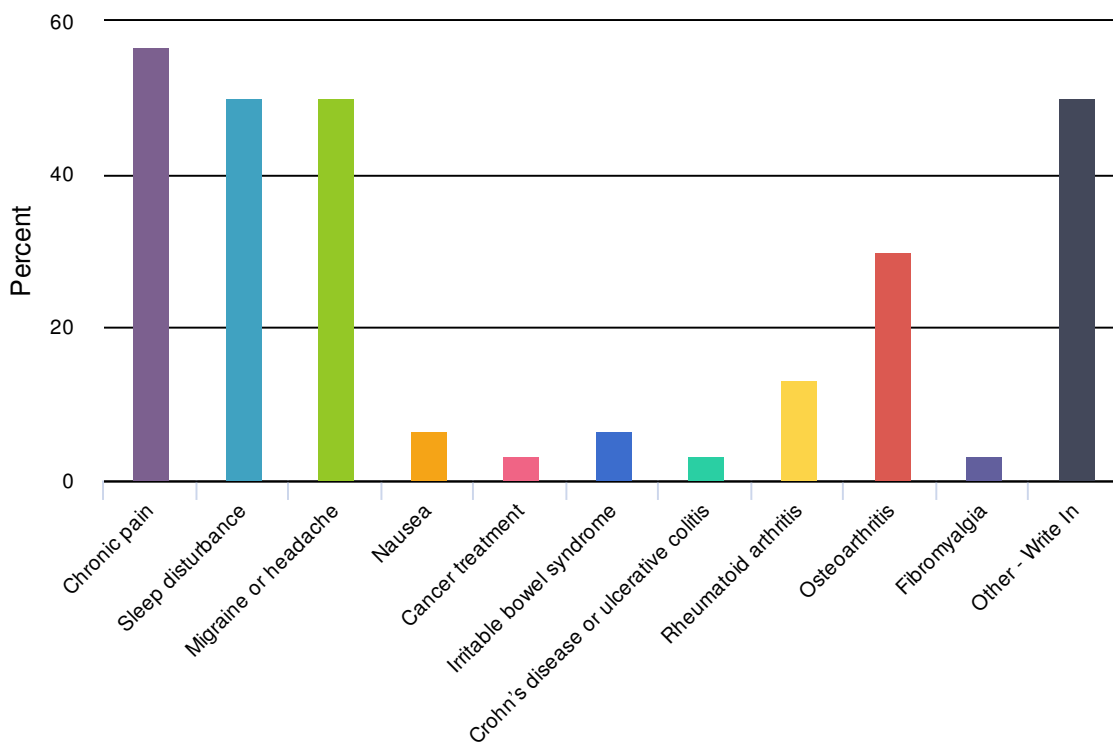
11. Is your use of cannabis:



Value		Percent	Responses
Adult use (recreational)		44.4%	24
Medical		22.2%	12
Both		33.3%	18

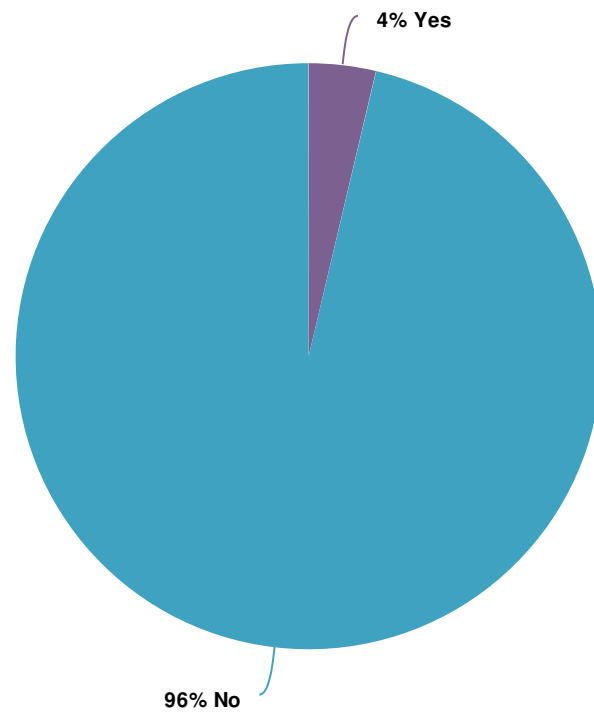
Totals: 54



12. If your use is medical, for what condition(s) (check all that apply):



Value	Percent	Responses
Chronic pain	56.7%	17
Sleep disturbance	50.0%	15
Migraine or headache	50.0%	15
Nausea	6.7%	2
Cancer treatment	3.3%	1
Irritable bowel syndrome	6.7%	2
Crohn's disease or ulcerative colitis	3.3%	1
Rheumatoid arthritis	13.3%	4
Osteoarthritis	30.0%	9
Fibromyalgia	3.3%	1
Other - Write In	50.0%	15

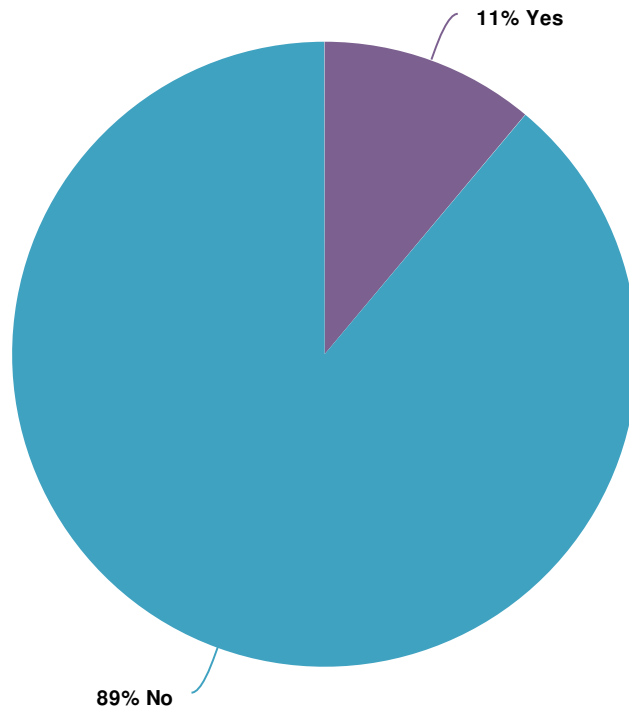
13. Have you ever been diagnosed or treated for cannabis dependency or addiction?





Value		Percent	Responses
Yes		3.7%	2
No		96.3%	52

Totals: 54

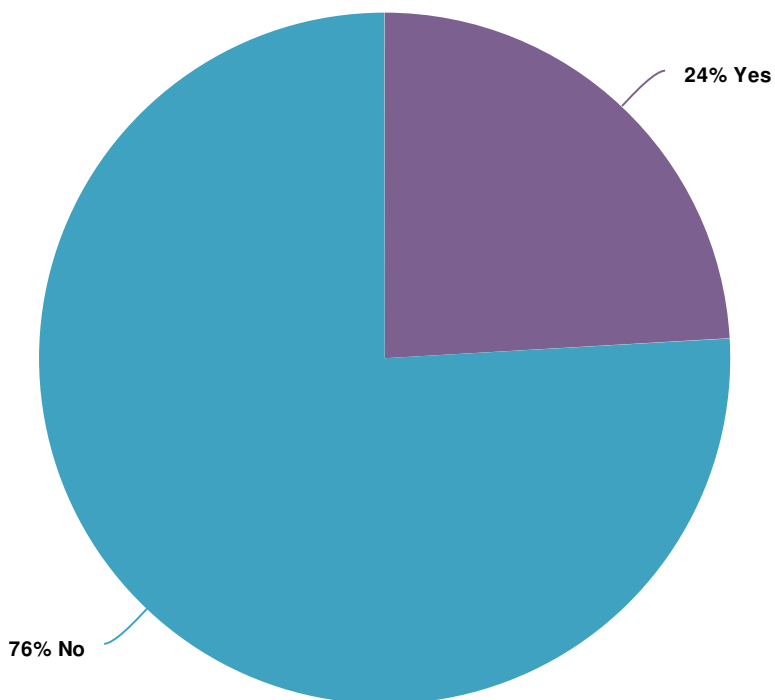
14. Have you ever been told that you should stop cannabis use for health reasons?





Value		Percent	Responses
Yes		11.1%	6
No		88.9%	48

Totals: 54

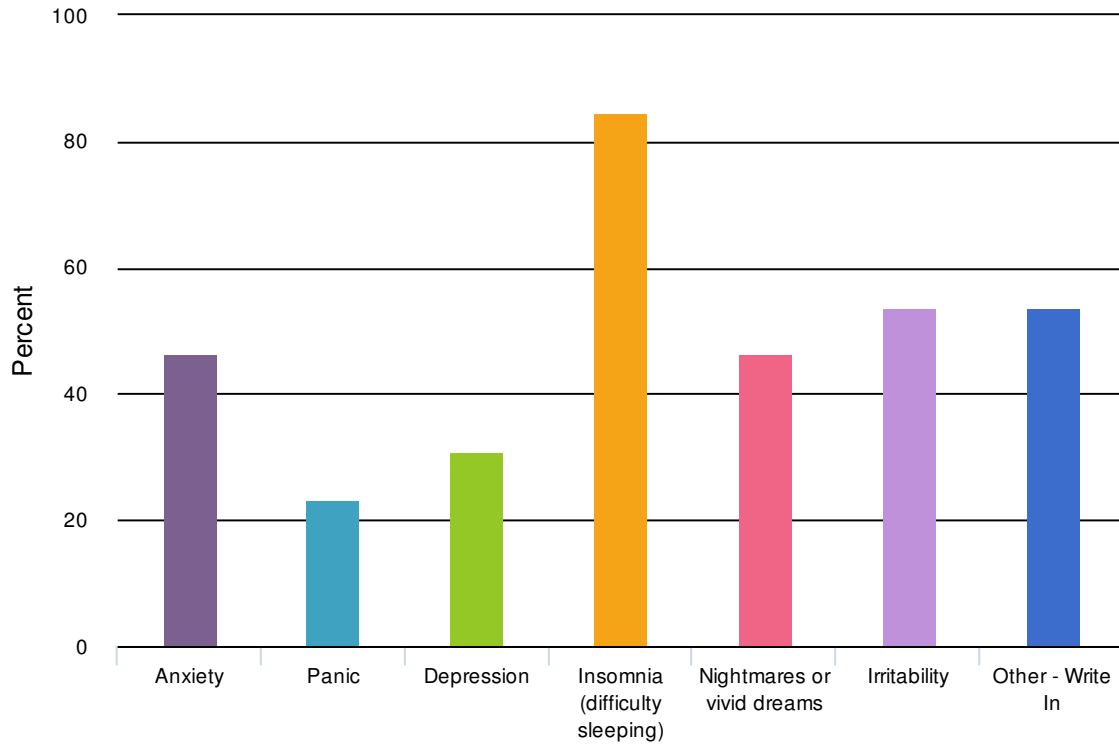
15. Have you ever had withdrawal symptoms after stopping cannabis usage?



Value		Percent	Responses
Yes		24.1%	13
No		75.9%	41

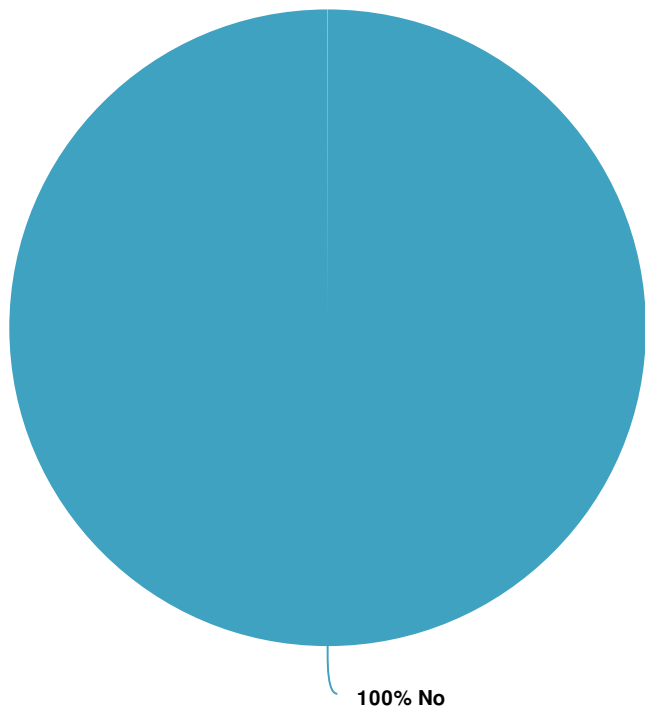
Totals: 54

16. If yes, you have had withdrawal symptoms, what were they?
 (Check all that apply):



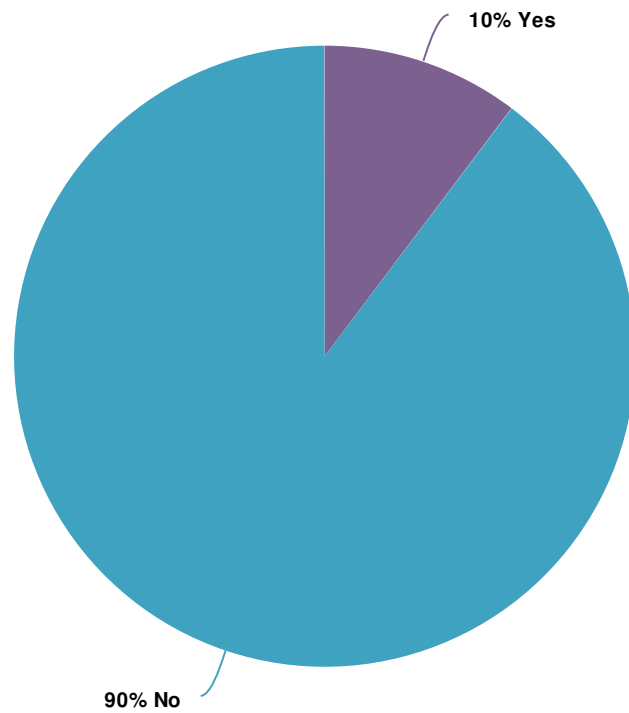
Value	Percent	Responses
Anxiety	46.2%	6
Panic	23.1%	3
Depression	30.8%	4
Insomnia (difficulty sleeping)	84.6%	11
Nightmares or vivid dreams	46.2%	6
Irritability	53.8%	7
Other - Write In	53.8%	7



17. If female, are you currently pregnant?



Value	Percent	Responses
No	100.0%	29
Totals: 29		

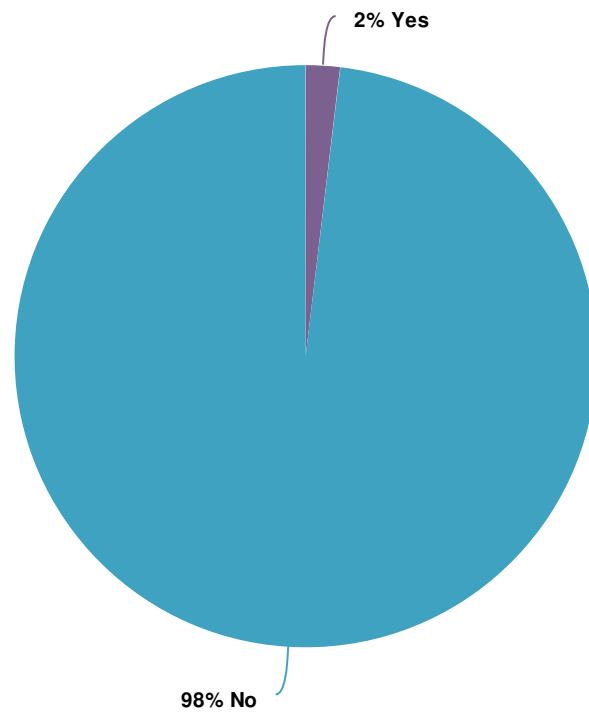
18. If female, have you ever had severe morning sickness or hyperemesis gravidarum?



Value		Percent	Responses
Yes		10.3%	3
No		89.7%	26

Totals: 29

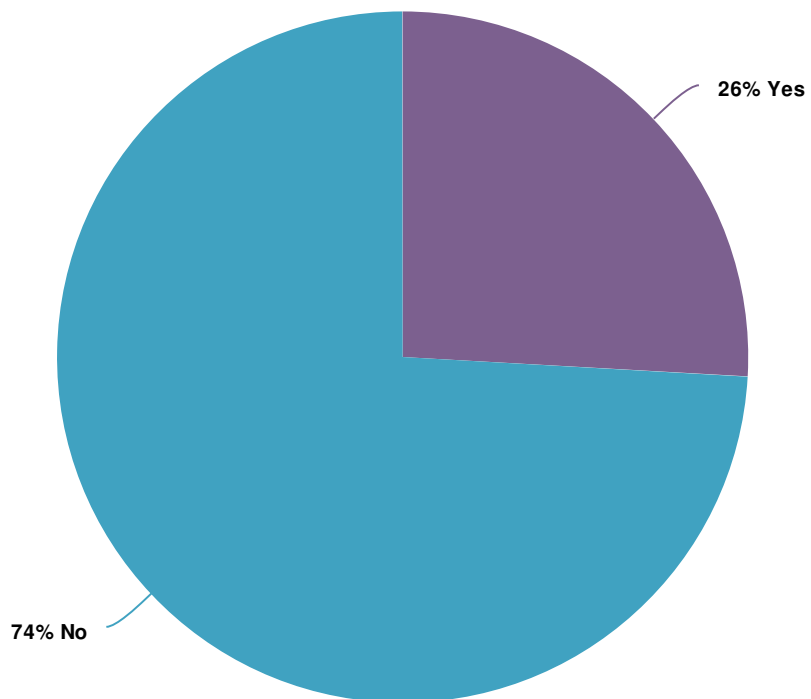
19. Have you ever been diagnosed by a doctor as having “cyclic vomiting syndrome?”



Value		Percent	Responses
Yes	<div style="width: 1.9%; height: 15px; background-color: #cccccc;"></div>	1.9%	1
No	<div style="width: 98.1%; height: 15px; background-color: #00838f;"></div>	98.1%	53

Totals: 54

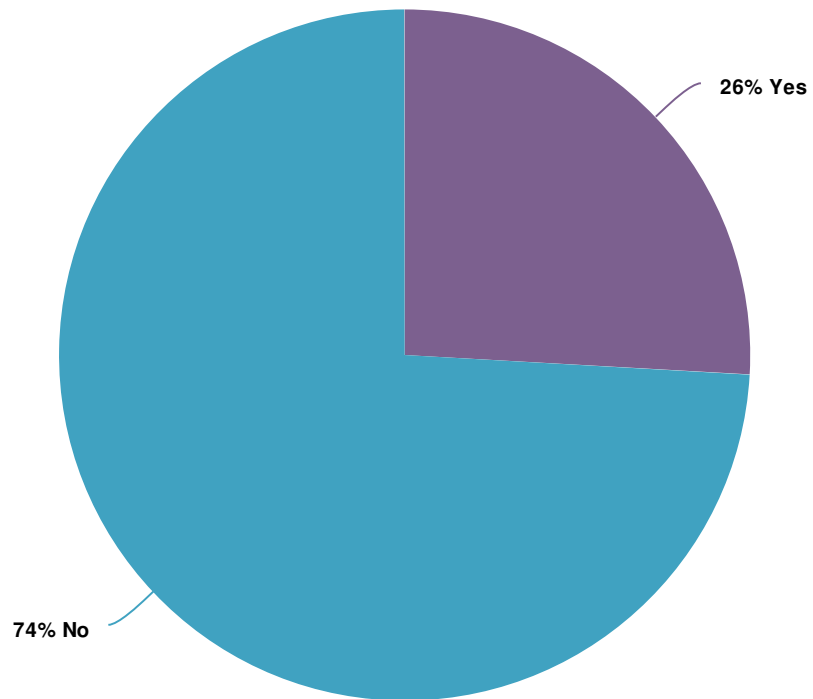
20. Do you suffer from migraine headaches?



Value	Percent	Responses
Yes	25.9%	14
No	74.1%	40

Totals: 54

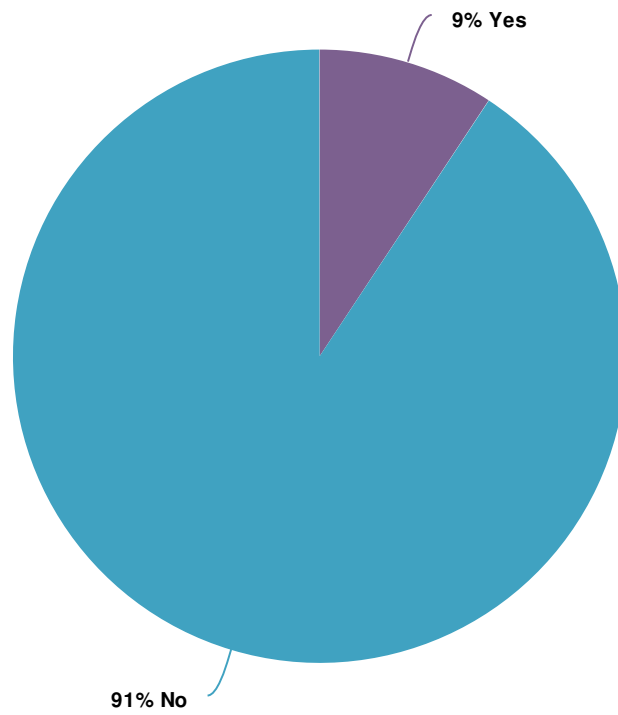
21. Have you ever suffered a head injury?



Value		Percent	Responses
Yes		25.9%	14
No		74.1%	40

Totals: 54

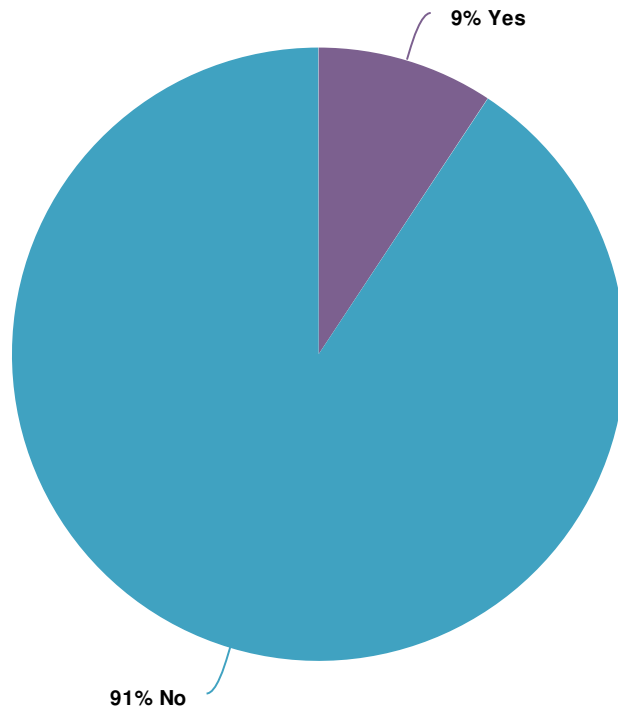
22. Have you ever been diagnosed by a doctor as having irritable bowel syndrome?



Value	Percent	Responses
Yes	9.3%	5
No	90.7%	49

Totals: 54

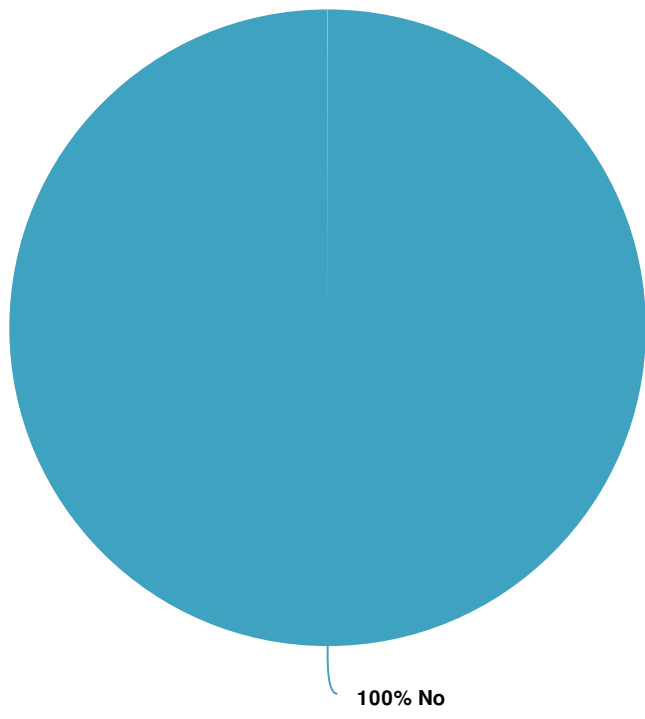
23. Have you ever been diagnosed by a doctor as having gallbladder disease, gallstones or have had your gall bladder removed?



Value	Percent	Responses
Yes	9.3%	5
No	90.7%	49

Totals: 54

24. Do you suffer from periodic severe nausea and vomiting?



Value	Percent	Responses
No	100.0%	54
		Totals: 54

25. For how long?

No data: No responses found for this question.

26. How often does it occur?

No data to display

27. Are your nausea symptoms worse:

No data to display

28. Have you been medically evaluated for this?

No data to display

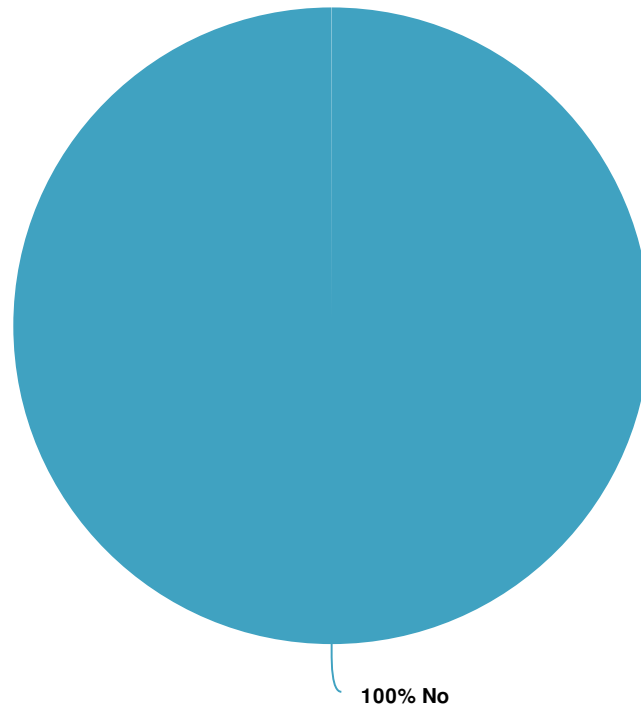
29. If so, were you hospitalized for nausea?

No data to display

30. What were the results or diagnosis from the evaluation?

No data: No responses found for this question.

31. Do you suffer from periodic severe abdominal pain?



Value	Percent	Responses
No	100.0%	54
Totals: 54		

32. For how long?

No data: No responses found for this question.

33. How often does it occur?

No data to display

34. Have you been medically evaluated for this?

No data to display

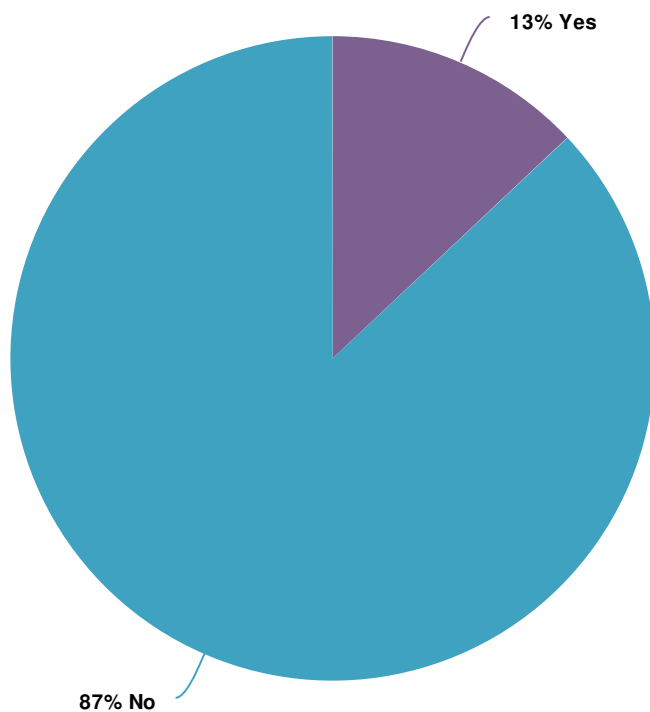
35. If so, were you hospitalized for abdominal pain?

No data to display

36. What were the results or diagnosis from the evaluation?

No data: No responses found for this question.

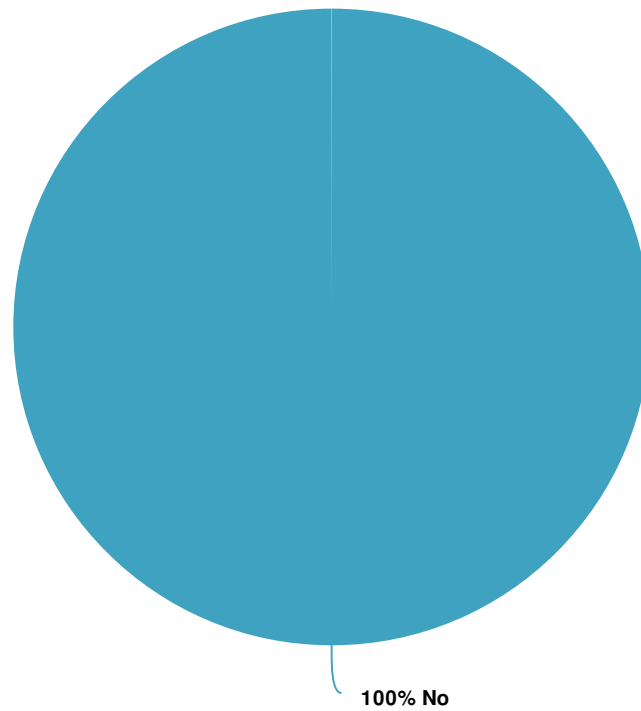
37. If you have suffered severe nausea, vomiting or abdominal pain, was the condition improved after cessation of cannabis usage for a long period of time?



Value		Percent	Responses
Yes		13.0%	7
No		87.0%	47

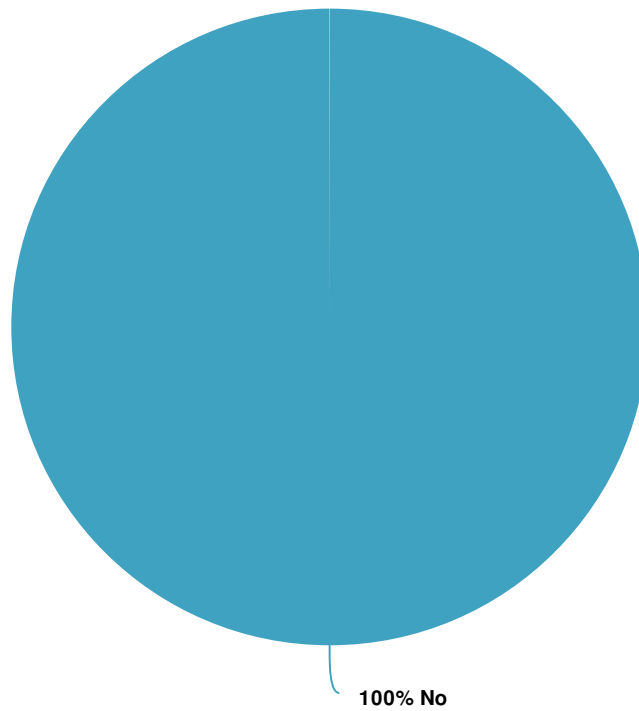
Totals: 54

38. If you have suffered severe nausea, vomiting or abdominal pain, was the condition improved by taking hot baths or showers?



Value	Percent	Responses
No	100.0%	54
		Totals: 54

39. Have you ever been diagnosed as having the cannabinoid hyperemesis syndrome?



Value	Percent	Responses
No	100.0%	54
		Totals: 54

40. If yes, how long did you have symptoms before diagnosis?

No data to display

41. Estimate how much money your medical bills cost to evaluate your condition:

No data: No responses found for this question.

42. What attempted treatments have you received (check as many as apply)?

Percent

No data to display

43. What were the results of your treatment (what helped, what did not)?

No data: No responses found for this question.

44. How long did episodes last?

No data to display

45. Did the condition improve after cessation of cannabis usage?

No data to display

46. After how long?

No data: No responses found for this question.

47. After a period of abstinence from cannabis, did you resume its usage?

No data to display

48. If yes, what happened upon resumption?

No data: No responses found for this question.

49. How long was it before symptoms returned?

No data to display

50. Before symptoms returned, had you increased your cannabis intake (developed tolerance)?

No data to display

51. If you resumed, did you try substituting CBD-predominant cannabis?

No data to display

52. Have you tried other forms of cannabis for this?

No data to display

53. What was the result of use of these other forms of cannabis?

No data: No responses found for this question.

54. Do you have an opinion as to the cause of cannabinoid hyperemesis syndrome?

No data to display