

Medicinal Cannabis for Inflammatory Bowel Disease: A Patient Survey of Perspectives and Experiences

As researchers from the University of Sydney's Lambert Initiative for Cannabinoid Therapeutics, we are launching an Australia wide online survey of people with inflammatory bowel disease that may currently use, have previously used or have never used medicinal cannabis for their IBD.

The survey will be anonymous and confidential and conducted through REDCap, a university based database that captures and secures your data confidentially. You will be allocated a user ID code that in no way allows for your responses to be matched to personal and/or identifying data. The survey will take between 10-20 minutes to complete and asks about:

1. You: your age, gender, level of education, current work and living conditions and your IBD;
2. How your IBD affects your day to day and symptoms you currently have;
3. How your IBD affects your work and productivity;
4. Your adherence to your prescribed IBD medications;
5. Your general health and quality of life;
6. Attitudes on medicinal cannabis and use preferences.

For further details and instructions please read the participant information statement attached here:

[Attachment: "IBD Patient Survey Participant Information Statement.pdf"]

Please indicate your eligibility for the study below:

- I am an Australian resident over the age of 18 who has been clinically diagnosed with Inflammatory Bowel Disease. [Click here to confirm.](#)
- I have read the Participant Information Statement and understand the nature of my involvement in this study. I understand I can withdraw my involvement at any time by exiting the server browser. In this case my data will not be saved or analysed. I also understand I can save my responses and return to complete this study at a later time. To do so I must record the User ID code provided when I select the "save and return" option at the end of any page. [Click here to agree.](#)

ABOUT YOU

What is your age (in years)?

Which gender do you identify with?

- Male
- Female
- Other

If chosen Other, please specify:

What is your height (cm)?

Which best describes your ethnicity?

- Indigenous Australian or Torres Strait Islander
- Caucasian/European descent
- Chinese
- Indian
- Middle Eastern
- Jewish
- Other

If chosen Other, please specify:

What is your weight (kg)?

Which state/territory of Australia do you live in?

- New South Wales
- Victoria
- Queensland
- Northern Territory
- Western Australia
- South Australia
- Tasmania
- Australian Capital Territory

What is the postcode of your current address?

What is the highest level of education you have completed?

- Primary School
- Secondary School
- Trade or Vocational
- University Degree
- Other

If chosen Other, please specify:

Are you currently employed?

- No
- Yes

Which option best describes your current employment status?

- Full-time
- Part-time
- Home duties
- Unemployed
- Retired
- Disability Pension
- Student

What is your current relationship status?

- Single
- Partnered

Do you currently smoke cigarettes (tobacco)?

- No
- Yes
- Previously but now stopped

ABOUT YOUR IBD

Which inflammatory bowel disease (IBD) have you been diagnosed with?

- Ulcerative Colitis
 Crohn's Disease
 IBD unspecified
 Other
 I do not have IBD

If chosen Other, please specify your IBD diagnosis:

During the past week, my stool frequency has been:

- Normal
 1-2 stools/day more than normal
 3-4 stools/day more than normal
 >4 stools/day more than normal

During the past week, I have experienced rectal bleeding:

- None of the time
 Visible blood with stool less than half the time
 Visible blood with stool half the time or more

Based on the appearance of my bowels following endoscopy, I have:

- Normal or inactive disease
 Mild disease (erythema, decreased vascular pattern, mild friability)
 Moderate disease (marked erythema, absent ascular pattern, friability, erosions)
 Severe disease (spontaneous bleeding, ulceration)
 Unsure
 (Erythema=redness of the skin or mucous membrane |
 Friability=inflammation or ease of bleeding on the mucous membrane)

Over the past week, abdominal pain has been:

- None
 Mild
 Moderate
 Severe

Number of soft/liquid stools in the last 7 days:

- None
 1-2 stools
 3-5 stools
 >6 stools

I have used anti-diarrhoea medication during the last week:

- Yes
 No

I experience the following extra-intestinal complications:

- None
 Arthritis/artralgias (i.e. joint pain or discomfort)
 Iritis/uveitis (i.e. inflammation of the eye)
 Erythema nodosum (i.e. tender red nodules or lumps on the shins, thighs or forearms)
 Pyoderma gangrenosum (i.e. large sores/ulcers on the skin, often the legs)
 Aphthous stomatitis (i.e. canker sores or mouth ulcers)
 Anal fissure, fistula or abscess
 Other fistula
 Fever/temperature >37.8C
 (Select all that apply)

Which of the following best describes the disease activity of your IBD over the past year?

- Remission: in clinical remission
- Mild disease activity: Periods of remission with a few flare ups
- Moderate disease activity: Continuous mildly active disease
- Severe disease activity: Continuous significantly active disease

At what age were you diagnosed with your IBD?

Have you ever been hospitalised for complications relating to your IBD?

- Yes
- No

If yes, how many times have you been hospitalised for your IBD in your lifetime?

- Never
- 1-3 times
- 4-6 times
- 6-10 times
- >10 times

Have you undergone surgery for your IBD?

- Yes
- No

If yes, how did the surgery affect the disease activity of your IBD once recovered from surgery?

- Significant worsening
- Slight worsening
- No change
- Slight improvement
- Significant improvement

You have completed 1 of 6 pages so far.

Please click the ONE box that best describes your health TODAY.

- 1) MOBILITY
- I have no problems with walking around
 - I have slight problems with walking around
 - I have moderate problems with walking around
 - I have severe problems with walking around
 - I am unable to walk around

Please click the ONE box that best describes your health TODAY.

- 2) PERSONAL CARE
- I have no problems with washing or dressing myself
 - I have slight problems with washing or dressing myself
 - I have moderate problems with washing or dressing myself
 - I have severe problems with washing or dressing myself
 - I am unable to wash or dress myself

Please click the ONE box that best describes your health TODAY.

- 3) USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)
- I have no problems doing my usual activities
 - I have slight problems doing my usual activities
 - I have moderate problems doing my usual activities
 - I have severe problems doing my usual activities
 - I am unable to do my usual activities

Please click the ONE box that best describes your health TODAY.

- 4) PAIN / DISCOMFORT
- I have no pain or discomfort
 - I have slight pain or discomfort
 - I have moderate pain or discomfort
 - I have severe pain or discomfort
 - I have extreme pain or discomfort

You have completed 2 of 6 pages so far.

Are you currently taking any pharmaceutical drugs to manage your IBD or related symptoms?

- Yes
 No
 (e.g. corticosteroids, aminosalicylates, immunomodulators, biologic agents, analgesics, antibiotics, antidepressants)

If yes, which of the following pharmaceutical medications are you currently taking to manage your IBD? How would you rate your overall satisfaction with these treatments?

	Very satisfied	Somewhat satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied	N/A
Corticosteroids (e.g. prednisone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aminosalicylates (e.g. sulfasalazine, mesalamine, olsalazine, balsalazide)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunomodulators (e.g. azathioprine, 6-mercaptopurine, tacrolimus, methotrexate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcineurin inhibitors (e.g. cyclosporine, tacrolimus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biologic agents (e.g. infliximab, adalimumab, vedolizumab, ustekinumab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analgesics (e.g. codeine, oxycodone, tramadol, ibuprofen, Panadol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibiotics (e.g. ciprofloxacin, metronidazole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antidepressants/ anti-anxiety: (e.g. SSRIs, SNRIs, tricyclics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzodiazepines: (Diazepam, alprazolam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROFESSIONAL CARE

I am under the care of a general practitioner

- Yes
 No

If yes, on average, how often do you visit your general practitioner for you IBD?

- 2 visits per year (every 6 months)
 4 visits per year (every 3 months)
 8 visits per year (every 6 weeks)
 16 visits per year (every 3 weeks)
 >25 visits per year (nearly every fortnight)

I am under the care of a gastroenterological specialist

- Yes
 No

If yes, how often do you see your gastroenterologist?

- 2 visits per year (every 6 months)
 4 visits per year (every 3 months)
 8 visits per year (every 6 weeks)
 16 visits per year (every 3 weeks)
 >25 visits per year (nearly every fortnight)

ALTERNATIVE/COMPLIMENTARY THERAPIES

Do you currently use any of the following alternative/complimentary therapies or supplements to manage your IBD?

- Prebiotics or Probiotics
 Fish oil (omega-3 fatty acid) supplement
 Herbal or dietary supplments
 Restriction/exclusion diety (e.g. low FODMAP diet)
 Stress management (e.g. cognitive behavioural therapy, mindfulness meditation)
 Faecal microbiota transplantation (FMT)
 Traditional Chinese medicine/acupuncture or moxibustion
 Chiropractic/osteopathy/massage
 Cannabis
 Gut-directed hypnotherapy
 None of the above
 Other
 (Select all that apply)

If answered Other, please specify:

How would you rate your overall satisfaction in management of the below symptoms relating to your IBD in the past year?

	Very satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied	I do not have this symptom
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea/vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cramping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool urgency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Obstructive symptoms (fistula, abscess, stricture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You have completed 3 of 6 pages so far.

INSTRUCTIONS FOR SELF-COMPLETED SIBDQ

This questionnaire is designed to measure the effects of your inflammatory bowel disease on your daily function and quality of life. You will be asked about symptoms you have been having as a result of your bowel disease, the way you have been feeling in general, and how your mood has been.

On this questionnaire there are 10 questions. Each question has a graded response numbered from 1 to 7. Please read each question carefully and select the number which best describes how you have been feeling in the past 2 weeks.

EXAMPLE

How often have you felt unwell as a result of your bowel problem in the past 2 weeks?

- 1 ALWAYS
- 2 ALMOST ALWAYS
- 3 MANY TIMES
- 4 SOMETIMES
- 5 RARELY
- 6 VERY RARELY
- 7 NEVER

If you are having trouble understanding a question, STOP for a moment! Think about what the question means to you. How is this activity or issue affected by your bowel problem? Then answer the question as best as you can. You will have the chance to ask the research assistant questions after completing the questionnaire. This only takes a few minutes to complete.

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QUALITY OF LIFE IN SHORT INFLAMMATORY BOWEL DISEASE QUESTIONNAIRE (SIBDQ)

This questionnaire is designed to find out how you have been feeling during the last 2 weeks. You will be asked about symptoms you have been having as a result of your inflammatory bowel disease, the way you have been feeling in general, and how your mood has been.

1. How often has the feeling of fatigue or of being tired and worn out been a problem for you during the last 2 weeks? Please indicate how often the feeling of fatigue or tiredness has been a problem for you during the last 2 weeks by picking one of the options from

- 1 ALWAYS
- 2 ALMOST ALWAYS
- 3 MANY TIMES
- 4 SOMETIMES
- 5 RARELY
- 6 VERY RARELY
- 7 NEVER

2. How often during the last 2 weeks have you had to delay or cancel a social engagement because of your bowel problem? Please choose an option from

- 1 ALWAYS
- 2 ALMOST ALWAYS
- 3 MANY TIMES
- 4 SOMETIMES
- 5 RARELY
- 6 VERY RARELY
- 7 NEVER

3. How much difficulty have you had, as a result of your bowel problems, doing leisure or sports activities you would have liked to have done during the last 2 weeks? Please choose an option from

- 1 AN EXTREME AMOUNT OF DIFFICULTY; ACTIVITIES MADE IMPOSSIBLE
- 2 A LOT OF DIFFICULTY
- 3 A FAIR BIT OF DIFFICULTY
- 4 AN AVERAGE AMOUNT OF DIFFICULTY
- 5 A LITTLE DIFFICULTY
- 6 HARDLY ANY DIFFICULTY
- 7 NO DIFFICULTY; THE BOWEL PROBLEMS DID NOT LIMIT SPORTS OR LEISURE ACTIVITIES AT ALL

4. How often during the last 2 weeks have you been troubled by pain in the abdomen? Please choose an option from

- 1 ALWAYS
- 2 ALMOST ALWAYS
- 3 MANY TIMES
- 4 SOMETIMES
- 5 RARELY
- 6 VERY RARELY
- 7 NEVER

5. How often during the last 2 weeks have you felt depressed or discouraged? Please choose an option from

- 1 ALWAYS
- 2 ALMOST ALWAYS
- 3 MANY TIMES
- 4 SOMETIMES
- 5 RARELY
- 6 VERY RARELY
- 7 NEVER

6. Overall, in the last 2 weeks, how much of a problem have you had with passing large amounts of gas? Please choose an option from

- 1 EXTREMELY PROBLEMATIC
- 2 VERY PROBLEMATIC
- 3 SOMEWHAT PROBLEMATIC
- 4 SLIGHTLY PROBLEMATIC
- 5 VERY SLIGHTLY PROBLEMATIC
- 6 ALMOST NOT PROBLEMATIC
- 7 NOT PROBLEMATIC

7. Overall, in the last 2 weeks, how much of a problem have you had maintaining or getting to, the weight you would like to be at? Please choose an option from

- 1 EXTREMELY PROBLEMATIC
- 2 VERY PROBLEMATIC
- 3 SOMEWHAT PROBLEMATIC
- 4 SLIGHTLY PROBLEMATIC
- 5 VERY SLIGHTLY PROBLEMATIC
- 6 ALMOST NOT PROBLEMATIC
- 7 NOT PROBLEMATIC

8. How often during the last 2 weeks have you felt relaxed and free of tension? Please choose an option from

- 1 NEVER
- 2 VERY RARELY
- 3 RARELY
- 4 SOMETIMES
- 5 MANY TIMES
- 6 ALMOST ALWAYS
- 7 ALWAYS

9. How much of the time during the last 2 weeks have you been troubled by a feeling of having to go to the toilet even though your bowels were empty?
Please choose an option from

- 1 ALWAYS
- 2 ALMOST ALWAYS
- 3 MANY TIMES
- 4 SOMETIMES
- 5 RARELY
- 6 VERY RARELY
- 7 NEVER

10. How much of the time during the last 2 weeks have you felt angry as a result of your bowel problem?
Please choose an option from

- 1 ALWAYS
- 2 ALMOST ALWAYS
- 3 MANY TIMES
- 4 SOMETIMES
- 5 RARELY
- 6 VERY RARELY
- 7 NEVER

Work Productivity and Activity Impairment Questionnaire (WPAI).

The following questions ask about the effect of your IBD on your ability to work and perform regular activities.

Are you currently employed (working for pay)?

- Yes
- No

The next questions are about the past seven days, not including today.

During the past seven days, how many hours did you miss from work because of your IBD?

Include hours you missed on sick days, times you went in late, left early, etc., because of your health problems. Do not include time you missed to participate in this study.

During the past seven days, how many hours did you miss from work because of any other reason, such as vacation, holidays, time off to participate in this study?

During the past seven days, how many hours did you actually work?

During the past 7 days, how much did your IBD affect your productivity while you were working?

- 0 (IBD had no effect on work)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (IBD completely prevented me from working)

Think about how many days you were limited in the amount or kind of work you could do, days you accomplished less than you would like or days you could not do your work as carefully as usual. If your IBD affected your work only a little, choose a low number. Choose a high number if your IBD affected your work a great deal.

During the past 7 days, how much did your IBD affect your ability to do your regular daily activities other than work at a job?

By regular activities, we mean the usual activities you do, such as work around the house, shopping, child care, exercising, studying etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If your IBD affected your activities only a little, choose a low number. If your IBD affected your activities a lot, choose a high number.

- 0 (IBD had no effect on my daily activities)
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (IBD completely prevented me from doing my daily activities)

You have completed 4 of 6 pages so far.

Medication Adherence Rating Scale (MARS).

This series of questions helps to determine your adherence to medications, not including medicinal cannabis. This may refer to any medications that are prescribed for your IBD by your doctor.

-
- 1) Do you ever forget to take your medication? Yes
 No
-
- 2) Are you careless at times about taking your medication? Yes
 No
-
- 3) When you feel better, do you sometimes stop taking your medication? Yes
 No
-
- 4) Sometimes I you feel worse when you take the medication, do you stop taking it? Yes
 No
-
- 5) I take my medication only when I'm sick Yes
 No
-
- 6) It is unnatural for my mind and body to be controlled by medication Yes
 No
-
- 7) My thoughts are clearer on medication Yes
 No
-
- 8) By staying on medication, I can prevent getting sick Yes
 No
-
- 9) I feel weird, like a "zombie" on medication Yes
 No
-
- 10) Medication makes me feel tired and sluggish Yes
 No

You have completed 5 of 6 pages so far.

CANNABIS USE FOR IBD SYMPTOMS

Have you ever used cannabis to manage your IBD symptoms?

- Yes, I currently use cannabis to manage my IBD symptoms
- Yes, I have previously used cannabis to manage my IBD symptoms but I have now stopped
- No, I have never used cannabis to manage my IBD symptoms

In your opinion, what should be the legal status of cannabis use in Australia?

- Cannabis use should be legal for ALL purposes (recreational and medicinal)
- Cannabis use should be legal for medicinal purposes only
- Cannabis should be illegal for all purposes
- Unsure
- No opinion

PRESENT USERS

Attitudes on medicinal cannabis and use preferences of present users. You indicated you are currently using medicinal cannabis for your IBD. This section will ask about your current use as well as you attitudes and experiences with medicinal cannabis and your IBD.

Which of the following informed your decision to use medicinal cannabis for your IBD?

- Discovered benefits on my own internet-based media
- Conventional media
- Conventional healthcare provider
- Alternative healthcare practitioner
- Friend or family member
- Medicinal cannabis advocacy group
- Other

How frequently do you use cannabis medicinally to treat symptoms relating to your IBD?

- Multiple times a day
- Every day
- Several times a week
- Once a week
- Several times a month
- Once a month

What is the main way you consume cannabis for medicinal purposes?

- Oral (tablet or capsule)
 - Oral edibles (cake, cookie)
 - Oral liquid (oil, tincture)
 - Oral spray (mouth or oromucosal)
 - Fresh juice
 - Nasal application (through nose)
 - Rolled into a joint
 - Pipe (plastic, metal, glass)
 - Water pipe/bong
 - Suppository
 - Dabbing or spotting
 - Topical (cream/patch applied to the skin)
 - Vaporizer
 - Other
- (Please only select one option)

If you answered Other, which other ways do you consume medicinal cannabis?

What type of medicinal cannabis do you mainly use?

- THC only
 - Mainly THC and small amounts of other cannabinoids
 - Approximately equal amounts of THC and CBD
 - Mainly CBD and small amounts of other cannabinoids (e.g. THC)
 - CBD only
 - Unsure/Do not know
 - It varies between batches
 - Other
- (Please only select one option)

If you answered Other, which other type of cannabis do you mainly use?

What is the main way you access your medicinal cannabis?

- Cannabis access clinic
 - I grow my own
 - From friends or family
 - From a medicinal cannabis supplier (not prescribed by a medical practitioner)
 - Prescribed by a medical practitioner and dispensed from a pharmacy
 - From a club or co-operative outlet
 - From an online supplier
 - From an overseas supplier
 - From a recreational dealer
 - Other
- (Please only select one option)

If you answered Other, which other ways do you access cannabis?

In the last 28 days, have you ever been unable to access medicinal cannabis to treat your IBD?

- Yes
- No

Do you worry about accessing your preferred source of cannabis?

- Very much so
- Somewhat
- No opinion,
- Not especially
- Not at all

Do you consider medicinal cannabis successful in managing your IBD symptoms?

- Yes
 No

Which option best describes how your IBD compares now to how it was before using medicinal cannabis?

- Very much better
 Much better
 A little better
 No change
 A little worse
 Much worse
 Very much worse

Which of the following symptoms were altered following medicinal cannabis use and how did this symptom change with medicinal cannabis use?

	Very much better	Much better	A little better	No change	A little worse	Very much worse	I do not have this symptom
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea/vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cramping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstructive symptoms (fistula, abscess, stricture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any other symptoms altered following medicinal cannabis use?

- Yes
 No

Describe the other symptoms which improved following medicinal cannabis use

What effect did medicinal cannabis have on this symptom?

- Very much better
 Much better
 A little better
 No change
 A little worse
 Much worse
 Very much worse

Side effects

Indicate whether you have experienced any of the following side effects in the last 12 months when using medicinal cannabis, and, if so, how serious these side effects were.

Note: "mild and tolerable" = symptoms that caused only mild impairment of function and do not require specific treatment (e.g. other medications or stopping medicinal cannabis); "Severe and intolerable" = symptoms that caused impairment of function and/or resulted in either other treatment (e.g. other medications) or resulted in stopping medicinal cannabis use.

	Did not experience	Mild and tolerable	Severe and intolerable
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis hyperemesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dehydration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressed mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drowsiness or sedation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastrointestinal irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of energy or fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasopharyngeal complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea and/or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Paranoia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racing heart/palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bad taste in mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaking/tremor/poor movement control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following best describes how your use of each drug changed whilst using medicinal cannabis to treat your symptoms of IBD?

Note: A moderate change = more than 20% difference, a marked change is more than 50% change (e.g. a marked decrease would be reducing the drug by more than half).

	Markedly decreased	Moderately decreased	No change	Moderately increased	Markedly increased	I do not take this medication
Corticosteroids (e.g. prednisone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aminosalicylates (e.g. sulfasalazine, mesalamine, olsalazine, balsalazide)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunomodulators (e.g. azathioprine, 6-mercaptopurine, tacrolimus, methotrexate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcineurin inhibitors (e.g. cyclosporine, tacrolimus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biologic agents (e.g. infliximab, adalimumab, vedolixumab, ustekinumab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analgesics (e.g. codeine, oxycodone, tramadol, ibuprofen, Panadol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibiotics (e.g. ciprofloxacin, metronidazole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antidepressants/anti-anxiety: (e.g. SSRIs, SNRIs, tricyclics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzodiazepines: (Diazepam, alprazolam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you currently also using cannabis for non-medical purposes (recreationally)?

- Yes
 No

If yes, how frequently do you use cannabis for non-medical purposes (recreationally)?

- Multiple times a day
 Every day
 Several times a week
 Once a week
 Several times a month
 Once a month

PAST USERS

Attitudes on medicinal cannabis and use preferences of previous but not current users. You previously indicated you have used medicinal cannabis in the past but do not currently use.

This section will ask about your previous use as well as your attitudes and past experiences with medicinal cannabis and your IBD.

Which of the following informed your decision to use medicinal cannabis for your IBD?

- Discovered benefits on my own Internet-based media
- Conventional media
- Conventional healthcare provider
- Alternative healthcare practitioner
- Friend or family member
- Medicinal cannabis advocacy group
- Other

If chosen Other, please specify:

How frequently did you use cannabis medicinally to treat symptoms relating to your IBD?

- Multiple times a day
- Every day
- Several times a week
- Once a week
- Several times a month
- Once a month

What was the main way you consumed cannabis for medicinal purposes?

- Oral (tablet or capsule)
 - Oral edibles (cake, cookie)
 - Oral liquid (tincture, etc.)
 - Oral spray (mouth or oromucosal)
 - Fresh juice
 - Nasal application (through nose)
 - Rolled into a joint
 - Pipe (plastic, metal, glass)
 - Water pipe/bong
 - Suppository
 - Dabbing or spoting
 - Topical (cream/patch applied to the skin)
 - Vaporizer
 - Other
- (Please only select one option)

If you answered Other, which other type of cannabis did you mainly use?

What is the main way you accessed your medicinal cannabis?

- Cannabis access clinic
 - I grow my own
 - From friends or family
 - From a medicinal cannabis supplier (not prescribed by a medical practitioner)
 - Prescribed by a medical practitioner and dispensed from a pharmacy
 - From a club or co-operative outlet
 - From an online supplier
 - From an overseas supplier
 - From a recreational dealer
 - Other
- (Please only select one option)

If you answered Other, which other ways did you access cannabis?

Have you ever experienced difficulties with accessing medicinal cannabis to treat your IBD?

- Yes
 No

Did you worry about accessing your preferred source of cannabis?

- Very much so
 Somewhat
 No opinion,
 Not especially
 Not at all

Did you consider medicinal cannabis successful in managing your IBD symptoms?

- Yes
 No

Which option best describes how your IBD compares now to how it was before using medicinal cannabis?

- Very much better
 Much better
 A little better
 No change
 A little worse
 Much worse
 Very much worse

Which of the following symptoms were altered following medicinal cannabis use and how did this symptom change with medicinal cannabis use?

	Very much better	A little better	No change	A little worse	Much worse	Very much worse	I do not have this symptom
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea/vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cramping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstructive symptoms (fistula, abscess, stricture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rectal bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Side effects

Indicate whether you experienced any of the following side effects when using medicinal cannabis, and, if so, how serious these side effects were.

Note: "Mild and intolerable" = symptoms that caused only mild impairment of function and do not require specific treatment (e.g. other medications or stopping medicinal cannabis); "Severe or intolerable" = symptoms that caused impairment of function and/or resulted in either other treatment (e.g. other medications) or resulted in stopping medicinal cannabis use.

	I did not experience this side effect	Mild and tolerable	Severe and intolerable
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis hyperemesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dehydration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressed mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drowsiness or sedation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastrointestinal irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of energy or fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasopharyngeal complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea and/or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| Racing heart/palpitations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bad taste in mouth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Respiratory complaints | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shaking, tremors, poor movement control | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sleep disturbance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sweating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Why did you discontinue your use of medicinal cannabis for treatment of symptoms relating to your IBD?

- It was too expensive
- I had difficulties buying or accessing it
- Advice of my health provider (e.g. GP, medical specialist)
- I was concerned about legal consequences of using an illicit drug
- I was concerned about on-road random drug testing (RDT)
- My cannabis use interfered with my job/social life
- Other

If chosen Other, please specify:

Would you be interested in using medicinal cannabis in the future to treat symptoms relating to your IBD?

- Yes
- No

NEVER USED

Attitudes and preferences of individuals with IBD who have never used medicinal cannabis. You previously indicated you have never used medicinal cannabis. This section will ask about your attitudes towards medicinal cannabis and IBD.

Would you be interested in using medicinal cannabis to treat symptoms relating to your IBD?

- No
- Yes, in combination with my current treatments (adjunct)
- Yes, as a replacement to my current treatments

Why have you not used medicinal cannabis for your IBD to date?

- It is too expensive
- Difficulties buying or accessing it
- Per advice of my health provider (e.g. GP, medical specialist)
- I am concerned about legal consequences of using an illicit drug
- I am concerned about on-road random drug testing (RDT)
- I am worried about how it may interfere with my job/social life
- Other
(Select all that apply)

If you answered Other, is there another reason you have not used medicinal cannabis for your IBD?

What is your preference in terms of how you would like to consume medicinal cannabis?

- Oral (tablet or capsule)
 - Oral edibles (cake, cookie)
 - Oral liquid (tincture, etc.)
 - Oral spray (mouth or oromucosal)
 - Fresh juice
 - Nasal application (through nose)
 - Rolled into a joint
 - Pipe (plastic, metal, glass)
 - Water pipe/bong
 - Vaporiser
 - Suppository
 - Dabbing or spotting
 - Topical (cream/patch applied to skin)
 - Other
- (Please only select one option)

If you answered Other, is there another way you would prefer to use medicinal cannabis?

Thank you for being involved!

Where did you first hear about this survey?

- Facebook
 - Twitter
 - Other social media
 - Online forum
 - A friend
 - Medicinal cannabis provider
 - Consumer support group
 - Lambert initiative website
 - Doctor/healthcare provider
 - Cannabis Access Clinic
 - Media
 - Other
- (Please only select one option)

If answered Other, where did you hear about this survey?

Would you be interested in taking part in future clinical trials to test the effects of medical cannabis as a treatment for IBD?

- Yes
- No

If you answered yes and would like a researcher at the University of Sydney to contact you about future clinical trials in medicinal cannabis for inflammatory bowel disease, please click the link below:

<https://redcap.sydney.edu.au/surveys/?s=XYPHRD9D3H>

Please note that any personal contact details that you provide in the above link will NOT in any way be linked to the main survey so it would be impossible to link your personal information to your survey data.

You have completed 5 of 6 pages so far.

CANNABIS USE FOR IBD SYMPTOMS

Have you ever used cannabis to manage your IBD symptoms?

- Yes, I currently use cannabis to manage my IBD symptoms
- Yes, I have previously used cannabis to manage my IBD symptoms but I have now stopped
- No, I have never used cannabis to manage my IBD symptoms

In your opinion, what should be the legal status of cannabis use in Australia?

- Cannabis use should be legal for ALL purposes (recreational and medicinal)
- Cannabis use should be legal for medicinal purposes only
- Cannabis should be illegal for all purposes
- Unsure
- No opinion

PRESENT USERS

Attitudes on medicinal cannabis and use preferences of present users. You indicated you are currently using medicinal cannabis for your IBD. This section will ask about your current use as well as you attitudes and experiences with medicinal cannabis and your IBD.

Which of the following informed your decision to use medicinal cannabis for your IBD?

- Discovered benefits on my own internet-based media
- Conventional media
- Conventional healthcare provider
- Alternative healthcare practitioner
- Friend or family member
- Medicinal cannabis advocacy group
- Other

How frequently do you use cannabis medicinally to treat symptoms relating to your IBD?

- Multiple times a day
- Every day
- Several times a week
- Once a week
- Several times a month
- Once a month

What is the main way you consume cannabis for medicinal purposes?

- Oral (tablet or capsule)
 - Oral edibles (cake, cookie)
 - Oral liquid (oil, tincture)
 - Oral spray (mouth or oromucosal)
 - Fresh juice
 - Nasal application (through nose)
 - Rolled into a joint
 - Pipe (plastic, metal, glass)
 - Water pipe/bong
 - Suppository
 - Dabbing or spotting
 - Topical (cream/patch applied to the skin)
 - Vaporizer
 - Other
- (Please only select one option)

If you answered Other, which other ways do you consume medicinal cannabis?

What type of medicinal cannabis do you mainly use?

- THC only
 - Mainly THC and small amounts of other cannabinoids
 - Approximately equal amounts of THC and CBD
 - Mainly CBD and small amounts of other cannabinoids (e.g. THC)
 - CBD only
 - Unsure/Do not know
 - It varies between batches
 - Other
- (Please only select one option)

If you answered Other, which other type of cannabis do you mainly use?

What is the main way you access your medicinal cannabis?

- Cannabis access clinic
 - I grow my own
 - From friends or family
 - From a medicinal cannabis supplier (not prescribed by a medical practitioner)
 - Prescribed by a medical practitioner and dispensed from a pharmacy
 - From a club or co-operative outlet
 - From an online supplier
 - From an overseas supplier
 - From a recreational dealer
 - Other
- (Please only select one option)

If you answered Other, which other ways do you access cannabis?

In the last 28 days, have you ever been unable to access medicinal cannabis to treat your IBD?

- Yes
- No

Do you worry about accessing your preferred source of cannabis?

- Very much so
- Somewhat
- No opinion,
- Not especially
- Not at all

Do you consider medicinal cannabis successful in managing your IBD symptoms?

- Yes
 No

Which option best describes how your IBD compares now to how it was before using medicinal cannabis?

- Very much better
 Much better
 A little better
 No change
 A little worse
 Much worse
 Very much worse

Which of the following symptoms were altered following medicinal cannabis use and how did this symptom change with medicinal cannabis use?

	Very much better	Much better	A little better	No change	A little worse	Very much worse	I do not have this symptom
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea/vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cramping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstructive symptoms (fistula, abscess, stricture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rectal bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were any other symptoms altered following medicinal cannabis use?

- Yes
 No

Describe the other symptoms which improved following medicinal cannabis use

What effect did medicinal cannabis have on this symptom?

- Very much better
 Much better
 A little better
 No change
 A little worse
 Much worse
 Very much worse

Side effects

Indicate whether you have experienced any of the following side effects in the last 12 months when using medicinal cannabis, and, if so, how serious these side effects were.

Note: "mild and tolerable" = symptoms that caused only mind impairment of function and do not require specific treatment (e.g. other medications or stopping medicinal cannabis); "Severe and intolerable" = symptoms that caused impairment of function and/or resulted in either other treatment (e.g. other medications) or resulted in stopping medicinal cannabis use.

	Did not experience	Mild and tolerable	Severe and intolerable
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis hyperemesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dehydration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressed mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drowsiness or sedation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastrointestinal irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of energy or fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasopharyngeal complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea and/or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Paranoia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Racing heart/palpitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bad taste in mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respiratory complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaking/tremor/poor movement control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sweating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following best describes how your use of each drug changed whilst using medicinal cannabis to treat your symptoms of IBD?

Note: A moderate change = more than 20% difference, a marked change is more than 50% change (e.g. a marked decrease would be reducing the drug by more than half).

	Markedly decreased	Moderately decreased	No change	Moderately increased	Markedly increased	I do not take this medication
Corticosteroids (e.g. prednisone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aminosalicylates (e.g. sulfasalazine, mesalamine, olsalazine, balsalazide)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunomodulators (e.g. azathioprine, 6-mercaptopurine, tacrolimus, methotrexate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcineurin inhibitors (e.g. cyclosporine, tacrolimus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biologic agents (e.g. infliximab, adalimumab, vedolixumab, ustekinumab)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analgesics (e.g. codeine, oxycodone, tramadol, ibuprofen, Panadol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antibiotics (e.g. ciprofloxacin, metronidazole)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antidepressants/anti-anxiety: (e.g. SSRIs, SNRIs, tricyclics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benzodiazepines: (Diazepam, alprazolam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you currently also using cannabis for non-medical purposes (recreationally)?

- Yes
 No

If yes, how frequently do you use cannabis for non-medical purposes (recreationally)?

- Multiple times a day
 Every day
 Several times a week
 Once a week
 Several times a month
 Once a month

PAST USERS

Attitudes on medicinal cannabis and use preferences of previous but not current users. You previously indicated you have used medicinal cannabis in the past but do not currently use.

This section will ask about your previous use as well as your attitudes and past experiences with medicinal cannabis and your IBD.

Which of the following informed your decision to use medicinal cannabis for your IBD?

- Discovered benefits on my own Internet-based media
- Conventional media
- Conventional healthcare provider
- Alternative healthcare practitioner
- Friend or family member
- Medicinal cannabis advocacy group
- Other

If chosen Other, please specify:

How frequently did you use cannabis medicinally to treat symptoms relating to your IBD?

- Multiple times a day
- Every day
- Several times a week
- Once a week
- Several times a month
- Once a month

What was the main way you consumed cannabis for medicinal purposes?

- Oral (tablet or capsule)
 - Oral edibles (cake, cookie)
 - Oral liquid (tincture, etc.)
 - Oral spray (mouth or oromucosal)
 - Fresh juice
 - Nasal application (through nose)
 - Rolled into a joint
 - Pipe (plastic, metal, glass)
 - Water pipe/bong
 - Suppository
 - Dabbing or spoting
 - Topical (cream/patch applied to the skin)
 - Vaporizer
 - Other
- (Please only select one option)

If you answered Other, which other type of cannabis did you mainly use?

What is the main way you accessed your medicinal cannabis?

- Cannabis access clinic
 - I grow my own
 - From friends or family
 - From a medicinal cannabis supplier (not prescribed by a medical practitioner)
 - Prescribed by a medical practitioner and dispensed from a pharmacy
 - From a club or co-operative outlet
 - From an online supplier
 - From an overseas supplier
 - From a recreational dealer
 - Other
- (Please only select one option)

If you answered Other, which other ways did you access cannabis?

Have you ever experienced difficulties with accessing medicinal cannabis to treat your IBD?

- Yes
 No

Did you worry about accessing your preferred source of cannabis?

- Very much so
 Somewhat
 No opinion,
 Not especially
 Not at all

Did you consider medicinal cannabis successful in managing your IBD symptoms?

- Yes
 No

Which option best describes how your IBD compares now to how it was before using medicinal cannabis?

- Very much better
 Much better
 A little better
 No change
 A little worse
 Much worse
 Very much worse

Which of the following symptoms were altered following medicinal cannabis use and how did this symptom change with medicinal cannabis use?

	Very much better	A little better	No change	A little worse	Much worse	Very much worse	I do not have this symptom
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea/vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cramping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stool frequency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstructive symptoms (fistula, abscess, stricture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rectal bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Side effects

Indicate whether you experienced any of the following side effects when using medicinal cannabis, and, if so, how serious these side effects were.

Note: "Mild and intolerable" = symptoms that caused only mild impairment of function and do not require specific treatment (e.g. other medications or stopping medicinal cannabis); "Severe or intolerable" = symptoms that caused impairment of function and/or resulted in either other treatment (e.g. other medications) or resulted in stopping medicinal cannabis use.

	I did not experience this side effect	Mild and tolerable	Severe and intolerable
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis hyperemesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decreased appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dehydration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depressed mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dizziness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drowsiness or sedation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gastrointestinal irritation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased appetite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of energy or fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasopharyngeal complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea and/or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panic attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| Racing heart/palpitations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bad taste in mouth | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Respiratory complaints | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shaking, tremors, poor movement control | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sleep disturbance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sweating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Why did you discontinue your use of medicinal cannabis for treatment of symptoms relating to your IBD?

- It was too expensive
- I had difficulties buying or accessing it
- Advice of my health provider (e.g. GP, medical specialist)
- I was concerned about legal consequences of using an illicit drug
- I was concerned about on-road random drug testing (RDT)
- My cannabis use interfered with my job/social life
- Other

If chosen Other, please specify:

Would you be interested in using medicinal cannabis in the future to treat symptoms relating to your IBD?

- Yes
- No

NEVER USED

Attitudes and preferences of individuals with IBD who have never used medicinal cannabis. You previously indicated you have never used medicinal cannabis. This section will ask about your attitudes towards medicinal cannabis and IBD.

Would you be interested in using medicinal cannabis to treat symptoms relating to your IBD?

- No
- Yes, in combination with my current treatments (adjunct)
- Yes, as a replacement to my current treatments

Why have you not used medicinal cannabis for your IBD to date?

- It is too expensive
- Difficulties buying or accessing it
- Per advice of my health provider (e.g. GP, medical specialist)
- I am concerned about legal consequences of using an illicit drug
- I am concerned about on-road random drug testing (RDT)
- I am worried about how it may interfere with my job/social life
- Other
(Select all that apply)

If you answered Other, is there another reason you have not used medicinal cannabis for your IBD?

What is your preference in terms of how you would like to consume medicinal cannabis?

- Oral (tablet or capsule)
 - Oral edibles (cake, cookie)
 - Oral liquid (tincture, etc.)
 - Oral spray (mouth or oromucosal)
 - Fresh juice
 - Nasal application (through nose)
 - Rolled into a joint
 - Pipe (plastic, metal, glass)
 - Water pipe/bong
 - Vaporiser
 - Suppository
 - Dabbing or spotting
 - Topical (cream/patch applied to skin)
 - Other
- (Please only select one option)

If you answered Other, is there another way you would prefer to use medicinal cannabis?

Thank you for being involved!

Where did you first hear about this survey?

- Facebook
 - Twitter
 - Other social media
 - Online forum
 - A friend
 - Medicinal cannabis provider
 - Consumer support group
 - Lambert initiative website
 - Doctor/healthcare provider
 - Cannabis Access Clinic
 - Media
 - Other
- (Please only select one option)

If answered Other, where did you hear about this survey?

Would you be interested in taking part in future clinical trials to test the effects of medical cannabis as a treatment for IBD?

- Yes
- No

If you answered yes and would like a researcher at the University of Sydney to contact you about future clinical trials in medicinal cannabis for inflammatory bowel disease, please click the link below:

<https://redcap.sydney.edu.au/surveys/?s=XYPHRD9D3H>

Please note that any personal contact details that you provide in the above link will NOT in any way be linked to the main survey so it would be impossible to link your personal information to your survey data.