Default Question Block

Q1.
Dear Participant,

We are reaching out to you because of your interest in participating in the medical marijuana (MMJ) research project entitled "Medical marijuana, cannabis, and cannabinoids for patients with significant symptom burden in serious medical conditions". This study has received approval from the Thomas Jefferson University IRB.

The purpose of this research is to conduct surveys with people using medical marijuana to learn whether you feel that MMJ improves your quality of life to treat your symptoms that are hard to control. This research consists of a series of surveys completed over one year.

You will also receive $50 for each completed study assessment at enrollment, 30 days, 180 days, and 365 days.

Before you can take part in this study, you must be registered in the Pennsylvania Department of Health's Medical Marijuana Program and have an MMJ identification card.

Please contact Dr. Brooke Worster (brooke.worster@jefferson.edu) if you have any questions.

Q2. Completion of this survey and submitting it indicates that you give your consent to participate. Thank you.

Yes, I consent

No, I do not consent

Q3. Study ID (to be entered by study staff if completed by phone)

Q4. Age:

Q5. Zip Code

Q6. Email Address:

Q7. Telephone Number

Q8. Sex

Female

Male

Other/non-binary

Q9. Race

African-American/Black

American India/Alaska Native

Asian

Caucasian/White

Native Hawaiian or Pacific Islander

Other

Prefer not to answer

Q10. Ethnicity

Hispanic or Latino/a

non-Hispanic or Latino/a

Prefer not to answer

Q11. For what reason (medical condition) did you come to the dispensary?

Q12. For what reason (medical condition) did you come to the dispensary?

Medical Condition 1

Medical Condition 2

Medical Condition 3

Q13.

Have you already been using MMJ for your condition?

Yes

No

Q14. **MEDICAL HISTORY AND CURRENT MEDICATIONS**

Please list any other medical conditions that you have.

	How many years since you were diagnosed. Including diagnosis you got medical marijuana certified for
Medical Condition#1	
Medical Condition#2	
Medical Condition#3	
Medical Condition#4	
Medical Condition#5	
Medical Condition#6	
Medical Condition#7	
Medical Condition#8	
Medical Condition#9	
Medical Condition#10	

Q15. Please list any symptoms that you are having and then rate the severity of each symptom:

	Severity of Symptoms while not using medical Marijuana			Severity of Symptoms while using medical marijuana		
	Mild	Moderate	Severe	Mild	Moderate	Severe
Symptom 1	○	○	○	○	○	○
Symptom 2	○	○	○	○	○	○
Symptom 3	○	○	○	○	○	○

	Severity of Symptoms while not using medical Marijuana			Severity of Symptoms while using medical marijuana		
	Mild	Moderate	Severe	Mild	Moderate	Severe
Symptom 4	○	○	○	○	○	○
Symptom 5	○	○	○	○	○	○
Symptom 6	○	○	○	○	○	○
Symptom 7	○	○	○	○	○	○
Symptom 8	○	○	○	○	○	○
	Mild	Moderate	Severe	Mild	Moderate	Severe
Symptom 9	○	○	○	○	○	○
Symptom 10	○	○	○	○	○	○
Symptom 11	○	○	○	○	○	○
Symptom 12	○	○	○	○	○	○
Symptom 13	○	○	○	○	○	○
Symptom 14	○	○	○	○	○	○
Symptom 15	○	○	○	○	○	○

Q16. Please provide the following information about the medical marijuana products that you are currently using:

	Brand/Manufacturer Describe	Strain/Product Name Describe	Formulation	For De
Product 1				

	Brand/Manufacturer Describe	Strain/Product Name Describe	Formulation	For De
Product 2				
Product 3				
Product 4				
Product 5				
Product 6				
Product 7				
Product 8				

Q17. Are you taking medicines, vitamins, herbals, or over-the counter medicines? Please list them:

	Click to write Column 1 List Other meds/Vitamins
Other meds/Vitamins#1	
Other meds/Vitamins#2	
Other meds/Vitamins#3	
Other meds/Vitamins#4	
Other meds/Vitamins#5	
Other meds/Vitamins#6	
Other meds/Vitamins#7	
Other meds/Vitamins#8	
Other meds/Vitamins#9	
Other meds/Vitamins#10	

Q18.

Physical Well-being

Below is a list of statements that other people with your illness have said are important. Please select one option per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Some-what	Quite a bit	Very much
I have a lack of energy	○	○	○	○	○
I have nausea	○	○	○	○	○
Because of my physical condition, I have trouble meeting the needs of my family	○	○	○	○	○
I have pain	○	○	○	○	○

	Not at all	A little bit	Some-what	Quite a bit	Very much
I am bothered by side effects of treatment	○	○	○	○	○
I feel ill	○	○	○	○	○
I am forced to spend time in bed	○	○	○	○	○

Q19.

SOCIAL/FAMILY WELL-BEING

Please select one option per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I feel close to my friends	○	○	○	○	○
I get emotional support from my family	○	○	○	○	○
I get support from my friends	○	○	○	○	○

	Not at all	A little bit	Somewhat	Quite a bit	Very much
My family has accepted my illness	○	○	○	○	○

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I am satisfied with family communication about my illness	○	○	○	○	○
I feel close to my partner (or the person who is my main support)	○	○	○	○	○

Q20. *Regardless of your current level of sexual activity, please answer the following question.*

I am satisfied with my sex life.

Not at all

A little bit

Somewhat

Quite a bit

Very much

Prefer not to answer

Q21.

EMOTIONAL WELL-BEING

Please select one option per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I feel sad	○	○	○	○	○
I am satisfied with how I am coping with my illness	○	○	○	○	○
I am losing hope in the fight against my illness	○	○	○	○	○

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I feel nervous	○	○	○	○	○
I worry about dying	○	○	○	○	○

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I worry that my condition will get worse	○	○	○	○	○

Q22.

FUNCTIONAL WELL-BEING

Please select one option per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Some-what	Quite a bit	Very much
I am able to work (include work at home)	○	○	○	○	○
My work (include work at home) is fulfilling	○	○	○	○	○
I am able to enjoy life	○	○	○	○	○
I have accepted my illness	○	○	○	○	○
	Not at all	A little bit	Some-what	Quite a bit	Very much
I am sleeping well	○	○	○	○	○
I am enjoying the things I usually do for fun	○	○	○	○	○
I am content with the quality of my life right now	○	○	○	○	○

Q23.

ADDITIONAL CONCERNS

Please select one option per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Some-what	Quite a bit	Very much
I maintain contact with my friends	○	○	○	○	○

	Not at all	A little bit	Some-what	Quite a bit	Very much
I have family members who will take on my responsibilities	○	○	○	○	○
I feel that my family appreciates me	○	○	○	○	○
I feel like a burden to my family	○	○	○	○	○
I have been short of breath	○	○	○	○	○
I am constipated	○	○	○	○	○
I am losing weight	○	○	○	○	○

	Not at all	A little bit	Some-what	Quite a bit	Very much
I have been vomiting	○	○	○	○	○
I have swelling in parts of my body	○	○	○	○	○
My mouth and throat are dry	○	○	○	○	○
I feel independent	○	○	○	○	○
I feel useful	○	○	○	○	○
I make each day count	○	○	○	○	○
I have peace of mind	○	○	○	○	○

	Not at all	A little bit	Some-what	Quite a bit	Very much
I feel hopeful	○	○	○	○	○
I am able to make decisions	○	○	○	○	○
My thinking is clear	○	○	○	○	○
I have been able to reconcile (make peace) with other people	○	○	○	○	○
I am able to openly discuss my concerns with the people closest to me	○	○	○	○	○

Default Question Block

Dear Participant,

Thank you for completing our baseline survey. As part of our research study, we are conducting a follow-up survey to examine and understand your use of Medical Marijuana (MMJ) and any associated side effects. Please complete the survey below at your convenience.

Please contact Dr. Brooke Worster (brooke.worster@jefferson.edu) if you have any questions or concerns.

Study ID (to be entered by study staff)

MMJ USE/CHANGE IN MEDS

30 day visit

6 month visit

12 month visit

Is this visit being completed

in person

by phone

by email

If by phone, note name of research staff person contacting

Any change in your phone?

Yes

No

Any change in your email address?

Yes

No

Product 1: CBD/THC concentration(either 5:1, 1:1 etc or can be a % such as 50% THC or 30% CBD)

Product 1: Formulation

Vaporization

Pills/capsules

Liquid/tincture

Topical gel/cream/ointment

Patch

Flower/leaf

Extract (shatter/wax/oil/resin/sugar/budder)

Other

Product 1: Dose (ex: 2 drops, 1 inhalation, 1 application)

Product 1: Frequency (ex: once per day, twice per day)

1 time per day

2 times per day

3 times a day

4 times per day

5 times per day

6 times per day

7 or more times per day

Product 2: CBD/THC concentration(either 5:1, 1:1 etc or can be a % such as 50% THC or 30% CBD)

Product 2: Formulation

Vaporization

Pills/capsules

Liquid/tincture

Topical gel/cream/ointment

Patch

Flower/leaf

Extract (shatter/wax/oil/resin/sugar/budder)

Other

Product 2: Dose (ex: 2 drops, 1 inhalation, 1 application)

Product 2: Frequency (ex: once per day, twice per day)

1 time per day

2 times per day

3 times per day

4 times per day

5 times per day

6 times per day

7 or more times per day

Product 3: CBD/THC concentration (either 5:1, 1:1 etc or can be a % such as 50% THC or 30% CBD)

Product 3: Formulation

Vaporization

Pills/capsules

Liquid/tincture

Topical gel/cream/ointment

Patch

Flower/leaf

Extract (shatter/wax/oil/resin/sugar/budder)

Other

Product 3: Frequency (ex: once per day, twice per day)

1 time per day

2 times per day

3 times per day

4 times per day

5 times per day

6 times per day

7 or more times per day

Has the dose or form changed since your last visit?

Has MMJ improved your symptoms since your last visit to the dispensary?

Yes, a lot

Yes, a little

No

If no, will you try a different dose or form of MMJ?

Please list any side effects from MMJ that you experienced since the last assessment. Then please rate the severity of those side effects.

	Please rate the severity of each side effect.		
	Mild	Moderate	Severe
Describe side effect			
Describe side effect			
Describe side effect			
Describe side effect			
Describe side effect			
Describe side effect			
Describe side effect			
Describe side effect			
Describe side effect			
Describe side effect			

I have been using medical marijuana.

Yes

No

Why not?

Didn't work so I stopped

Using other meds that work better for me (which?)

MMJ is too expensive

Side effects bother me too much.

Dispensary is too far, neither I or my caregiver can easily come

Other reason:

Any changes to other medications you have been taking (stopped taking or added new meds)?

(Staff: Review baseline list with subject.)

If MMJ dose or form is changed at this visit, document here:

Physical Well-being

Below is a list of statements that other people with your illness have said are important. Please select one option per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Some-what	Quite a bit	Very much
I have a lack of energy	○	○	○	○	○
I have nausea	○	○	○	○	○
Because of my physical condition, I have trouble meeting the needs of my family	○	○	○	○	○
I have pain	○	○	○	○	○
	Not at all	A little bit	Some-what	Quite a bit	Very much
I am bothered by side effects of treatment	○	○	○	○	○
I feel ill	○	○	○	○	○

	Not at all	A little bit	Some-what	Quite a bit	Very much
I am forced to spend time in bed	○	○	○	○	○

SOCIAL/FAMILY WELL-BEING

Please select one option per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Some-what	Quite a bit	Very much
I feel close to my friends	○	○	○	○	○
I get emotional support from my family	○	○	○	○	○
I get support from my friends	○	○	○	○	○

	Not at all	A little bit	Some-what	Quite a bit	Very much
My family has accepted my illness	○	○	○	○	○
I am satisfied with family communication about my illness	○	○	○	○	○
I feel close to my partner (or the person who is my main support)	○	○	○	○	○

Regardless of your current level of sexual activity, please answer the following question.

I am satisfied with my sex life.

Not at all

A little bit

Somewhat

Quite a bit

Very much

Prefer not to answer

EMOTIONAL WELL-BEING

Please select one option per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Some-what	Quite a bit	Very much
I feel sad	○	○	○	○	○
I am satisfied with how I am coping with my illness	○	○	○	○	○
I am losing hope in the fight against my illness	○	○	○	○	○

	Not at all	A little bit	Some-what	Quite a bit	Very much
I feel nervous	○	○	○	○	○
I worry about dying	○	○	○	○	○
I worry that my condition will get worse	○	○	○	○	○

FUNCTIONAL WELL-BEING

Please select one option per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Some-what	Quite a bit	Very much
I am able to work (include work at home)	○	○	○	○	○
My work (include work at home) is fulfilling	○	○	○	○	○
I am able to enjoy life	○	○	○	○	○
I have accepted my illness	○	○	○	○	○

	Not at all	A little bit	Some-what	Quite a bit	Very much
I am sleeping well	○	○	○	○	○
I am enjoying the things I usually do for fun	○	○	○	○	○

	Not at all	A little bit	Some-what	Quite a bit	Very much
I am content with the quality of my life right now	○	○	○	○	○

ADDITIONAL CONCERNS

Please select one option per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Some-what	Quite a bit	Very much
I maintain contact with my friends	○	○	○	○	○
I have family members who will take on my responsibilities	○	○	○	○	○
I feel that my family appreciates me	○	○	○	○	○
I feel like a burden to my family	○	○	○	○	○
I have been short of breath	○	○	○	○	○
I am constipated	○	○	○	○	○
I am losing weight	○	○	○	○	○
	Not at all	A little bit	Some-what	Quite a bit	Very much
I have been vomiting	○	○	○	○	○
I have swelling in parts of my body	○	○	○	○	○
My mouth and throat are dry	○	○	○	○	○
I feel independent	○	○	○	○	○
I feel useful	○	○	○	○	○
I make each day count	○	○	○	○	○
I have peace of mind	○	○	○	○	○
	Not at all	A little bit	Some-what	Quite a bit	Very much
I feel hopeful	○	○	○	○	○
I am able to make decisions	○	○	○	○	○

	Not at all	A little bit	Some-what	Quite a bit	Very much
My thinking is clear	○	○	○	○	○
I have been able to reconcile (make peace) with other people	○	○	○	○	○
I am able to openly discuss my concerns with the people closest to me	○	○	○	○	○