



MEDICINAL CANNABIS SURVEY FOR IBD SPECIALISTS

On behalf of the University of Sydney's Lambert Initiative for Cannabinoid Therapeutics, you are invited to take part in a research study investigating gastrointestinal specialist experiences and perceptions of medicinal cannabis for Inflammatory Bowel Disease. The results of this study may be used to inform policy decisions and develop educational material to meet the specific needs of specialists, as well as to inform interest in participating in our clinical research.

Participation in this study is completely voluntary and involves completion of a short anonymous survey. If you would like to participate, simply complete the paper questionnaire and mail back using the provided reply paid envelope. Submitting your completed questionnaire is an indication of your consent to participate in the study.

Alternatively, you may opt to complete the survey online through a University of Sydney hosted survey site. Go to: redcap.sydney.edu.au/surveys/?s=EXK93AMXMM

All survey responses are anonymous when submitted through either format (paper or online). Please select **one** answer per question.

I confirm I have not and will not complete this survey online through the link provided. I will complete only this paper survey: No Yes

ABOUT YOU

Profession	Gastroenterologist	Colorectal surgeon	In training	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age category	18-24	25-44	45-64	65+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	M	F	Other	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Years in gastrointestinal speciality	0-4	5-9	10-15	15+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average hours spend in clinical practice per week	0-9	10-19	20-29	30+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where do you predominantly practice?	Public hospital	Private practice		
	<input type="checkbox"/>	<input type="checkbox"/>		
Geographical area serviced	Metro	Regional	Remote	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

YOUR CURRENT IBD PATIENT COHORT

	Strongly disagree	Slightly disagree	Neutral	Slightly agree	Strongly agree
1. My patients are satisfied with their current IBD drug management regimen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I support my patients using alternative/complementary therapies or supplements to manage their IBD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My patients have reported success in managing their IBD symptoms with the following alternative/complementary therapies:					
<i>Prebiotics or probiotics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fish oil (omega-3 fatty acid) supplement</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Herbal or dietary supplements</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Restriction/exclusion diet (e.g. low FODMAP diet)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Stress management (e.g. cognitive behavioural therapy, mindfulness meditation)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Faecal microbiota transplantation (FMT)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Traditional Chinese medicine/acupuncture or moxibustion</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Chiropractic/osteopathy/massage</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cannabis</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Gut-directed hypnotherapy</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>None of the above</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (describe): _____

4. I have patients who currently use cannabis for their IBD No Yes If yes, how many patients? _____

IF answered YES to Q4 please complete Q4b and Q4c. IF answered NO to Q4 please proceed to Q5 below:

4b . Of your patients using cannabis, how is it most commonly being used to treat their symptoms?

- In combination with conventional treatments (adjunct)*
- In place of all conventional treatment (stand-alone)*
- Unsure*

4c . Patients using cannabis for their IBD have reported what/if any change to the following symptoms:

	Significant Worsening	Slight Worsening	No change	Slight Improvement	Significant Improvement	Unknown	N/A
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnominal Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cramping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stool consistency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stool frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urgency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstructive symptoms (fistula, abscess, stricture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rectal bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relapse potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:							

5 . In the past 3 months, how many of your patients have enquired about using medicinal cannabis to treat their IBD symptoms?

- None 1-9% 10-24% 25-49% 50-75% > 75%

YOUR PERSPECTIVES ON MEDICINAL CANNABIS

	Strongly disagree	Slightly disagree	Neutral	Slightly agree	Strongly agree
6 . I have patients who may benefit from medicinal cannabis for their IBD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 . I feel comfortable discussing medicinal cannabis with my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 . I have good knowledge around the effects of medicinal cannabis for IBD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 . I support the use of medicinal cannabis in patients with IBD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 . I am aware of the different medicinal cannabis products and formulations currently available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 . I would like the ability to prescribe medicinal cannabis products to my IBD patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 . Medicinal cannabis should only be prescribed by specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 . Medicinal cannabis should be provided in "shared care" with a GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 . I know how to help patients legally access medicinal cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 . I understand the current regulatory approach to medicinal cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 . There is little difference between "street cannabis" and medicinal cannabis products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 . I will not prescribe medicinal cannabis as the risk of abuse and dependence is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 . I will not prescribe medicinal cannabis as the risk of side effects (other than abuse and dependence) is too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 . There is sufficient scientific evidence of the efficacy of medicinal cannabis for IBD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



20 . The major side effects of medicinal cannabis consumption include:

	Strongly disagree	Slightly disagree	Neutral	Slightly agree	Strongly agree
<i>Addiction and dependence</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cognitive impairment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Driving impairment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Weight gain</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Psychosis</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other long-term mental health issues</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Interactions with other medications</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Impact on the developing brain</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20 . Medicinal cannabis is generally more hazardous than:

	Strongly disagree	Slightly disagree	Neutral	Slightly agree	Strongly agree
<i>Aminosalicylates</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Antibiotics</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Biologic Therapies (e.g. Antibody-based treatments)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Corticosteroids</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Immunomodulators</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21 . Would you be interested in encouraging your IBD patients to take part in future clinical trials to test the effects of medicinal cannabis as a treatment for IBD?

No Yes

If you answer YES please provide your email address below on the lower portion of this page. This will be removed from your survey responses by a member of the study team prior to the survey being recorded or analysed to ensure data anonymity.

OPEN ENDED COMMENTS

Please use this space to offer any comments, opinions or observations about medicinal cannabis in Australia

Study Team to detach here

THIS SECTION OF SURVEY TO BE REMOVED PRIOR TO DATA RECORDING OF THIS SURVEY TO ENSURE ANONYMITY

IF you answered YES to Q21; "Would you be interested in encouraging your IBD patients to take part in future clinical trials" please provide your contact email address below:

Email address: _____