Medical Marijuana & Me

CURRENT USER SURVEY

Thank you for taking the time to fill out this survey!

This survey will take about 30 minutes to complete and has a total of 7 sections.

Please try to complete the survey in one sitting, answering each question as honestly as possible. All of your answers will be kept confidential.

Consortium for Medical Marijuana Clinical Outcomes Research

Note: This printed survey is for reference only and is not intended for participant use.

SECTION 1: MARIJUANA USE

First, we would like to know about your lifetime history of marijuana use. There are many names for cannabis or marijuana including "weed," "pot," "grass," "reefer," "THC," "hash," and "hashish." In this section, we will only use the term "marijuana."

1. How old were you the **first time** you used marijuana of any kind?

_____ years old

2. Have you ever used marijuana on a weekly basis (at least once a week)?

☐ Yes
☐ No ⟶ **Skip to Question 6**

3. *(Display if #2 = "Yes")* How many years of your life have you used marijuana on a weekly basis?

☐ less than 1 year
☐ 1-2 years
☐ 3-4 years
☐ 5-10 years
☐ 11-20 years
☐ 21-30 years
☐ 31-40 years
☐ 41-50 years
☐ More than 50 years

4. Have you ever used marijuana daily (at least once a day)?

☐ Yes
☐ No ⟶ **Skip to Question 6**

5. *(Display if #2 and #4 = "Yes")* How many years of your life have you used marijuana daily?

☐ less than 1 year
☐ 1-2 years
☐ 3-4 years
☐ 5-10 years
☐ 11-20 years
☐ 21-30 years
☐ 31-40 years
☐ 41-50 years
☐ More than 50 years

The following questions have been taken from a research tool used nationally to measure potential problems with using marijuana. Please answer them as best as you can.

Please answer the following questions about your marijuana use. Choose the response that is most correct for you in relation to your marijuana use over the <u>past six months</u>.

6a. How often do you use marijuana?

Never	Monthly or Less	2-4 Times a Month	2-3 Times a Week	4 or More Times a Week
☐	☐	☐	☐	☐

6b. How many hours were you "stoned" on a typical day when you had been using marijuana?

Less than 1	1 or 2	3 or 4	5 or 6	7 or More
☐	☐	☐	☐	☐

6c. How often during the past 6 months did you find that you were not able to stop using marijuana once you had started?

Never (0)	Less than Monthly (1)	Monthly (2)	Weekly (3)	Daily or Almost Daily (4)
☐	☐	☐	☐	☐

6d. How often during the past 6 months did you fail to do what was normally expected from you because of using marijuana?

Never (0)	Less than Monthly (1)	Monthly (2)	Weekly (3)	Daily or Almost Daily (4)
☐	☐	☐	☐	☐

6e. How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from marijuana?

Never (0)	Less than Monthly (1)	Monthly (2)	Weekly (3)	Daily or Almost Daily (4)
☐	☐	☐	☐	☐

6f. How often in the past 6 months have you had a problem with your memory or concentration after using marijuana?

Never (0)	Less than Monthly (1)	Monthly (2)	Weekly (3)	Daily or Almost Daily (4)
☐	☐	☐	☐	☐

6g. How often do you use marijuana in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?

Never (0)	Less than Monthly (1)	Monthly (2)	Weekly (3)	Daily or Almost Daily (4)
☐	☐	☐	☐	☐

6h. Have you ever thought about cutting down, or stopping, your use of marijuana?

Never (0)	Yes, but not in the past 6 months (2)	Yes, during the past 6 months (4)
☐	☐	☐

Calculated Field: CUDIT-R Score
Sum of Scored Values (#6a-6h): _____

SECTION 2: DEMOGRAPHICS

First, we would like to learn a bit more about you.

7. What is your age? (in years)

_____

8. Which racial group or groups do you consider yourself to be in? Please check all that apply.

- ☐ White
- ☐ Black/African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ Asian
- ☐ Other (Please specify):

  _____

9. Do you consider yourself to be of Hispanic, Latino/a, or Spanish origin?

- ☐ Yes
- ☐ No

10. What sex were you assigned at birth?

- ☐ Female
- ☐ Male

11. What is your current gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender Male (Female at Birth)
- ☐ Transgender Female (Male at Birth)
- ☐ Other (Please Specify):

  _____
- ☐ Prefer not to say

12. What is the highest level of education you have completed?

- ☐ Elementary School or Below
- ☐ Middle School
- ☐ High School or GED
- ☐ Some College or College Graduate
- ☐ Graduate Degree (e.g., MS, PhD) or Professional Degree After Graduating College

13. Which of the following best describes your current work status?

- ☐ Currently Working Part-Time (Including Self-Employment)
- ☐ Currently working Full-Time (Including Self-Employment)
- ☐ Unemployed – Looking for Work
- ☐ Unemployed – Disabled/Unable to Work
- ☐ Student
- ☐ Retired
- ☐ Other

14. Are you a veteran or a current member of the armed forces?

- ☐ Yes
- ☐ No

15. Which kind of health insurance or health coverage do you currently have? Please select all that apply.

- ☐ Private Health Insurance
- ☐ Medicaid
- ☐ Medicare
- ☐ Veteran Administration (VA) Coverage
- ☐ I Do Not Have Health Insurance
- ☐ Other health insurance (Please specify):

  _____

16. In the **last year** what was your combined yearly family income from all sources before taxes? Combined family income is the total amount of money from all family members living in your household.

- ☐ Less than $20,000
- ☐ $20,000 to 39,999
- ☐ $40,000 to 59,999
- ☐ $60,000 to 79,999
- ☐ $80,000 to 99,999
- ☐ 100,000 or More
- ☐ Don't Know/Don't Want to Answer

17. What is your ZIP code ?

_____

SECTION 3: GENERAL HEALTH

Next, we would like to ask you some questions about your health.

18a. Overall, how would you rate your health in the **past 4 weeks**?

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

18b. During the **past 4 weeks**, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

- ☐ Not At All
- ☐ Very Little
- ☐ Somewhat
- ☐ Quite a Lot
- ☐ Could Not Do Physical Activities

18c. During the **past 4 weeks**, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

- ☐ Not At All
- ☐ Very Little
- ☐ Somewhat
- ☐ Quite a Lot
- ☐ Could Not Do Daily Work

18d. During the **past 4 weeks**, how much energy did you have?

- ☐ Very Much
- ☐ Quite a Lot
- ☐ Some
- ☐ A Little
- ☐ None

18e. During the **past 4 weeks**, how much did your physical health or emotional problems limit your usual social activities with family or friends?

- ☐ Not At All
- ☐ Very Little
- ☐ Somewhat
- ☐ Quite a Lot
- ☐ Could Not Do Social Activities

18f. During the **past 4 weeks**, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

- ☐ Not At All
- ☐ Slightly
- ☐ Moderately
- ☐ Quite a Lot
- ☐ Extremely

18g. During the **past 4 weeks**, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

- ☐ Not At All
- ☐ Very Little
- ☐ Somewhat
- ☐ Quite a Lot
- ☐ Could not do daily activities

18h. How much bodily pain have you had in the **past 4 weeks**?

- ☐ None
- ☐ Very Mild
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very Severe

19a. Have you had any pain other than minor everyday kind of pain in **past 24 hours**?

☐ Yes
☐ No

19b. *(Display if #19a= "Yes")* Please use the scale below and choose the answers that best describe your pain in the **past 24 hours**.

Rate your pain in past 24 hours:	No Pain ⟷										As Bad as You Can Imagine
	0	1	2	3	4	5	6	7	8	9	10
a. At its WORST	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. At its LEAST	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. On AVERAGE	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. RIGHT NOW	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

20. How would you rate your sleep quality during the **past 30 days**?

☐ Very Good
☐ Fairly Good
☐ Fairly Bad
☐ Very Bad

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SECTION 4: ALCOHOL AND OTHER DRUG USE

Now we will ask about your use of alcohol and other drugs and medications.

21-23.

21. Please indicate if you used any of the following substances in the <u>past 5 years</u>	22. How has the overall amount of these substances that you use changed since starting medical marijuana?	23. If increased, decreased, or completely stopped, was this change related to medical marijuana?
☐ Alcohol	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure
☐ Tobacco/Cigarettes	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure
☐ Nicotine Vapes	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure
☐ Cocaine or Crack Cocaine	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure
☐ Hallucinogens (e.g., Mushrooms, LSD)	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure
☐ “Club Drugs” (e.g., MDMA/Ecstasy/ Molly)	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure
☐ Synthetic Marijuana (K2, Spice)	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not sure
☐ Kratom	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure

24-26.

24. Please indicate if you used any of the following substances/ medications in the <u>past 5 years</u>	25. How has the overall amount of these substances that you use changed since starting medical marijuana?	26. If increased, decreased, or completely stopped, was this change related to medical marijuana?
☐ Opioids (e.g., Oxycontin, Vicodin, Percocet, Fentanyl) **With a Prescription**	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure
☐ Opioids (e.g., Oxycontin, Vicodin, Percocet, Fentanyl) **Without a Prescription**	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure
☐ Amphetamines (e.g., methamphetamine) **With a Prescription**	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure
☐ Amphetamines (e.g., Methamphetamine) **Without a Prescription**	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure
☐ Benzodiazepines (e.g., Xanax, Valium, Ativan) **With a Prescription**	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure
☐ Benzodiazepines (e.g., Xanax, Valium, Ativan) **Without a Prescription**	☐ No Change ☐ Increased ☐ Decreased ☐ Completely Stopped ☐ N/A or Unsure	☐ Yes ☐ No ☐ Not Sure

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27. In the **past 5 years**, did you try to reduce any specific prescription medications with medical marijuana?

☐ Yes
☐ No ⟶ **Skip to Question 31.1**

28. If yes, please list up to three medications you tried to reduce with medical marijuana in **past 5 years** in the text boxes below.

Medication 1: _____

Medication 2: _____

Medication 3: _____

29. For each listed medication: **How has the overall amount of this substance that you use changed since starting medical marijuana**?

	Medication 1	Medication 2	Medication 3
No Change	☐	☐	☐
Increased	☐	☐	☐
Decreased	☐	☐	☐
Completely Stopped	☐	☐	☐
Unsure	☐	☐	☐

30. If increased, decreased, or completely stopped, was this change related to medical marijuana?

☐ Yes
☐ No

31a. (If alcohol checked in 21) How often do you have a drink containing alcohol?

☐ Never ⟶ **Skip to Question 32** (0)
☐ Monthly or Less (1)
☐ 2-4 Times a Month (2)
☐ 2-3 Times a Week (3)
☐ 4 or More Times a Week (4)

31b. On a typical day that you consume alcohol, how many standard drinks do you have?

☐ 1 or 2 (0)
☐ 3 to 4 (1)
☐ 5 to 6 (2)
☐ 7 to 9 (3)
☐ 10 or More (4)

31c. How often do you have six or more drinks on one occasion?

☐ Daily or Almost Daily (4)
☐ Weekly (3)
☐ Monthly (2)
☐ Less than Monthly (1)
☐ Never (0)

Calculated Field: AUDIT-C Score
Sum of Scored Values (#31a-31c): _____

SECTION 5: MEDICAL MARIJUANA USE

Next, we will ask about your medical/dispensary marijuana use. By "medical marijuana" we mean marijuana obtained from a dispensary using your medical marijuana card.

32. When did you first obtain a **medical marijuana** card in Florida?
Year Obtained (YYYY): _____

33. [Display if "2021" or "2022" entered for #32] How long have you been using **medical marijuana** (i.e., holding a medical marijuana card and obtaining your marijuana products from the Florida dispensaries)?

☐ Less than 1 Month
☐ 1-3 Months
☐ 3-6 Months
☐ 6 Months or More

In this next section, we want to hear about your experiences with medical marijuana products and what you have found to be the most effective, if anything.

34. Which of the following types of products have you tried from the MMJ program in Florida?

	Product Type	Check All That Apply
A.	Flower	☐
B.	Vaporizer Cartridges or Vape Pen (Liquid, not Flower)	☐
C.	Concentrates for Vaping or Smoking, such as Shatter, Rosin, Wax, Keif, or Crumble.	☐
D.	Topical: Ointments, Gels, Patches, or Creams	☐
E.	Oral Tinctures (with a Dropper)	☐
F.	Oral Concentrates, such as Distillate Syringe or RSO Syringe	☐
G.	Oral Capsules or Edibles (Chews, Lozenges, Chocolates, or Gels)	☐
H.	Other Please Specify: _____ (e.g., Inhalers, Suppositories)	☐

If **FLOWER was selected**:
These next few questions will ask about your use of marijuana flower.

35. Have you used Flower in the past 30 days?

☐ Yes
☐ No

36. If "No:" What are some of the main reasons you haven't used flower?

☐ Cost
☐ Side Effects
☐ No Longer Need It
☐ Physician Advice or Recommendation
☐ It didn't work
☐ Other (please specify: _____)

37. How often have you used the following methods to consume **marijuana flower** in the **past 30 days**?

	Never	Less Than Weekly	1-3 Times a Week	4-6 Times a Week	Every Day	Several Times a Day
Smoked Using Bowl, Pipe, One-Hitter	☐	☐	☐	☐	☐	☐
Smoked as Joint or Pre-Roll	☐	☐	☐	☐	☐	☐
Smoked as Blunt	☐	☐	☐	☐	☐	☐
Smoked Using Water Pipe or Bong	☐	☐	☐	☐	☐	☐
Vaped Using Dry Vaporizer (Volcano, Argo, etc.)	☐	☐	☐	☐	☐	☐
Cooked Into Edibles	☐	☐	☐	☐	☐	☐

38. On a typical or average day that you smoke or vape **flower**, how many times a day do you use it? *Note that if you consume more on some days than others, give the average number of times across a typical day.*

1	2	3	4	5	6	7	8	9	10 or More
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

39. On average, how many hits, tokes, or puffs do you take per session that you smoke or vape flower?

1	2	3	4	5	6	7	8	9	10 or More
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

40. On average, how many seconds do you inhale with each hit/puff when you smoke or vape flower?

1	2	3	4	5	6	7	8	9	10 or More
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

41. How long would it take you to go through one flower container of 1/8 oz (3.5 grams), if you did not share with anyone?

- ☐ 1 Day (or Less)
- ☐ About Half a Week
- ☐ 1 Week
- ☐ 2 Weeks
- ☐ 3-4 Weeks
- ☐ A Month or More

42. On average, how many 1/8 oz flower containers do you use per month? Do not count those you did not use, or those you shared or wasted?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50

43. On average, what is the THC concentration of the flower you typically use?

- ☐ Less than 5%
- ☐ 5%-10%
- ☐ 10%-15%
- ☐ 15%-20%
- ☐ 20%-25%
- ☐ 25%-30%
- ☐ More than 35%
- ☐ Don't Know/Not Sure

44. Approximately how long does it take for you to feel the effect after using Flower?

- ☐ Less than 5 Minutes
- ☐ 5-15 Minutes
- ☐ 16-30 Minutes
- ☐ 31-60 Minutes
- ☐ 1-2 Hours
- ☐ More than 2 Hours
- ☐ Not Sure

45. About how long does the effect you get from using flower last for you?

- ☐ 15-30 Minutes
- ☐ 30-60 Minutes
- ☐ 1-3 Hours
- ☐ 3-6 Hours
- ☐ 6-12 Hours
- ☐ 12-24 Hours
- ☐ More than a Day
- ☐ I Feel It All the Time
- ☐ Not Sure

46. Flower products can include both CBD and THC. What is the type of flower you use the most?

- ☐ CBD Only
- ☐ Primarily CBD (e.g., 4:1, 20:1 CBD:THC Ratio)
- ☐ Primarily THC (e.g., 1:20, 1:4 CBD:THC Ratio)
- ☐ THC Only
- ☐ I Don't Know

47. Approximately how many different strains of flower have you tried since joining the Florida medical marijuana program?

- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6-10
- ☐ 10-20
- ☐ 20-50
- ☐ 50 or More
- ☐ Not Sure, or Not Applicable

48. Which type of flower do you use the most? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I Don't Know

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If **VAPE was selected**:
These next few questions will ask about your use of marijuana vape cartridges.

49. Have you used vape cartridges in the **past 30 days**?
- ☐ Yes
- ☐ No

50. If "No:" What are some of the main reasons you haven't used flower?
- ☐ Cost
- ☐ Side Effects
- ☐ No Longer Need It
- ☐ Physician Advice or Recommendation
- ☐ It Didn't Work
- ☐ Other – Please Specify: _____

51. How often have you vaped medical marijuana (liquid NOT flower) using a vape cartridge in the **past 30 days**?
- ☐ Less Than Weekly
- ☐ 1-3 Times a Week
- ☐ 4-6 Times a Week
- ☐ Everyday

52. On a typical or average day that you smoke or vape, how many times a day do you use it?
Note that if you consume more on some days than others, give the average number of times across a typical day.

1	2	3	4	5	6	7	8	9	10 or More
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

53. On average, many hits, tokes, or puffs do you take per occasion that you vape?

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

54. On average when you vape, how many seconds do you inhale with each hit, toke, or puff?

1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

55. Approximately how long does it take to feel the effect after using your vape pen?
- ☐ Less than 5 Minutes
- ☐ 5-15 Minutes
- ☐ 16-30 Minutes
- ☐ 31-60 Minutes
- ☐ 1-2 Hours
- ☐ More than 2 Hours
- ☐ Not Sure

56. About how long does the effect of hitting a vape pen last?

- ☐ 15-30 Minutes
- ☐ 30-60 Minutes
- ☐ 1-3 Hours
- ☐ 3-6 Hours
- ☐ 6-12 Hours
- ☐ 12-24 Hours
- ☐ More than a Day
- ☐ I Feel It All the Time
- ☐ Not Sure

57. Some vape cartridges include both CBD and THC. Which type of vape cartridge do you use most often?

- ☐ CBD Only
- ☐ Primarily CBD (e.g., 4:1, 20:1 CBD:THC Ratio)
- ☐ Primarily THC (e.g., 1:20, 1:4 CBD:THC Ratio)
- ☐ THC Only
- ☐ I Don't Know

58. Approximately how many different types/strains of vapes have you tried since joining the Florida medical marijuana program?

- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6-10
- ☐ 10-20
- ☐ 20-50
- ☐ 50 or More
- ☐ Not Sure, or Not Applicable

59. Which strain type do you use most often in the vape cartridge? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I Don't Know

If **concentrates for smoking/vaping (non-liquid concentrates) were selected**:

These next few questions ask about your use of concentrates for smoking or vaping (non-liquid concentrates

60. Have you used concentrates in the **past 30 days**?

- ☐ Yes
- ☐ No

61. If "No:" What are some of the main reasons you haven't used concentrates?

- ☐ Cost
- ☐ Side Effects
- ☐ No Longer Need It
- ☐ Physician Advice or Recommendation
- ☐ It Didn't Work
- ☐ Other (please specify: _____)

62. How often have you used each of the following types of concentrates for smoking or vaping in the **past 30 days**:

	Never	Less Than Weekly	1-3 Times a Week	4-6 Times a Week	Every Day	Several Times a Day
Shatter	☐	☐	☐	☐	☐	☐
Rosin	☐	☐	☐	☐	☐	☐
Wax	☐	☐	☐	☐	☐	☐
Keif	☐	☐	☐	☐	☐	☐
Crumble	☐	☐	☐	☐	☐	☐
Dab Tab	☐	☐	☐	☐	☐	☐
Hash	☐	☐	☐	☐	☐	☐
RSO/Distillate Syringe	☐	☐	☐	☐	☐	☐

63. On a typical or average day that you smoke or vape concentrates, how many times a day do you smoke or vape concentrates?

1	2	3	4	5	6	7	8	9	10 or More
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

64. On average, many hits or puffs do you take per session that you smoke or vape concentrates?

1	2	3	4	5	6	7	8	9	10 or More
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

65. If you smoke or vape concentrates, how many seconds do you inhale with each hit/puff?

1	2	3	4	5	6	7	8	9	10 or More
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

66. How often do you consume at least 25 mg (a “rice-sized” piece or dab) of smoked or vaped concentrate?

☐ Never
☐ Monthly or Less
☐ 2-4 Times a Month
☐ 2-3 Times a Week
☐ 4-6 Times a Week
☐ Every Day

67. Approximately how long does it take to feel the effect after consuming your concentrate?

- ☐ Less than 5 Minutes
- ☐ 5-15 Minutes
- ☐ 16-30 Minutes
- ☐ 31-60 Minutes
- ☐ 1-2 Hours
- ☐ More than 2 Hours
- ☐ Not Sure

68. About how long does the effect of smoking or vaping a concentrate last?

- ☐ 15-30 Minutes
- ☐ 30-60 Minutes
- ☐ 1-3 Hours
- ☐ 3-6 Hours
- ☐ 6-12 Hours
- ☐ 12-24 Hours
- ☐ More than a Day
- ☐ I Feel It All the Time
- ☐ Not Sure

69. What is the percentage of THC in the concentrate that you smoke/vape the most?

- ☐ Less than 30%
- ☐ 31%-40%
- ☐ 41%-50%
- ☐ 51%-60%
- ☐ 61%-70%
- ☐ 71%-80%
- ☐ More than 80%
- ☐ Don't Know/Not Sure

70. Approximately how many different strains or types of concentrates have you tried since joining the Florida medical marijuana program?

- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6-10
- ☐ 10-20
- ☐ 20-50
- ☐ 50 or More
- ☐ Not Sure, or Not Applicable

71. Which strain type do you use the most in concentrates that you smoke or vape? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I Don't Know

If **topical was selected**:
These next few questions will ask about your use of topical marijuana products

72. Have you used topicals in the **past 30 days**?

☐ Yes
☐ No

73. If "No:" What are some of the main reasons you haven't used topicals?

☐ Cost
☐ Side Effects
☐ No Longer Need It
☐ Physician Advice or Recommendation
☐ It Didn't Work
☐ Other (please specify: _____)

74. How often have you used each of the following types of topicals in the **past 30 days**:

	Never	Less Than Weekly	1-3 Times a Week	4-6 Times a Week	Every Day	Several Times a Day
Patch	☐	☐	☐	☐	☐	☐
Cream or Lotion	☐	☐	☐	☐	☐	☐
Balm or Salve	☐	☐	☐	☐	☐	☐
Spray	☐	☐	☐	☐	☐	☐
Transdermal Gel	☐	☐	☐	☐	☐	☐
Oil	☐	☐	☐	☐	☐	☐

75. On a typical or average day that you apply topical products, how many times a day do you apply it? *Note that if you use more some days than others, we are still looking for the average number of times across a typical day.*

☐ 1 Times a Day
☐ 2 Times a Day
☐ 3 Times a Day
☐ 4 Times a Day
☐ 5 Times a Day
☐ 6 Times a Day
☐ 7 Times a Day
☐ 8 Times a Day
☐ 9 Times a Day
☐ 10 or More Times a Day

76. Approximately how long does it take to feel the effect after using your topical product?

☐ Less than 5 Minutes
☐ 5-15 Minutes
☐ 16-30 Minutes
☐ 31-60 Minutes
☐ 1-2 Hours
☐ More than 2 Hours
☐ Not Sure

77. About how long does the effect of the topical last?

- ☐ 15-30 Minutes
- ☐ 30-60 Minutes
- ☐ 1-3 Hours
- ☐ 3-6 Hours
- ☐ 6-12 Hours
- ☐ 12-24 Hours
- ☐ More than a Day
- ☐ I Feel It All the Time
- ☐ Not Sure

78. Some topical products include both CBD and THC. What is the type of topical you use most often?

- ☐ CBD Only
- ☐ Primarily CBD (e.g., 4:1, 20:1 CBD:THC Ratio)
- ☐ Primarily THC (e.g., 1:20, 1:4 CBD:THC Ratio)
- ☐ THC Only
- ☐ I Don't Know

79. Approximately, how many different types/strains of topical products have you tried since joining the Florida medical marijuana program?

- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6-10
- ☐ 10-20
- ☐ 20-50
- ☐ 50 or More
- ☐ Not Sure, or Not Applicable

80. Which strain type do you use the most in your topical products? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I Don't Know

If **Oral tinctures (with a dropper) were selected**:

These next few questions will ask about your use of oral tinctures (with a dropper).

81. Have you used topicals in the **past 30 days**?

- ☐ Yes
- ☐ No

82. If "No:" What are some of the main reasons you haven't used topicals?

- ☐ Cost
- ☐ Side Effects
- ☐ No Longer Need It
- ☐ Physician Advice or Recommendation
- ☐ It Didn't Work
- ☐ Other (please specify: _____)

83. How often have you used oral tinctures with a dropper in the **past 30 days**?

- ☐ Less Than Weekly
- ☐ 1-3 Times a Week
- ☐ 4-6 Times a Week
- ☐ Everyday

84. Occasions per day: On a typical or average day that you use oral tinctures, how many times a day do you use it? *Note that if you consume more on some days than others, give the average number of times across a typical day.*

- ☐ 1 Times a Day
- ☐ 2 Times a Day
- ☐ 3 Times a Day
- ☐ 4 Times a Day
- ☐ 5 Times a Day
- ☐ 6 Times a Day
- ☐ 7 Times a Day
- ☐ 8 Times a Day
- ☐ 9 Times a Day
- ☐ 10 or More Times a Day

85. On average, how many milliliters do you consume per session that you use a tincture?

- ☐ A few drops (<0.25ml)
- ☐ ¼ dropper (0.25ml)
- ☐ ½ dropper (0.5ml)
- ☐ ¾ dropper (0.75 ml)
- ☐ Full dropper (1ml)
- ☐ More than 1 dropper (>1ml)

86. On average when using your tincture, how much **THC** do you consume each time?

- ☐ Less than 5mg THC
- ☐ 5mg THC
- ☐ 10mg THC
- ☐ 15mg THC
- ☐ 25mg THC
- ☐ 30mg THC
- ☐ 50mg THC
- ☐ 100 mg THC
- ☐ More than 100 mg THC
- ☐ Don't Know

87. On average when using your tincture, how much **CBD** do you consume each time?

- ☐ Less than 5mg CBD
- ☐ 5mg CBD
- ☐ 10mg CBD
- ☐ 15mg CBD
- ☐ 25mg CBD
- ☐ 30mg CBD
- ☐ 50mg CBD
- ☐ 100 mg CBD
- ☐ More than 100 mg CBD
- ☐ I Don't Know

88. Approximately how long does it take to feel the effect after using your tincture?

- ☐ Less than 5 Minutes
- ☐ 5-15 Minutes
- ☐ 16-30 Minutes
- ☐ 31-60 Minutes
- ☐ 1-2 Hours
- ☐ More than 2 Hours
- ☐ Not Sure

89. About how long does the effect of the tincture last?

- ☐ 15-30 Minutes
- ☐ 30-60 Minutes
- ☐ 1-3 Hours
- ☐ 3-6 Hours
- ☐ 6-12 Hours
- ☐ 12-24 Hours
- ☐ More than a Day
- ☐ I Feel It All the Time
- ☐ Not Sure

90. Some tinctures include both CBD and THC. What is the type of tincture you use most often?

- ☐ CBD Only
- ☐ Primarily CBD (e.g., 4:1, 20:1 CBD:THC Ratio)
- ☐ Primarily THC (e.g., 1:20, 1:4 CBD:THC Ratio)
- ☐ THC Only
- ☐ I don't know

91. Approximately how many different types/ strains of tincture have you tried since joining the Florida medical marijuana program?

- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6-10
- ☐ 10-20
- ☐ 20-50
- ☐ 50 or More
- ☐ Not Sure, or Not Applicable

92. Which strain type do you use the most in tictures? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I Don't Know

If **oral concentrates (e.g., distillate syringe or RSO syringe) were selected**:
These next few questions will ask about your use of oral concentrates (e.g., distillate syringe or RSO syringe)

93. Have you used oral concentrates in the **past 30 days**?

☐ Yes
☐ No

94. If "No:" What are some of the main reasons you haven't used oral concentrates?

☐ Cost
☐ Side Effects
☐ No Longer Need It
☐ Physician Advice or Recommendation
☐ It didn't work
☐ Other (please specify: _____)

95. How often have you used oral concentrates using the following methods in **past 30 days**:

	Never	Less Than Weekly	1-3 Times a Week	4-6 Times a Week	Every Day	Several Times a Day
Distillate Syringe	☐	☐	☐	☐	☐	☐
RSO Syringe	☐	☐	☐	☐	☐	☐

96. On a typical average day that you take oral concentrates, how many times per day do you use oral concentrates? *Note that if you use more some days than others, we are still looking for the average number of times across a typical day.*

☐ 1 Times a Day
☐ 2 Times a Day
☐ 3 Times a Day
☐ 4 Times a Day
☐ 5 Times a Day
☐ 6 Times a Day
☐ 7 Times a Day
☐ 8 Times a Day
☐ 9 Times a Day
☐ 10 or More Times a Day

97. On average, how much of oral concentrate do you take per occasion?

☐ 1 Rice-Sized Grain
☐ 2 Rice-Sized Grains
☐ 3 Rice-Sized Grains
☐ 4 or More Rice-Sized Grains

98. Approximately how long does it take to feel the effect after using your oral concentrate?

- ☐ Less than 5 Minutes
- ☐ 5-15 Minutes
- ☐ 16-30 Minutes
- ☐ 31-60 Minutes
- ☐ 1-2 Hours
- ☐ More than 2 Hours
- ☐ Not Sure

99. About how long does the effect of the oral concentrate last?

- ☐ 15-30 Minutes
- ☐ 30-60 Minutes
- ☐ 1-3 Hours
- ☐ 3-6 Hours
- ☐ 6-12 Hours
- ☐ 12-24 Hours
- ☐ More than a Day
- ☐ I Feel It All the Time
- ☐ Not Sure

100. Some oral concentrates include both CBD and THC. What is the type of tincture you use most often?

- ☐ CBD Only
- ☐ Primarily CBD (e.g., 4:1, 20:1 CBD:THC Ratio)
- ☐ Primarily THC (e.g., 1:20, 1:4 CBD:THC Ratio)
- ☐ THC Only
- ☐ I Don't Know

101. Approximately how many different types/strains of oral concentrate have you tried since joining the Florida medical marijuana program?

- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6-10
- ☐ 10-20
- ☐ 20-50
- ☐ 50 or More
- ☐ Not Sure, or Not Applicable

102. Which strain type do you use the most in oral concentrates? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I Don't Know

If **oral capsules/edibles were selected**:

These next few questions will ask about your use of oral capsules/edibles

103. Have you used edibles/capsules in the **past 30 days**?

- ☐ Yes
- ☐ No

104. If "No:" What are some of the main reasons you haven't used edibles/capsules?

- ☐ Cost
- ☐ Side Effects
- ☐ No Longer Need It
- ☐ Physician Advice or Recommendation
- ☐ It Didn't Work
- ☐ Other (please specify: _____)

105. How often have you used the following oral methods using the following methods in **past 30 days**:

	Never	Less Than Weekly	1-3 Times a Week	4-6 Times a Week	Every Day	Several Times a Day
Capsules/Tablets	☐	☐	☐	☐	☐	☐
Gel/Gummies	☐	☐	☐	☐	☐	☐
Brownie/Cookie	☐	☐	☐	☐	☐	☐

106. On a typical or average day that you take capsules/edibles, how many times per day do you use capsules or edibles? *Note that if you use more some days than others, we are still looking for the average number of times across a typical day.*

- ☐ 1 Times a Day
- ☐ 2 Times a Day
- ☐ 3 Times a Day
- ☐ 4 Times a Day
- ☐ 5 Times a Day
- ☐ 6 Times a Day
- ☐ 7 Times a Day
- ☐ 8 Times a Day
- ☐ 9 Times a Day
- ☐ 10 or More Times a Day

107. On average when taking capsules or edibles, how much **THC** do you consume each time?

- ☐ Less than 5mg THC
- ☐ 5mg THC
- ☐ 10mg THC
- ☐ 15mg THC
- ☐ 25mg THC
- ☐ 30mg THC
- ☐ 50mg THC
- ☐ 100 mg THC
- ☐ More than 100 mg THC
- ☐ Don't Know

CONTINUE TO NEXT PAGE >

108. On average when taking capsules or edibles, how much **CBD** do you consume each time?
- ☐ Less than 5mg CBD
- ☐ 5mg CBD
- ☐ 10mg CBD
- ☐ 15mg CBD
- ☐ 25mg CBD
- ☐ 30mg CBD
- ☐ 50mg CBD
- ☐ 100 mg CBD
- ☐ More than 100 mg CBD
- ☐ Don't Know

109. Approximately how long does it take to feel the effect after consuming your capsule or edibles?
- ☐ Less than 5 Minutes
- ☐ 5-15 Minutes
- ☐ 16-30 Minutes
- ☐ 31-60 Minutes
- ☐ 1-2 Hours
- ☐ More than 2 Hours
- ☐ Not Sure

110. About how long does the effect of the capsule or edible last?
- ☐ 15-30 Minutes
- ☐ 30-60 Minutes
- ☐ 1-3 Hours
- ☐ 3-6 Hours
- ☐ 6-12 Hours
- ☐ 12-24 Hours
- ☐ More than a Day
- ☐ I Feel It All the Time
- ☐ Not Sure

111. Some capsules/edibles include both CBD and THC. What is the type of tincture you use most often?
- ☐ CBD Only
- ☐ Primarily CBD (e.g., 4:1, 20:1 CBD:THC Ratio)
- ☐ Primarily THC (e.g., 1:20, 1:4 CBD:THC Ratio)
- ☐ THC Only
- ☐ I Don't Know

112. Approximately how many different types/strains of capsules/edibles have you tried since joining the Florida medical marijuana program?
- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6-10
- ☐ 10-20
- ☐ 20-50
- ☐ 50 or More
- ☐ Not Sure, or Not Applicable

113. Which strain type do you use the most in capsules/edibles? (Choose all that apply)
- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I Don't Know

*[Display **H** if "Other" selected in #34]*
Now we will ask you some questions about your use of ["Other" products tried].

If you selected **Other** as a product type, please answer the following questions:
114. Is the product:
- ☐ An Inhaler
- ☐ A Rectal Suppository
- ☐ A Sublingual Spray
- ☐ Other (please specify: _____)

115. How often have you used this product in the **past 30 days**?
- ☐ Never
- ☐ Less Than Weekly
- ☐ 1-3 Times a Week
- ☐ 4-6 Times a Week
- ☐ Every Day

116. If "Never:" What are some of the main reasons you haven't used this product?
- ☐ Cost
- ☐ Side Effects
- ☐ No Longer Need It
- ☐ Physician Advice or Recommendation
- ☐ It Didn't Work
- ☐ Other (please specify: _____)

117. On a typical or average day that you use this product, how many times per day do you use it? *Note that if you use more some days than others, we are still looking for the average number of times across a typical day.*

- ☐ 1 Time a Day
- ☐ 2 Times a Day
- ☐ 3 Times a Day
- ☐ 4 Times a Day
- ☐ 5 Times a Day
- ☐ 6 Times a Day
- ☐ 7 Times a Day
- ☐ 8 Times a Day
- ☐ 9 Times a Day
- ☐ 10 or More Times a Day

118. Have you found a method of using and/or a product type or strain that you prefer overall?

- ☐ Yes
- ☐ No

If "Yes":

119. What method of using medical marijuana do you prefer? **Please check all that apply.**

- ☐ Flower
- ☐ Vape
- ☐ Concentrate (Smoking)
- ☐ Tincture
- ☐ Topical
- ☐ Oral Concentrate
- ☐ Capsule/Edible
- ☐ Other
- ☐ None of These

120. Please enter the strain or product name you perfer overall (if any):

_____

CONTINUE TO NEXT PAGE >

SECTION 6: MEDICAL MARIJUANA & HEALTH

Now we are going to ask you some questions about your medical conditions and symptoms and how they are affected by medical marijuana

121-122

121. Please mark any of the health conditions that you have been diagnosed with by a healthcare professional.	122. For each of your conditions, is this one of the main reasons you are seeking to use medical marijuana?
☐ Anxiety	☐ Yes ☐ No
☐ Depression	☐ Yes ☐ No
☐ Post-Traumatic Stress Disorder (PTSD)	☐ Yes ☐ No
☐ Attention-Deficit/Hyperactivity Disorder (ADHD)	☐ Yes ☐ No
☐ Bipolar disorder	☐ Yes ☐ No
☐ Schizophrenia	☐ Yes ☐ No
☐ Insomnia/sleeping problems	☐ Yes ☐ No
☐ Migraine/Headaches	☐ Yes ☐ No
☐ Fibromyalgia	☐ Yes ☐ No
☐ Chronic Pain	☐ Yes ☐ No
☐ Cancer	☐ Yes ☐ No
☐ Amyotrophic Lateral Sclerosis (ALS)	☐ Yes ☐ No
☐ Asthma	☐ Yes ☐ No
☐ Chronic Lung Disease	☐ Yes ☐ No
☐ High Blood Pressure	☐ Yes ☐ No
☐ Heart Disease	☐ Yes ☐ No
☐ Diabetes	☐ Yes ☐ No
☐ Kidney Disease/Dialysis	☐ Yes ☐ No
☐ Crohn's Disease/Ulcerative Colitis	☐ Yes ☐ No
☐ Stroke	☐ Yes ☐ No
☐ Multiple Sclerosis (MS)	☐ Yes ☐ No
☐ Parkinson's Disease	☐ Yes ☐ No
☐ Epilepsy/Seizure disorder	☐ Yes ☐ No
☐ Alzheimer's Disease or Dementia	☐ Yes ☐ No
☐ Glaucoma	☐ Yes ☐ No
☐ HIV/AIDS	☐ Yes ☐ No
☐ Other (Please specify: _____)	☐ Yes ☐ No
☐ None of these	(skip column if "none of these" checked)

Answer Questions 123-128 <u>if cancer was selected</u>

123. You selected cancer as a condition that you have or had. What type of cancer did you have, or currently have (e.g., breast cancer)?

_____

124. Did the cancer that you have or had spread to other sites in your body (i.e., did it metastasize)?

☐ Yes
☐ No
☐ I Don't Know/Not Sure

125. For which of the following reasons related to cancer are you seeking to use medical marijuana? **Please select all that apply.**

☐ To Relieve Pain
☐ To Relieve Nausea and Vomiting
☐ To Relieve Treatment Related Side-Effects
☐ To Relieve Anxiety
☐ To Relieve Depression
☐ To Relieve Sleep Disturbance
☐ To Relieve Fatigue
☐ To Increase Appetite and Gain Weight
☐ To Improve Overall Quality of Life/Well-Being
☐ To Treat Cancer (Anticancer Treatment)
☐ Other, Please Describe: _____
☐ None of These

126. Which statement best describes your current cancer status?

☐ Diagnosed with Cancer but Haven't Started Treatment
☐ I Am Currently Receiving Treatment
☐ I Am in Remission
☐ I Am Cured

127. <u>(If currently receiving treatment)</u> what is the cancer treatment you are currently receiving? **Please check all that apply.**

☐ Chemotherapy
☐ Radiation Therapy
☐ Hormone Therapy
☐ Surgery
☐ Other Cancer Treatment (Not Including Radiation Therapy, Chemotherapy, or Hormone Therapy)
Please Specify: _____

128. Does your oncology (cancer treatment) care provider know about your use medical marijuana?

☐ Yes
☐ No
☐ N/A, I Currently Don't Have an Oncology Care Provider

129. Which condition(s) did your physician certify you for medical marijuana use? **Please check all that apply.**

- ☐ Cancer
- ☐ Chronic Nonmalignant Pain
- ☐ Epilepsy
- ☐ Glaucoma
- ☐ HIV/AIDS
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Amyotrophic Lateral Sclerosis (ALS)
- ☐ Crohn's Disease
- ☐ Parkinson's Disease
- ☐ Multiple Sclerosis (MS)
- ☐ Medical conditions of the same kind or class as or comparable to the others listed.
- ☐ A terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification
- ☐ I Haven't Been Certified for Medical Marijuana Yet
- ☐ I Don't Know
- ☐ Something Else (Please Specify): _____

130.

Health Condition	130. How has medical marijuana affected each of your conditions or symptoms?
Anxiety	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Depression	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Post-Traumatic Stress Disorder (PTSD)	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Attention-Deficit/Hyperactivity Disorder (ADHD)	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Bipolar disorder	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Schizophrenia	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure

Insomnia/sleeping problems	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Migraine/Headaches	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Fibromyalgia	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Chronic Pain	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Cancer	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Amyotrophic Lateral Sclerosis (ALS)	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Asthma	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Chronic Lung Disease	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
High Blood Pressure	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Heart Disease	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Diabetes	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure

Kidney Disease/Dialysis	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Crohn's Disease/Ulcerative Colitis	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Stroke	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Multiple Sclerosis (MS)	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Parkinson's Disease	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Epilepsy/Seizure disorder	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Alzheimer's Disease or Dementia	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Glaucoma	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
HIV/AIDS	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
Other (Please specify: _____)	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure
☐ None of these	☐ Better ☐ Worse ☐ No Change ☐ N/A - Unsure

131-133. Please fill out this form according to the health conditions that apply to you:

Health Condition	131. For each of these conditions, have you found a specific method of using and/or a product type or strain that is most effective?	132. (If checked "yes") What method of using medical marijuana is most effective for this condition (Check all that apply)?	133. (If checked "yes") Please enter the name of the medical marijuana strain or product type that is most effective for each condition (e.g., "9lb hammer", "pineapple sunset"):
Anxiety	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Depression	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Post-Traumatic Stress Disorder (PTSD)	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Attention-Deficit/ Hyperactivity Disorder (ADHD)	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____

Bipolar disorder	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Schizophrenia	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Insomnia/ sleeping problems	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Migraine/ Headaches	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Fibromyalgia	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____

Chronic Pain	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Cancer	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Amyotrophic Lateral Sclerosis (ALS)	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Asthma	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Chronic Lung Disease	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____

High Blood Pressure	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Heart Disease	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Diabetes	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Kidney Disease/ Dialysis	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Crohn's Disease/ Ulcerative Colitis	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____

Stroke	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Multiple Sclerosis (MS)	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Parkinson's Disease	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Epilepsy/ Seizure disorder	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Alzheimer's Disease or Dementia	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____

Glaucoma	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
HIV/AIDS	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____
Other (Please specify: _____)	☐ Yes ☐ No	☐ Flower ☐ Vape ☐ Concentrate (Smoking) ☐ Tincture ☐ Topical ☐ Oral Concentrate ☐ Capsule/Edible ☐ Other	_____ _____ _____

134. Is there a beneficial effect of medical marijuana on your health that you have noticed that has not been covered in this section?

☐ Yes
☐ No

134.1. If yes, please explain the beneficial effect you have noticed:

_____

CONTINUE TO NEXT PAGE >

135-136.

135. During the <u>past 2 weeks</u>, how much have you been bothered by any of the following? Please check all that apply.	136. Were any of these symptoms related to medical marijuana?
☐ Pounding or Racing Heart (Palpitations)	☐ Yes ☐ No ☐ I Don't Know
☐ Shortness of Breath	☐ Yes ☐ No ☐ I Don't Know
☐ Cough	☐ Yes ☐ No ☐ I Don't Know
☐ Dry Mouth	☐ Yes ☐ No ☐ I Don't Know
☐ Decreased Appetite	☐ Yes ☐ No ☐ I Don't Know
☐ Increased Appetite	☐ Yes ☐ No ☐ I Don't Know
☐ Nausea	☐ Yes ☐ No ☐ I Don't Know
☐ Vomiting	☐ Yes ☐ No ☐ I Don't Know
☐ Constipation	☐ Yes ☐ No ☐ I Don't Know
☐ Diarrhea	☐ Yes ☐ No ☐ I Don't Know
☐ Problems with Sexual Function	☐ Yes ☐ No ☐ I Don't Know
☐ Insomnia or Difficulty Sleeping	☐ Yes ☐ No ☐ I Don't Know
☐ Memory Problems or Forgetfulness	☐ Yes ☐ No ☐ I Don't Know
☐ Paranoid or Overly Suspicious	☐ Yes ☐ No ☐ I Don't Know

☐ Speech Difficulties	☐ Yes ☐ No ☐ I Don't Know
☐ Dizziness or Light Headedness	☐ Yes ☐ No ☐ I Don't Know
☐ Trouble with Balance or Walking	☐ Yes ☐ No ☐ I Don't Know
☐ Sleepiness	☐ Yes ☐ No ☐ I Don't Know
☐ Fatigue/Low Energy	☐ Yes ☐ No ☐ I Don't Know
☐ Problems Driving	☐ Yes ☐ No ☐ I Don't Know
☐ Blurred Vision	☐ Yes ☐ No ☐ I Don't Know
☐ Headache	☐ Yes ☐ No ☐ I Don't Know
☐ Numbness or Tingling	☐ Yes ☐ No ☐ I Don't Know
☐ Hot or Cold Sensations	☐ Yes ☐ No ☐ I Don't Know
☐ Swelling of the Arms or Legs (Edema)	☐ Yes ☐ No ☐ I Don't Know
☐ Itchy Skin or Rash	☐ Yes ☐ No ☐ I Don't Know
☐ Excessive Sweating	☐ Yes ☐ No ☐ I Don't Know
☐ Other (Please Specify: _____)	☐ Yes ☐ No ☐ I Don't Know

137. Since you started using medical marijuana, have you experienced any severe side effects when you were using medical marijuana that required an emergency room visit, seeing a physician, being hospitalized, or maybe caused you to feel extremely sick for a few hours?

☐ Yes
☐ No ⟶ **Skip to Question 152**
☐ Not Sure ⟶ **Skip to Question 152**

If Yes:

138. Please briefly describe what happened: _____

139. How often did you experience this side effect?

☐ Only Once
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

140. Were you using any of the following with medical marijuana when this happened? **Check all that apply**.

☐ Alcohol
☐ Opioids
☐ Other Substances (Please Specify: _____)
☐ Prescription Medications (Please Specify: _____)
☐ None

141. Which mode of consumption, were you using when experiencing the side effect? **Check all that apply**.

☐ Flower
☐ Vaporizer Cartridges/Vape Pen
☐ Concentrates (for Vaping/Smoking), such as Shatter, Rosin, Wax, Keif, or Crumble
☐ Topical (such as Ointments/Gels/Patches/Creams)
☐ Oral Tinctures (with a Dropper)
☐ Oral Concentrates (such as Distillate Syringe/RSO Syringe)
☐ Oral Capsules/Edibles (Chews/Lozenges/Chocolates/Gels)

[QUESTIONS 137-141 ARE REPEATED UP TO TWO MORE TIMES IF USER INDICATES MORE THAN ONE SEVERE SIDE EFFECT EXPERIENCED]

CONTINUE TO NEXT PAGE >

SECTION 7: ADDITIONAL QUESTIONS

152. On average, how much do you spend on your medical marijuana product/s in a typical month? Please give your best estimation.

- ☐ $50 or Less
- ☐ $51-$100
- ☐ $101-$200
- ☐ $201- $300
- ☐ $301-$400
- ☐ $401-$500
- ☐ $501-$600
- ☐ More than $600

153. Some people consider their reasons for marijuana use to be medical or therapeutic (e.g., treat a specific health problem or symptom). Others consider their reasons for use to be recreational (e.g., for enjoyment). Others use it for both reasons. Which of the following best describes how much of your marijuana use is for recreational reasons vs. medical reasons?

Completely Recreational	Mostly Recreational	Equally Recreational and Medical	Mostly Medical	Completely Medical
☐	☐	☐	☐	☐

154. Please indicate how influential the following factors have been on which medical marijuana products you have tried so far:

	Not At All Influential	Slightly Influential	Somewhat Influential	Very Influential	Extremely Influential
The Specific Recommendations from Your Physician	☐	☐	☐	☐	☐
Staff at the Dispensaries	☐	☐	☐	☐	☐
Your Previous Experiences	☐	☐	☐	☐	☐
Recommendations from Family/Friends/Colleagues	☐	☐	☐	☐	☐
Online Sources (Reddit, Social Media, Websites)	☐	☐	☐	☐	☐
Dispensary Web Sites	☐	☐	☐	☐	☐
Price	☐	☐	☐	☐	☐
Products On Sale	☐	☐	☐	☐	☐
What Products are Available at the Time	☐	☐	☐	☐	☐

155. How much do you agree with the following statements?

	Strongly Disagree	Disagree	Neutral/ Not Sure	Agree	Strongly Agree
Marijuana Products with High THC Content are More Effective for my Conditions or Symptoms	☐	☐	☐	☐	☐
I Prefer Products that are Lower in THC	☐	☐	☐	☐	☐
CBD is Important to Include in my Medical Marijuana Products	☐	☐	☐	☐	☐
Terpenes are Important to Include in my Medical Marijuana Products	☐	☐	☐	☐	☐

156. Are any of your other care providers (e.g., primary care physician, neurologist, gynecologist, etc.) informed about your medical marijuana use?

☐ Yes
☐ No

157. Would you be interested in growing your own marijuana flower if it was legal in Florida?

☐ Yes
☐ No
☐ Maybe

158. How concerned are you about being addicted or dependent on medical marijuana?

☐ Very Concerned
☐ Concerned
☐ Neither Concerned nor Unconcerned
☐ Unconcerned
☐ Very Unconcerned

159. How likely are you to be taking medical marijuana in a year from now?

☐ Very Unlikely
☐ Somewhat Unlikely
☐ Not Sure
☐ Somewhat Likely
☐ Very Likely

160. What other important topics do you think we should research that weren't covered in this survey?

_____
_____
_____

This is the end of the survey! Thank you for completing it!