Medical Marijuana & Me

BASELINE SURVEY
9 Month Follow Up

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 5 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: GENERAL HEALTH

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

A1. Overall, how would you rate your health in the past 4 weeks?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

A2. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor

A3. 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

A4. How much bodily pain have you had in the past 4 weeks?

- ☐ None
- ☐ Very mild
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

A5. During the past 4 weeks, how much energy did you have?

- ☐ Very much
- ☐ Quite a lot
- ☐ Some
- ☐ A little
- ☐ None

A6. 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

A7. During the past 4 weeks, how much have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

- ☐ Not at all
- ☐ Very little
- ☐ Slightly
- ☐ Moderately
- ☐ Quite a lot
- ☐ Extremely

A8. 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

A9-A12.

In your life, have you ever had any experience that was so frightening, horrible, or upsetting such that, in the past 30 days, you…	Yes	No
Have had nightmares about it or thought about it when you did not want to?	☐	☐
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	☐	☐
Were constantly on guard, watchful, or easily startled?	☐	☐
Felt numb or detached from others, activities, or your surroundings?	☐	☐

A13. How would you rate your sleep quality during the **past 30 days**?

- ☐ Very good
- ☐ Fairly good
- ☐ Fairly bad
- ☐ Very bad

A14-A21.

Over the past 2 weeks, how often have you been bothered by the following problems?	Not At All	Several Days	Over Half the Days	Nearly Every Day
Little interest or pleasure in doing things	☐	☐	☐	☐
Feeling down, depressed or hopeless	☐	☐	☐	☐
Trouble falling asleep, staying asleep, or sleeping too much	☐	☐	☐	☐
Feeling tired or having little energy	☐	☐	☐	☐
Poor appetite or overeating	☐	☐	☐	☐
Feeling bad about yourself - or that you're a failure or have let yourself or your family down	☐	☐	☐	☐
Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐

A22-A28.

Over the past 2 weeks, how often have you been bothered by the following problems?	Not At All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge	☐	☐	☐	☐
Not being able to stop or control worrying	☐	☐	☐	☐
Worrying too much about different things	☐	☐	☐	☐
Trouble relaxing	☐	☐	☐	☐
Being so restless that it's hard to sit still	☐	☐	☐	☐
Becoming easily annoyed or irritable	☐	☐	☐	☐
Feeling afraid as if something awful might happen	☐	☐	☐	☐

A29. Have you had any pain other than minor everyday kind of pain in the past 24 hours?

☐ Yes

☐ No ⟶ **Skip to Question A38**

A30-33. 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
At its WORST	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
At its LEAST	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
On AVERAGE	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
RIGHT NOW	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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A34-A37. In the table below, we would like to know much how if at all pain interfered with any aspect of your life in the **past 7 days.**

	Not At All	A Little Bit	Somewhat	Quite A Lot	Very Much
How much did pain interfere with your day-to-day activities?	☐	☐	☐	☐	☐
How much did pain interfere with work around the home?	☐	☐	☐	☐	☐
How much did pain interfere with your ability to participate in social activities?	☐	☐	☐	☐	☐
How much did pain interfere with your household chores?	☐	☐	☐	☐	☐

A38-A54. People have a lot of different feelings. Please tell us how much, if at all, you've experienced the following feelings in the past 7 days.

In the past 7 days…	Not At All	A Little Bit	Somewhat	Quite A Lot	Very Much
I felt cheerful.	☐	☐	☐	☐	☐
I felt attentive.	☐	☐	☐	☐	☐
I felt delighted.	☐	☐	☐	☐	☐
I felt happy.	☐	☐	☐	☐	☐
I felt joyful.	☐	☐	☐	☐	☐
I felt enthusiastic.	☐	☐	☐	☐	☐
I felt determined.	☐	☐	☐	☐	☐
I felt interested.	☐	☐	☐	☐	☐
I was thinking creatively.	☐	☐	☐	☐	☐
I liked myself.	☐	☐	☐	☐	☐
I felt peaceful.	☐	☐	☐	☐	☐
I felt good-natured.	☐	☐	☐	☐	☐
I felt useful.	☐	☐	☐	☐	☐
I felt understood.	☐	☐	☐	☐	☐
I felt content.	☐	☐	☐	☐	☐
I felt energetic.	☐	☐	☐	☐	☐
I felt motivated.	☐	☐	☐	☐	☐

A55-A61. People have a lot of different feelings. Please tell us how often you've experienced the following feelings in the past 7 days.

In the past 7 days…	Never	Rarely	Sometimes	Often	Always
I was irritated more than people knew.	☐	☐	☐	☐	☐
I felt angry.	☐	☐	☐	☐	☐
I felt like I was ready to explode.	☐	☐	☐	☐	☐
I was grouchy.	☐	☐	☐	☐	☐
I felt annoyed.	☐	☐	☐	☐	☐
I felt fearful.	☐	☐	☐	☐	☐
I felt suffering.	☐	☐	☐	☐	☐

A63. [*Display if cancer diagnosis was indicated in baseline survey*] 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

A64. [*Display if cancer diagnosis was indicated in baseline survey*] What is the cancer treatment you are currently using? Please check all that apply.

☐ Chemotherapy
☐ Radiation therapy
☐ Hormone therapy
☐ Surgery
☐ Other cancer treatment (not including chemotherapy, radiation or hormone therapy). Please specify: _____

A65. [*Display if cancer diagnosis was indicated in baseline survey*] Does your oncology (cancer treatment) care provider know about your use of medical marijuana?

☐ Yes
☐ No
☐ N/A, I currently don't have an oncology care provider

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SECTION 2: ALCOHOL AND OTHER DRUG USE

Next, we will ask about your use of alcohol or other substances and/ or medicines.

B1. How often do you have a drink containing alcohol?

- ☐ Never ⟶ **Skip to question B4**
- ☐ Monthly or Less
- ☐ 2-4 Times a Month
- ☐ 2-3 Times a Week
- ☐ 4 or More Times a Week

B2. On a typical day that you consume alcohol, how many standard drinks did you have?

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

B3. In the **past 6 months**, how often did you have six or more drinks on one occasion?

- ☐ Daily or Almost Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Less than Monthly
- ☐ Never

B4. Do you now smoke cigarettes every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all
- ☐ Don't know / not sure
- ☐ Prefer not to answer

B5. **If B4 = "Every Day" or "Some Days"**, During the **past 6 months**, have you stopped smoking for one day or longer because you were trying to quit smoking?

- ☐ Yes
- ☐ No
- ☐ Don't know / not sure
- ☐ Prefer not to answer

B6. Have you used an e-cigarette or other electronic vaping product, even just one time, in the past 6 months?

- ☐ Yes
- ☐ No
- ☐ Don't know / not sure
- ☐ Prefer not to answer

B7. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all
- ☐ Don't know / not sure
- ☐ Prefer not to answer

B8-B17.

How often have you used the following substances in the past 30 days?	Not At All	1-2 Times	About Once a Week	About Once a Day	Several Times a Day
Opioids (e.g., Oxycontin, Vicodin, Percocet, Fentanyl) **with a prescription**	☐	☐	☐	☐	☐
Opioids (e.g., Oxycontin, Vicodin, Percocet, Fentanyl, Heroin) **without a prescription**	☐	☐	☐	☐	☐
Amphetamines (e.g., speed/methamphetamine) **with a prescription**	☐	☐	☐	☐	☐
Amphetamines (e.g., speed/methamphetamine) **without a prescription**	☐	☐	☐	☐	☐
Benzodiazepines (e.g., Xanax, Valium, Ativan) **with a prescription**	☐	☐	☐	☐	☐
Benzodiazepines (e.g., Xanax, Valium, Ativan) **without a prescription**	☐	☐	☐	☐	☐
Cocaine or Crack Cocaine	☐	☐	☐	☐	☐
Hallucinogens (e.g., LSD, PCP, Ecstasy or MDMA)	☐	☐	☐	☐	☐
Synthetic Marijuana (K2, spice)	☐	☐	☐	☐	☐
Kratom	☐	☐	☐	☐	☐

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SECTION 3: MEDICAL MARIJUANA USE

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

C1. We understand that you started to use medical marijuana in the **past 9 months**. Are you still using it?

☐ Yes
☐ No ⟶ **Skip to Question C11**

C2. If #C1 = "Yes", Are you thinking about stopping your medical marijuana use?

☐ Yes
☐ No ⟶ **Skip to Question C20**
☐ Not sure ⟶ **Skip to Question C20**

C3-C10. What are your main reasons for wanting to stop your medical marijuana use? Please select all that apply.

☐ Cost
☐ Side effects
☐ No longer need it
☐ Physician advice or recommendation
☐ Job requirement of legal barriers (e.g., public services, for my job, etc.)
☐ It didn't work / never found a product that worked well
☐ I am worried about how medical marijuana might interfere with my other medications
☐ Other (please specify):

_____

C11-C18. If C1 = "No", What were your main reasons for stopping your medical marijuana use? Please select all that apply.

☐ Cost
☐ Side effects
☐ No longer need it
☐ Physician advice or recommendation
☐ Job requirement of legal barriers (e.g., public services, for my job, etc.)
☐ It didn't work / never found a product that worked well
☐ I am worried about how medical marijuana might interfere with my other medications
☐ Other (please specify):

_____

C19. If C1 = "Yes", About how long have you been using medical marijuana until now?

☐ Less than 3 months
☐ 3 months
☐ More than 3 months but less than 9 months
☐ 9 months
☐ More than 9 more

C20. If C1 = "No", About how long did you use medical marijuana before you stopped?

☐ Less than 3 months
☐ 3 months
☐ More than 3 months but less than 9 months
☐ 9 months
☐ More than 9 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.

C21-C29.

Which of the following marijuana products have you tried?	(Check all that apply)
Flower (e.g., "Bud", "Weed", Cannabis)	☐
Vaporizer Cartridges or Vape Pen (Liquid, NOT Flower)	☐
Concentrates (for Vaping or Smoking), such as Shatter, Rosin, Wax, Kief, or Crumble	☐
Topical: Ointments, Gels, Patches, or Creams	☐
Oral Tinctures (with a Dropper)	☐
Oral Concentrates (such as Distillate Syringe or RSO Syringe)	☐
Oral Capsules or Edibles (Chews, Lozenges, Chocolates, or Gels)	☐
Other (Please Specify) (e.g., Inhalers, Suppositories):_____	☐

If FLOWER was selected

These next few questions will ask about your use of marijuana flower

C30. Have you used flower in the past 30 days?

☐ Yes
☐ No

C31-C39. If "No", What are some of the main reasons you haven't used flower in the past 30 days? (Please check all that apply

☐ Cost
☐ Side effects
☐ No longer need it
☐ Physician advice or recommendation
☐ It didn't work
☐ It's not available
☐ I prefer a different product
☐ Other (please specify):

CONTINUE TO NEXT PAGE >

C40-C45.

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 bond	☐	☐	☐	☐	☐	☐
Vaped using dry vaporizer (Volcano, Argo, etc,)	☐	☐	☐	☐	☐	☐
Cooked into edibles	☐	☐	☐	☐	☐	☐

C46. On a typical 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 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

C47. On average, how many hits, tokes, or puffs do you take per session that you smoke flower?

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

C48. When you smoke or vape flower, how long do you inhale with each hit, toke, or puff?

- ☐ 1 second
- ☐ 2 seconds
- ☐ 3 seconds
- ☐ 4 seconds
- ☐ 5 seconds
- ☐ 6 seconds
- ☐ 7 seconds
- ☐ 8 seconds
- ☐ 9 seconds
- ☐ 10 or more seconds

C49. 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
- ☐ About half a week
- ☐ 1 week
- ☐ 2 weeks
- ☐ 3-4 weeks
- ☐ A month or more

C50. On average, how many 18 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

C51. On average, what is the THC concentration of the flower you typically use?

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

C52. 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

C53. About how long does the effect you get from 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

C54. Flower products can include both CBD and THC. What is the type of flower you use the most?

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

C55. 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
- ☐ More than a day
- ☐ I feel it all the time
- ☐ Not sure

C56-C59. Which type of flower do you use the most? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I don't know

If VAPE was selected:

These next few questions will ask about your use of marijuana vape cartridges.

C60. Have you used vape cartridges in the **past 30 days?**

- ☐ Yes
- ☐ No

C61-C69. If "No", What are some of the main reasons you haven't used vape cartridges in the past 30 days? (Please check all that apply)

- ☐ Cost
- ☐ Side effects
- ☐ No longer need it
- ☐ Physician advice or recommendation
- ☐ It didn't work
- ☐ It isn't available
- ☐ I prefer a different product
- ☐ Other (please specify):

_____

C70. 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
- ☐ Several times a day

C71. On a typical or average day that you vape, how many times a day do you vape? *Note that if you consume more some days than others, give the average number of times during 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

C72. On average, how many hits, tokes, or puffs do you take per occasion that you vape?

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

C73. On average, how many seconds do you inhale with each hit, toke, or puff?

- ☐ 1 second
- ☐ 2 seconds
- ☐ 3 seconds
- ☐ 4 seconds
- ☐ 5 seconds
- ☐ 6 seconds
- ☐ 7 seconds
- ☐ 8 seconds
- ☐ 9 seconds
- ☐ 10 or more seconds

C74. Approximately how long does it take for your 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

C75. About how long does the effect of hitting a vape pen 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

C76. 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)
- ☐ 1:1 CBD:THC ratio
- ☐ Primarily THC (e.g., 1:20, 1:4 CBD:THC ratio)
- ☐ THC only
- ☐ I don't know

C77. Approximately how many different types 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

C78-C81. Which strain type do you use most often in the vape cartridge? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I don't know

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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)

C82. Have you used concentrates for vaping or smoking in the **past 30 days?**
- ☐ Yes
- ☐ No

C83-C91. If "No", What are some of the main reasons you haven't smoked or vaped concentrates in the past 30 days? (Please check all that apply)
- ☐ Cost
- ☐ Side effects
- ☐ No longer need it
- ☐ Physician advice or recommendation
- ☐ It didn't work
- ☐ It isn't available
- ☐ I prefer a different product
- ☐ Other (please specify): _____

C92-C99

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	☐	☐	☐	☐	☐	☐
Resin	☐	☐	☐	☐	☐	☐
Wax	☐	☐	☐	☐	☐	☐
Kief	☐	☐	☐	☐	☐	☐
Crumble	☐	☐	☐	☐	☐	☐
Rosin	☐	☐	☐	☐	☐	☐
Dab tab	☐	☐	☐	☐	☐	☐
Hash	☐	☐	☐	☐	☐	☐

C100. On a typical or average day that you smoke or vape concentrates, how many times a day do you smoke or vape concentrates?

- ☐ 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

C101. On average, how many hits or puffs do you take per session that you smoke or vape concentrates.

- ☐1 second
- ☐ 2 seconds
- ☐ 3 seconds
- ☐ 4 seconds
- ☐ 5 seconds
- ☐ 6 seconds
- ☐ 7 seconds
- ☐ 8 seconds
- ☐ 9 seconds
- ☐ 10 or more seconds

C102. If you smoke or vape concentrates, on average how many seconds do you inhale with each puff?

- ☐ 1 second
- ☐ 2 seconds
- ☐ 3 seconds
- ☐ 4 seconds
- ☐ 5 seconds
- ☐ 6 seconds
- ☐ 7 seconds
- ☐ 8 seconds
- ☐ 9 seconds
- ☐ 10 or more seconds

C103. How often do you consume at least 25 mg (a “rice-sized” piece) of smoked or vaped concentrates?

- ☐ Never
- ☐ Monthly or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4-6 times a week
- ☐ Every day

C104. 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

C105. 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

C106. What is the percentage of THC in the concentrate that you smoke/ vape the most?

- ☐ < 30%
- ☐ 31-40%
- ☐ 41-50%
- ☐ 51-60%
- ☐ 61-70%
- ☐ 71-80%

C107. 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

C108-C111. Which type of flower do you use the most? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I don't know
- ☐ 1-2 hours

If topical was selected:

These next few questions will ask about your use of topical marijuana products.

C112. Have you used topical products in the **past 30 days**?

- ☐ Yes
- ☐ No

C113-C121. If "No", What are some of the main reasons you haven't used topicals in the **past 30 days**? (Please check all that apply)

- ☐Cost
- ☐ Side effects
- ☐ No longer need it
- ☐ Physician advice or recommendation
- ☐ It didn't work
- ☐ It isn't available
- ☐ I prefer a different product
- ☐ Other (please specify): _____

C122-C127.

How often have you used the following topical methods 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	☐	☐	☐	☐	☐	☐

C128. On a typical or average day that you apply topical products, how many times a day do you do it? *Note that if you apply more on 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

C129. Approximately how long does it take for you 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

C130. 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

C131. 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)
- ☐ 1:1 CBD:THC
- ☐ Primarily THC (e.g., 1:20, 1:4 CBD:THC)
- ☐ THC only
- ☐ I don't know

C132. Approximately how many different types 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

C133-C136. Which strain type do you use the most in your topical products?

- ☐ 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)

C137. Have you used oral tinctures in the **past 30 days**?
- ☐ Yes
- ☐ No

C138-C146. If "No", What are some of the main reasons you haven't used oral tinctures in the **past 30 days**? (Please check all that apply)
- ☐Cost
- ☐ Side effects
- ☐ No longer need it
- ☐ Physician advice or recommendation
- ☐ It didn't work
- ☐ It isn't available
- ☐ I prefer a different product
- ☐ Other (please specify): _____

C147. 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
- ☐ Every day
- ☐ Multiple times a day

C148. 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, we are still looking for the average number of times across a typical week.*
- ☐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

C149. On average, how many milliliters do you consumer per occasion that you use a tincture?
- ☐ A few drops (<0.25ml)
- ☐ 1/4 a dropper (0.25ml)
- ☐ 1/2 a dropper (0.5ml)
- ☐ 3/4 a dropper (0.75 ml)
- ☐ Full dropper
- ☐ More than 1 dropper (>1ml)

C150. 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
- ☐ 100mg THC
- ☐ More than 100mg THC
- ☐ Don't know

C151. 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
- ☐ 100mg CBD
- ☐ More than 100mg CBD
- ☐ Don't know

C152. 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

C153. 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

C154. 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)
- ☐ 1:1 CBD:THC
- ☐ Primarily THC (e.g., 1:20, 1:4 CBD:THC)
- ☐ THC only
- ☐ I don't know

C155. Approximately how many different types/strains of tincture from the Florida MMJ program have you tried since joining the program?

- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6-10
- ☐ 10-20
- ☐ 20-50
- ☐ 50 or more
- ☐ Not sure, or not applicable

C156-C159. Which strain type do you use the most in tinctures? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I don't know

CONTINUE TO NEXT PAGE >

If oral concentrate (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)

C160. Have you used oral concentrates in the **past 30 days**?
- ☐ Yes
- ☐ No

C161-C169. If "No", What are some of the main reasons you haven't used oral concentrates in the **past 30 days**? (Please check all that apply)
- ☐Cost
- ☐ Side effects
- ☐ No longer need it
- ☐ Physician advice or recommendation
- ☐ It didn't work
- ☐ It isn't available
- ☐ I prefer a different product
- ☐ Other (please specify): _____

C170-C171.

How often have you used oral concentrates using the following methods 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
Distillate syringe	☐	☐	☐	☐	☐	☐
RSO syringe	☐	☐	☐	☐	☐	☐

C172. On a typical or average day that you take oral concentrates, how many times a day do you do it? *Note that if you apply more on 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

C173. 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

C174. 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

C175. 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

C176. Some oral concentrates include both CBD and THC. What is the type of oral concentrate you use the most?

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

C177. Approximately how many different types of 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

C178-C181. What strain type do you use the most in oral concentrate? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid
- ☐ I don't know

If oral capsules/edibles were selected:
These next few questions will ask you about your use of oral capsules/ edibles

C182. Have you used capsules/ edibles in the **past 30 days**?
- ☐ Yes
- ☐ No

C183-C191. If "No", What are some of the main reasons you haven't used capsules/edibles in the **past 30 days**? (Please check all that apply)
- ☐Cost
- ☐ Side effects
- ☐ No longer need it
- ☐ Physician advice or recommendation
- ☐ It didn't work
- ☐ It isn't available
- ☐ I prefer a different product
- ☐ Other (please specify): _____

C192-C194.

How often have you used the following oral methods 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
Capsules/tablets	☐	☐	☐	☐	☐	☐
Gel/gummies	☐	☐	☐	☐	☐	☐
Brownie/cookie	☐	☐	☐	☐	☐	☐

C195. On a typical or average day that you take capsules/edibles, how many times a day do you use capsules or edibles? *Note that if you apply more on 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

C196. 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
- ☐ 100mg THC
- ☐ More than 100mg THC
- ☐ Don't know

C197. 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
- ☐ 100mg CBD
- ☐ More than 100mg CBD
- ☐ Don't know

C198. 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

C199. 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

C200. Some capsules/edibles include both CBD and THC. What is the type of capsules/edibles you use the most?

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

C201. Approximately how many different strains of capsules or 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

C202-C205. Which strain type do you use the most in capsules or edibles? (Choose all that apply)

- ☐ Indica
- ☐ Sativa
- ☐ Hybrid

If "Other" is selected in C21

Now we will ask you some questions about your use of "Other" products tried.

C206-C207. Is the product:

- ☐ An inhaler
- ☐ A rectal suppository
- ☐ A sublingual spray
- ☐ Other (please specify): _____

C208. How often have you used this product type in the **past 30 days**?

- ☐ Never
- ☐ Less than weekly
- ☐ 1-3 times a week
- ☐ 4-6 times a week
- ☐ Every day

C209-C217. If C207 = "Never", What are some of the main reasons you haven't used "other" in the **past 30 days**? (Please check all that apply)

- ☐ Cost
- ☐ Side effects
- ☐ No longer need it
- ☐ Physician advice or recommendation
- ☐ It didn't work
- ☐ It isn't available
- ☐ I prefer a different product
- ☐ Other (please specify): _____

C218. On a typical day that you use this product, how many times per day do you use it? Note that if you use more on 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

C219. Overall, have you found a method of using and/or a product type or strain that you prefer?

- ☐ Yes
- ☐ No

C220. What is your preferred method of using medical marijuana? (Check all that apply)

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

C221. Please enter the name of the medical marijuana strain or product type you prefer overall: (e.g., “9lb hammer”, “pineapple sunset”)

_____

C222. Overall, how much of the marijuana that you used in the past month was from Florida dispensaries?

- ☐ -10
- ☐ 0
- ☐ 10
- ☐ 20
- ☐ 30
- ☐ 40
- ☐ 50
- ☐ 60
- ☐ 70
- ☐ 80
- ☐ 90
- ☐ 100

SECTION 4: MEDICAL MARIJUANA & HEALTH

Next, we will ask about your health, medical marijuana, and what products you have found most effective (if any).

D1-D28. [*Only Health Conditions indicated in Baseline Survey will display.*] You indicated being diagnosed with the following health conditions. How has medical marijuana affected each of your conditions or symptoms?

Health Condition	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

D29-D109. [*Only Health Conditions selected "Better" in the previous question will display.*]
Please fill out this form according to the health conditions that apply to you:

Health Condition	D29-D55. For each of these conditions, have you found a specific method of using and/or a product type or strain that is most effective?	D56-D82. (If checked "yes") What method of using medical marijuana is most effective for this condition (Check all that apply)?	D83-D109. (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	_____ _____ _____

D110. 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

D111. If yes, please explain the beneficial effect you have noticed:

_____

D112-D139. During the past 2 weeks, how much have you been bothered by any of the following? Please check all that apply.	D140-D167. Were any of these symptoms caused by medical marijuana?
☐ Pounding or Racing Heart (Palpitations)	☐ Yes ☐ No ☐ Don't Know
☐ Shortness of Breath	☐ Yes ☐ No ☐ Don't Know

☐ Cough	☐ Yes ☐ No ☐ Don't Know
☐ Dry Mouth	☐ Yes ☐ No ☐ Don't Know
☐ Decreased Appetite	☐ Yes ☐ No ☐ Don't Know
☐ Increased Appetite	☐ Yes ☐ No ☐ Don't Know
☐ Nausea	☐ Yes ☐ No ☐ Don't Know
☐ Vomiting	☐ Yes ☐ No ☐ Don't Know
☐ Constipation	☐ Yes ☐ No ☐ Don't Know
☐ Diarrhea	☐ Yes ☐ No ☐ Don't Know
☐ Problems with Sexual Function	☐ Yes ☐ No ☐ Don't Know
☐ Insomnia or Difficulty Sleeping	☐ Yes ☐ No ☐ Don't Know
☐ Memory Problems or Forgetfulness	☐ Yes ☐ No ☐ Don't Know
☐ Paranoid or Overly Suspicious	☐ Yes ☐ No ☐ Don't Know
☐ Speech Difficulties	☐ Yes ☐ No ☐ Don't Know
☐ Dizziness or Light Headedness	☐ Yes ☐ No ☐ Don't Know
☐ Trouble with Balance or Walking	☐ Yes ☐ No ☐ Don't Know

☐ Sleepiness	☐ Yes ☐ No ☐ Don't Know
☐ Fatigue/Low Energy	☐ Yes ☐ No ☐ Don't Know
☐ Problems Driving	☐ Yes ☐ No ☐ Don't Know
☐ Blurred Vision	☐ Yes ☐ No ☐ Don't Know
☐ Headache	☐ Yes ☐ No ☐ Don't Know
☐ Numbness or Tingling	☐ Yes ☐ No ☐ Don't Know
☐ Hot or Cold Sensations	☐ Yes ☐ No ☐ Don't Know
☐ Swelling of the Arms or Legs (Edema)	☐ Yes ☐ No ☐ Don't Know
☐ Itchy Skin or Rash	☐ Yes ☐ No ☐ Don't Know
☐ Excessive Sweating	☐ Yes ☐ No ☐ Don't Know
☐ Other (please specify: _____)	☐ Yes ☐ No ☐ Don't Know

D168. During the last 6 months, have you experienced any severe side effects from medical marijuana that required an emergency room visit, seeing a physician, being hospitalized, or caused you to feel extremely sick for a few hours?

☐ Yes
☐ No ⟶ **Skip to Question D189**
☐ Not Sure ⟶ **Skip to Question D189**

If Yes:

D169. Please briefly describe what happened: _____

D170. How often did you experience this side effect?

☐ Only once
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

D171-D173. 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

D174. 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, Kief, 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 D168-D174 ARE REPEATED UP TO TWO MORE TIMES IF USER INDICATES MORE THAN ONE SEVERE SIDE EFFECT EXPERIENCED (QUESTIONS D172-D188)]

D189-D194. *[Only medication(s)/substance(s) indicated in Baseline Survey will display.]* When you completed the baseline survey, you indicated that you wanted to track your use of specific medications or substances. Since starting your medical marijuana treatment, please indicate how your use of that medication/substance has changed.

Medication(s)/Substance(s)	Since starting your medical marijuana treatment, please indicate how your use of each medication/substance has changed.
Medication(s) [Up to 3 Total]	☐ Increased ☐ No Change ☐ Decreased ☐ Totally Quit ☐ Not Sure
Substance(s) [Up to 3 Total]	☐ Increased ☐ No Change ☐ Decreased ☐ Totally Quit ☐ Not Sure

SECTION 5: ADDITIONAL QUESTIONS

Note: Some of these questions will be similar to ones you were asked previously.

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 **past 3 months**.

E1. 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
☐	☐	☐	☐	☐

E2. 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
☐	☐	☐	☐	☐

E3. How often during the **past 6 months** did you find that you were not able to stop using marijuana once you had started?

Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
☐	☐	☐	☐	☐

E4. How often during the **past 6 months** did you fail to do what was normally expected from you because of using marijuana?

Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
☐	☐	☐	☐	☐

E5. How often in the **past 6 months** have you devoted a great deal of your time to getting, using, or recovering from marijuana?

Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
☐	☐	☐	☐	☐

E6. How often do you use marijuana in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?

Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
☐	☐	☐	☐	☐

E7. Have you ever thought about cutting down, or stopping, your use of marijuana?

Never	Yes, but not in the past 6 months	Yes, during the past 6 months
☐	☐	☐

E8. On average, how much did you spend on marijuana product(s) in a typical month? Your best estimation is OK.

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

E9. 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
☐	☐	☐	☐	☐

CONTINUE TO NEXT PAGE >

E10-E19. 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	☐	☐	☐	☐	☐
The recommendations from medical clinic staff	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐

E20-E23. 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	☐	☐	☐	☐	☐

E24. Are any of your other care providers (e.g., primary care physician, neurologist, gynecologist, etc.) informed about your medical marijuana use?

- ☐ Yes
- ☐ No

E25. Would you be interested in growing your own marijuana flower if it was legal in Florida?

- ☐ Yes
- ☐ No
- ☐ Maybe

E26. How concerned are you about being addicted or dependent on medical marijuana?

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

E27. How likely are you to be taking medical marijuana in a year from now?

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

E28. What other important topics do you think we should research that weren't covered in this survey?

_____

_____

_____

E29. Please check the box to confirm you have answered all the questions you intended to answer and are ready to submit your survey.

- ☐ I am ready to submit my survey.

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