Medical Marijuana & Me

BASELINE 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 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: DEMOGRAPHICS

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

A1. What is your age? (in years)

_____

A2. Do you consider yourself to be of Hispanic, Latino/a, or Spanish origin?

- ☐ Yes
- ☐ No

A3-A9. 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):

  _____

A10. What sex were you assigned at birth?

- ☐ Female
- ☐ Male

A11-A12. 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

A13. 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

A14. 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

A15. Are you a veteran or a current member of the armed forces?

- ☐ Yes
- ☐ No

A16-A22. 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):

  _____

A23. 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

A24. What is your ZIP code ?

_____

SECTION 2: GENERAL HEALTH

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

B1. Overall, how would you rate your health in the **past 4 weeks**?

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

B2. 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

B3. 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?

- ☐ None at All
- ☐ A little Bit
- ☐ Some
- ☐ Quite a Lot
- ☐ Could Not Do Daily Work

B4. How much bodily pain have you had in the **past 4 weeks**?

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

B5. During the **past 4 weeks**, how much energy did you have?

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

B6. 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

B7. 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

B8. 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

B9-B12.

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 surrounding?	☐	☐

B13. How would you rate your sleep quality during the **past 30 days**?

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

B14-B42.

During the past 2 weeks, have you been bothered by the following? Please check all that apply.			
Pounding or Racing Heart (Palpitations)	☐	Speech Difficulties	☐
Shortness of Breath	☐	Dizziness or Light Headedness	☐
Cough	☐	Trouble with Balance or Walking	☐
Dry Mouth	☐	Sleepiness	☐
Decreased Appetite	☐	Fatigue/Low Energy	☐
Increased Appetite	☐	Problems Driving	☐
Nausea	☐	Blurred Vision	☐
Vomiting	☐	Headache	☐
Constipation	☐	Numbness or Tingling	☐
Diarrhea	☐	Hot or Cold Sensations	☐
Problems with Sexual Function	☐	Swelling of Arms or Legs (Edema)	☐
Insomnia or Difficulty Sleeping	☐	Itchy Skin or Rash	☐
Memory Problems or Forgetfulness	☐	Excessive Sweating	☐
Paranoid or Overly Suspicious	☐	Other (Please Specify Below):	☐

_____

_____

B43-B50.

Over the past 2 weeks, how often have you been bothered by any of 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	☐	☐	☐	☐

B51-B57.

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	☐	☐	☐	☐

B58. Have you had any pain other than minor everyday kind of pain in **past 24 hours**?

☐ Yes

☐ No ⟶ **Skip to Question B63**

B59-B62. 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	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

B63-B66. In the table below, we would like to know how much if at all pain interfered with any aspect of your life in the **past 7 days**.

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?	☐	☐	☐	☐	☐

CONTINUE TO NEXT PAGE >

B67-B83. 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.	☐	☐	☐	☐	☐

B84-B91. 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.	☐	☐	☐	☐	☐

SECTION 3: HISTORY OF MARIJUANA USE

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

C1. Have you ever used marijuana of any kind?
- ☐ Yes
- ☐ No ⟶ **Skip to Question D1**

C2. How old were you the first time you used marijuana?
_____ years old

C3. Have you ever used marijuana on a weekly basis (at least once a week)?
- ☐ Yes
- ☐ No ⟶ **Skip to Question C7**

C4. 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

C5. Have you ever used marijuana daily?
- ☐ Yes
- ☐ No ⟶ **Skip to Question C7**

C6. 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

C7. How experienced are you with using marijuana
- ☐ Not At All Experienced
- ☐ Slightly Experienced
- ☐ Somewhat Experienced
- ☐ Moderately Experienced
- ☐ Very Experienced

C8-C14.

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)	☐

C15. Have you used any marijuana products over the **past 6 months**?

☐ Yes

☐ No ⟶ **Skip to Question C28**

C16. On a typical day that you use marijuana, how many times a day do you use it?

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

C17. Have you used flower in the **past 30 days**?

☐ Yes

☐ No ⟶ **Skip to Question C19**

C18. On a typical or average day that you use flower, how many times a day do you use it?

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

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 past six months.

C19. 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
☐	☐	☐	☐	☐

C20. 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
☐	☐	☐	☐	☐

C21. 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
☐	☐	☐	☐	☐

C22. 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
☐	☐	☐	☐	☐

C23. 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
☐	☐	☐	☐	☐

C24. How often in the **past 6 months** have you had a problem with your memory or concentration after using marijuana?

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

C25. 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
☐	☐	☐	☐	☐

C26. 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
☐	☐	☐

C27. 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
☐	☐	☐	☐	☐	☐	☐	☐

C28. 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
☐	☐	☐	☐	☐

C29. Have you ever used any CBD products?
☐ Yes
☐ No

C30. **If "yes" to C29**, How often did you use CBD in the **past 6 months**?
☐ Everyday
☐ A Few Times a Week
☐ A Few Times a Month
☐ Only a Few Times in the Last 6 Months
☐ I Have Not Used CBD in the Past 6 Months

SECTION 4: ALCOHOL, AND OTHER DRUG USE

Now we will ask about your use of alcohol or other substances.

D1. How often do you have a drink containing alcohol?
☐ Never ⟶ **Skip to question D4**
☐ Monthly or Less
☐ 2-4 Times a Month
☐ 2-3 Times a Week
☐ 4 or More Times a Week

D2. 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

D3. How often do you have six or more drinks on one occasion?
☐ Daily or Almost Daily
☐ Weekly
☐ Monthly
☐ Less than Monthly
☐ Never

D4. 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

D5. **If every day or some days**, during the past 12 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

D6. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure
- ☐ Prefer Not to Answer

D7. **<u>If yes</u>**, 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

D8-D17.

How often have you used the following substances in the <u>past 30 days</u>?	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	☐	☐	☐	☐	☐

SECTION 5: MEDICAL MARIJUANA

Next, we will ask a few questions about why you would like to start using medical marijuana and your expectations.

E1-E58. Please mark any of the health conditions that you have been diagnosed with by a healthcare professional.

Health Condition	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 E59-E66 <u>if cancer was selected</u>

E59. 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)?

_____

E60. Did the cancer that you have or had spread to other sites in your body (i.e., did it metastasize)?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Not Sure

E61-E62. 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 & Vomiting
- ☐ To Relieve treatment Related Side-Effects
- ☐ To Relieve Anxiety
- ☐ To Relieve Depression
- ☐ To Relieve Sleep Disturbance
- ☐ To Relieve Fatigue
- ☐ To Increase Appetite & Gain Weight
- ☐ To Improve Overall Quality of Life/Well-Being
- ☐ To Treat Cancer (Anticancer Treatment)
- ☐ Other, Please Describe: _____
- ☐ None of These

E63. 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

E64-E65. <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: _____

E66. Does your oncology (cancer treatment) care provider know about your intention to use of medical marijuana?

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

E67-E68. Which condition(s) did your physician certify you for medical marijuana use? (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): _____

E69. Are you currently using any medications that you want to track over the next few months as you start medical marijuana treatment to see if you take more, less or the same?

- ☐ Yes
- ☐ No

E70-E72. **<u>If yes</u>**, please provide the names of up to three medications you would like to track as you complete the follow-up surveys. (If you can't remember the name of the medication, type a brief description, e.g. "small white pill for my blood pressure.")

Medication 1: _____
Medication 2: _____
Medication 3: _____

E73. Are you using any recreational substances for which you wish to track your consumption (to see if you take more, less or the same)?

- ☐Yes
- ☐No

E74-E76. **<u>If yes</u>**, please provide the names of up to three substances you would like to track

Substance 1: _____
Substance 2: _____
Substance 3: _____

E77. How strongly do you agree with the following statement: I believe medical marijuana will be effective for my condition or symptoms?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Somewhat Agree
- ☐ Disagree
- ☐ Strongly Disagree

E78-E81.

How much do you agree with the following statements:	Strongly Disagree	Disagree	Neutral/ Not Sure	Agree	Strongly Agree
Marijuana products with high THC content will be more effective for my conditions or symptoms.	☐	☐	☐	☐	☐
I will prefer to try products that are lower in THC.	☐	☐	☐	☐	☐
CBD will be important to include in my medical marijuana products.	☐	☐	☐	☐	☐
Terpenes will be important to include in my medical marijuana products.	☐	☐	☐	☐	☐

E82. How concerned are you about becoming addicted or dependent on medical marijuana?

☐ Very Concerned
☐ Concerned
☐ Neither Concerned Nor Unconcerned
☐ Unconcerned
☐ Very Unconcerned

E83. How likely are you to be taking medical marijuana in a year from now?

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

E84. What other important topics do you think we should research that weren't covered in this survey?

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