

CANNABIS OPINION SURVEY

In order to optimize patient care, our Urology Staff are dedicated towards a better understanding of patient perspectives regarding cannabis use. As a patient currently being treated for prostate cancer, your viewpoints are important to us. In this survey, we will be asking questions regarding your use of cannabis followed by your perspectives and attitudes towards cannabis. Please place an 'X' in the box next to the best answer to the following questions. All of your responses will be kept confidential.

Correct: ☒ **Incorrect:** ☒ ☐ ☒

1) Marital status:

- ☐ Single
- ☐ Married (or committed long term relationship)
- ☐ Separated/Divorced
- ☐ Widowed

2) Ethnicity (if mixed decent, select up to 2 predominant ethnicities):

- ☐ Aboriginal
- ☐ Afro-Caribbean
- ☐ Arab
- ☐ Central Asian (Turkey, Mongolia, Afghanistan...)
- ☐ Central/South African
- ☐ East African
- ☐ East Asian (Korea, China, Japan...)
- ☐ Eastern European
- ☐ Indian Subcontinent (Sri Lanka, Pakistan, Nepal...)
- ☐ Latin (South/Central America)
- ☐ North African
- ☐ Scandinavian
- ☐ South Pacific/Oceania (Samoa, Fiji, Indonesia...)
- ☐ Southeast Asian (Vietnam, Thailand)
- ☐ Southern European
- ☐ Western European
- ☐ Other

3) Highest level of education:

- ☐ Less than high school
- ☐ High school
- ☐ College degree or certificate
- ☐ University undergraduate degree
- ☐ Post graduate (Master's, PhD, law school, medical school)

4) Employment:

- ☐ Full time
- ☐ Part time
- ☐ Retired due to disability
- ☐ Retired due to age
- ☐ Unemployed

5) Annual income:

- ☐ Less than \$25,000
- ☐ \$25,000-\$49,999
- ☐ \$50,000-\$75,000
- ☐ More than \$75,000
- ☐ Prefer not to answer

6) Did you require assistance with filling out this survey?

- ☐ Yes
- ☐ No

7) Have you used any cannabis products in the past 6 months?

- ☐ Yes
- ☐ No

IF YOU ANSWERED 'NO' TO QUESTION 7, SKIP TO QUESTION 18 ON PAGE 5 OF SURVEY

IF YOU ANSWERED 'YES' TO QUESTION 7, PLEASE CONTINUE TO QUESTION 8 BELOW

8) Do you currently use any cannabis products?

- ☐ Yes
- ☐ No

9) Please select all the methods of cannabis consumption that you have used:

- ☐ Smoking/vaporization
- ☐ Edibles (smoothies, candies, baked goods, etc.)
- ☐ Oils/tinctures
- ☐ Topical creams/patches
- ☐ Other

10) How many years have you used cannabis?

- ☐ Less than 1 year
- ☐ 1-3 years
- ☐ 3-5 years
- ☐ Over 5 years

11) How many days per week, on average, do/did you use cannabis?

- ☐ 1-2
- ☐ 3-4
- ☐ 5-6
- ☐ 7 (every day)

12) On days that you use(d) cannabis, how many times, on average did you use per day?

- ☐ 1-2
- ☐ 3-4
- ☐ 5 or more

13) What time(s) do you usually use cannabis (please select all that apply)?

- ☐ Just after waking up
- ☐ Between 6 am and noon
- ☐ Between noon and 6pm
- ☐ Between 6pm and midnight
- ☐ Just before going bed
- ☐ Whenever it is/was felt to be necessary

14) Please select all the symptoms that you currently or have previously experienced. *If you select a symptom*, please specify the degree of relief that you experience(d) after using cannabis by circling a number ranging from 0 (no relief) to 4 (complete relief).

- ☐
- Pain

Please specify (circle) the degree of relief that you experience(d) after using cannabis:

[illegible]

- ☐ Fatigue and/or low energy

Please specify (circle) the degree of relief that you experience(d) after using cannabis:

0 1 2 3 4

No relief Complete relief

- ☐
- Hot flashes

Please specify (circle) the degree of relief that you experience(d) after using cannabis:

0	1	2	3	4
No relief				Complete relief

PLEASE TURN PAGE FOR MORE QUESTIONS

☐ Irritability/mood fluctuations

Please specify (circle) the degree of relief that you experience(d) after using cannabis:

0	1	2	3	4
No relief				Complete relief

☐ Depression

Please specify (circle) the degree of relief that you experience(d) after using cannabis:

0	1	2	3	4
No relief				Complete relief

☐ Headache

Please specify (circle) the degree of relief that you experience(d) after using cannabis:

0	1	2	3	4
No relief				Complete relief

☐ Nausea

Please specify (circle) the degree of relief that you experience(d) after using cannabis:

0	1	2	3	4
No relief				Complete relief

☐ Vomiting

Please specify (circle) the degree of relief that you experience(d) after using cannabis:

0	1	2	3	4
No relief				Complete relief

15) I use(d) cannabis to treat my cancer:

- ☐ True
- ☐ False

16) I use(d) cannabis recreationally and/or for pleasure:

- ☐ True
- ☐ False

17) Please select all the effects that you have experienced during or after the use of cannabis:

- ☐ Hallucinations (of any kind, including auditory, visual, olfactory, gustatory)
- ☐ Cough
- ☐ Anxiety/Paranoia
- ☐ Increased appetite
- ☐ Short or long-term memory loss

**THE FOLLOWING QUESTION (#18) SHOULD ONLY BE ANSWERED IF
YOU HAVE NOT USED CANNABIS IN THE PAST 6 MONTHS**

18) If you have not used cannabis in the past 6 months, please select the symptoms and side effects that you believe cannabis may help with (select all that apply).

- ☐ To treat my cancer
- ☐ Prevent shrinkage of testicles
- ☐ Increase appetite
- ☐ Recreational and/or pleasure
- ☐ Relieve pain
- ☐ Relieve fatigue and/or low energy
- ☐ Relieve hot flashes
- ☐ Relieve irritability/mood relaxation
- ☐ Relieve depression
- ☐ Relieve headache
- ☐ Relieve nausea
- ☐ Relieve vomiting

Thank you kindly for completing this survey. Results from your answers will provide invaluable insight on patient perspective concerning cannabis use.

END OF SURVEY