

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

PLEASE TURN PAGE FOR MORE QUESTIONS

**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