APPENDIX

Perceptions of Cannabis Patient Questionnaire Date: _____

Demographics:

1. Age:
   ☐ 18-20 ☐ 21-25 ☐ 26-30 ☐ 31-35 ☐ 36-40
   ☐ 41-45 ☐ 46-50 ☐ 51-55 ☐ 56-60 ☐ 61-65
   ☐ 66-70 ☐ 71-75 ☐ 76-80 ☐ 80+

2. Sex: ☐ Male ☐ Female ☐Other

3. What province are you currently located in?
   ☐ Newfoundland ☐ Prince Edward Island ☐ Nova Scotia ☐ New Brunswick
   ☐ Quebec ☐ Ontario ☐ Manitoba ☐ Saskatchewan
   ☐ Alberta ☐ British Columbia ☐ Yukon ☐ NWT
   ☐ Nunavut ☐ Other: _____

4. Marital Status:

   ☐ Married ☐ Single ☐ Engaged ☐ Common-Law
   ☐ Separated ☐ Divorced ☐ Widowed ☐ Prefer not to answer

5. What is your ethnicity *(please check one):*

   ☐ Aboriginal ☐ Middle Eastern ☐ East Asian (Chinese, Japanese, Korean) ☐ Black (African descent)
   ☐ Southeast Asian (South of China, East of India, and North of Australia) ☐ Hispanic (Hispanic American) ☐ South Asian (Indian sub content including India, Pakistan, Nepal, Bhutan, Iran (Persians), Sri Lanka) ☐ Native Hawaiian and other Pacific Islanders
   ☐ Caucasian ☐ Mixed Racial ☐ Prefer not to answer

6. Alcohol Consumption: ☐ > 2 drinks/day ☐ 2 drinks/day ☐ < 2 drinks/day ☐ 0

7. Smoking History (Tobacco):
   ☐ Never smoked ☐ Currently smoking ☐ Used to smoke but quit

Cancer Background:

8. What kind of cancer do you have? Please check your **primary type** of cancer or write down it if the type of cancer is not on the list.

   ☐ Prostate ☐ Kidney ☐Testicular ☐ Bladder ☐ Penile ☐ Other _____

9. Has cancer spread to other parts of your body? Please check any applicable squares or write it down if it's not on the list

☐ No, I haven't been diagnosed with any spread of cancer

☐ Lung	☐ Breast	☐ Pancreas	☐ Ovarian
☐ Prostate	☐ Colorectal	☐ Liver	☐ Gastrointestinal (including colon)
☐ Bladder	☐ Kidney	☐ Brain	☐ Testicular
☐ Skin	☐ Rectal	☐ Leukemia	☐ Gallbladder
☐ Thyroid	☐ Endometrial	☐ Penile	☐ Other:

10. Are you on any treatment for your cancer? ☐ Yes ☐ No → Skip to Question 12

11. What kind of treatment are you receiving?

☐ Chemotherapy	☐ Surgery	☐ Radiation
☐ Targeted Drug Therapy	☐ Immunotherapy	☐ Other:

Other Medical Conditions:

12. Have you been diagnosed with any of the following medical conditions? Please check any applicable squares, or write it down if the condition is not on the list

☐ AIDS/HIV	☐ Anxiety	☐ Asthma	☐ Autism	☐ ADHD
☐ Arthritis	☐ ALS	☐ Blood Disorders	☐ Bronchitis	☐ Chronic Kidney Disease
☐ Crohn's	☐ Diabetes	☐ Depression	☐ Epilepsy	☐ Fibromyalgia
☐ Hypertension	☐ Inflammatory Bowel Disease	☐ Insomnia	☐ Multiple Sclerosis	☐ Spinal Cord Disease

Other:

Cannabis Consumption:

13. Are you currently consuming cannabis? ☐ Yes ☐ No

14. How often do you consume any form of cannabis?

☐ Monthly	☐ A few times per month	☐ Weekly	☐ 4-6 times per week
☐ 2-3 times per week	☐ Daily	☐ 2-3 times per day	☐ More than 4 times per day

15. When was the last time you used cannabis?

☐ Today	☐ Last 2-3 Days	☐ Within the last week
☐ 2-3 weeks ago	☐ A month ago	☐ Other:

16. In the last week, how many grams of cannabis have you consumed?

☐ I don't know ☐ None ☐ < 10 grams ☐ 10 grams ☐ > 10 grams

17. Does the cannabis product you currently use contain:

☐I don't know ☐ CBD only ☐ THC only ☐ A combination of THC: CBD

18. Please provide any information about the THC: CBD content you are currently using

19. What methods are you using to consume cannabis? (Please check all that apply)

☐ Smoking ☐ Capsule ☐ Edible ☐ Oil ☐ Vaping
☐ Topical ☐ Pens ☐ Sprays ☐ Gummy ☐ Other:

20. How long have you been consuming cannabis?
☐ > 1 year ☐ 1 year ☐ 9-12 months ☐ 7- 9 months ☐ 6 months ☐ < 6 months ☐ Other:

21. Where do you get cannabis from? (Please check all that apply)
☐ By prescription ☐ Through a friend/family ☐ Dispensary ☐ Other:

22. Why are you consuming cannabis? (please check all that apply)

☐ To prevent cancer progression ☐ Cancer related pain ☐ Cancer related anxiety ☐ Chemo - induced Nausea
☐ Cancer related depression ☐ Cancer related n nausea ☐ Cancer related appetite ☐ Recreational

☐ Other cancer related symptoms (*please specify)*:

☐ Other non-cancer related illness or symptoms:

23. Are you currently taking any other medications for the same symptoms mentioned in Question 20?

☐ Yes ☐ No → Skip to Question 25

24. Please list the other medications you are taking for the same symptoms as cannabis:

25. Did anyone influence/recommend for you to take cannabis?

☐ Yes ☐ No → Skip to Question 27

26. Who influenced/recommended for you take cannabis? (please check all that apply)

☐ Physician ☐ Health Care Team (Nurses, PA, Dietitian) ☐ Family ☐ Friends ☐ Other:

27. On average, how much money do you spend on cannabis per month?

☐ Less than $100 ☐ $100 ☐ $100-$500 ☐ Greater than $500 ☐ Other:

28. Do you have insurance that covers the payment for your cannabis?

☐ Yes ☐ No → Skip to Question 30

29. How much does your insurance cover?

30. Have you experienced any side effects from consuming cannabis?

☐ Yes ☐ No → Skip to Question 32

31. Please list any side effects you have experienced from consuming cannabis:

<u>Feelings towards Cannabis:</u>

32. Please answer the following questions on how strongly you agree or disagree with the statement:

	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Unsure**
Cannabis has helped my cancer-related pain	☐	☐	☐	☐	☐	☐
Cannabis has helped my cancer-related anxiety	☐	☐	☐	☐	☐	☐
Cannabis has helped my cancer-related depression	☐	☐	☐	☐	☐	☐
Cannabis has helped my overall mood	☐	☐	☐	☐	☐	☐
Cannabis has improved my sleep	☐	☐	☐	☐	☐	☐
Cannabis has improved my appetite	☐	☐	☐	☐	☐	☐
Cannabis has improved my concentration	☐	☐	☐	☐	☐	☐

Cannabis has improved my relationship with other people	☐	☐	☐	☐	☐	☐
Cannabis has improved my ability to complete daily activities	☐	☐	☐	☐	☐	☐
Cannabis has helped decrease my cancer progression	☐	☐	☐	☐	☐	☐
Cannabis has made my cancer tolerable	☐	☐	☐	☐	☐	☐
Cannabis should only be taken under the guidance of a physician	☐	☐	☐	☐	☐	☐
Regular use of cannabis is harmful to the body	☐	☐	☐	☐	☐	☐
I would recommend cannabis to a family/friend if they had cancer	☐	☐	☐	☐	☐	☐

33. Do you have any additional information about cannabis pertaining to your cancer that you would like to tell us?