



CAMPS Cannabis Access For Medical Purposes Survey

Please complete this questionnaire about the use of cannabis/marijuana for medical purposes (Please fill out this questionnaire only once).

We are consulting widely with people to get their comments about the use of cannabis for medical purposes. The results of this consultation will be used:

- to identify the barriers that people face when they want to access cannabis for medical purposes;
- to document the realities that people face when they use cannabis as part of their therapy;
- to develop documents to provide more information on the use of cannabis for medical purposes;
- to develop a plan of action to address the barriers to access and the effects of the current regulatory environment on people who use cannabis to help with their symptoms.

We thank you very much for your input! You can return the completed questionnaire to the address below.

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3333 University Way
Kelowna, BC
V1V 1V7

DEMOGRAPHICS

A1. What is your gender?

- Male
 Female
 Transgender
 Other: Please specify _____

A2. What is your Year of Birth?

A3. What is your marital status?

- Married
 Never married (single)
 Divorced
 Common-law
 Widowed
 Separated
 Other



A4. Which of the following best describes your ethnic origin? (You may choose more than one)

- Caucasian (White)
- Hispanic (e.g., Mexican, Central American, South American)
- Asian (e.g., Chinese, Japanese, Korean)
- South Asian (e.g., East Indian, Pakistani, Sri Lankan)
- Black (e.g., African, Caribbean)
- First Nation
- Métis
- Inuit
- Other

A5. What language(s) do you speak at home? (You may choose more than one)

- English
- French
- Other

A6. Province/Territory of residence: _____

City/town/village: _____ .

A7. Do you currently live in a

- rural or remote area
- suburban area
- urban area

A8. What is the highest level of education that you have completed?

- elementary school (grade school)
- secondary school (high school)
- technical and non-university education (college; CEGEP)
- university (undergraduate – bachelor's degree)
- university (graduate school – master's degree; doctorate degree; post-doctorate degree)

A9. What is your yearly household income?

- < \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 – \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 and over

A10. In the past year, were there times when you worried that you would not have enough food in your household before there was money to buy more?

- Never
- At the end of the month
- Sometimes
- Often
- Always



B. Cannabis Use

B1. Do you currently use cannabis?

- yes (go to question B3)
- no

B2. Have you ever used cannabis?

- yes (go to question B4)
- no (go to question B11)

B3. Do you currently use cannabis for medical purposes?

(to help with some symptoms or an illness)

- yes (go to question B5)
- no

B4. Have you ever used cannabis for medical purposes (to help with some symptoms or an illness)?

- Yes, until I no longer needed it or used something else for my illness or symptom.
- Yes, I tried it and it didn't work for me to relieve my symptoms.
- Yes, I tried it and I didn't like the side effects.
- No, I use other medication(s), and it/they worked to relieve my symptoms. (go to B11)
- No, I want to, but cannabis is illegal. (go to B11)
- No, I want to, but I don't know where to find cannabis. (go to B11)
- No, I don't want to use cannabis because it is illegal. (go to B11)
- No, I don't believe cannabis has any medicinal benefits. (go to B11)
- No, I want to, but I cannot afford it. (go to B11)
- No, I simply do not want to use cannabis. (go to B11)
- No, I do use cannabis but not for medical purposes. (go to B11)
- No, other reason.: _____ . (go to B11)

B5. Please list the primary illnesses (e.g., HIV/AIDS, cancer, MS, etc.) you currently use cannabis for, or have used cannabis for in the past: (use the back of the page if necessary)

- 1.
- 2.
- 3.

B6. Please list the primary symptoms (e.g., pain, nausea, spasms, etc.) you currently use cannabis for, or have used cannabis in the past: (use the back of the page if necessary)

- 1.
- 2.
- 3.



B7. Does cannabis help with your primary symptom(s)?

Never rarely sometimes often always

B8. Please check all of the symptoms you currently use cannabis for:

- to stimulate appetite
- to manage/gain weight
- to reduce nausea/vomiting
- to be able to take medication
- to reduce pain
- to help you relax
- to reduce anxiety
- to help with depression
- to improve your mood
- to control migraines/ headache
- to reduce muscle spasms
- to reduce tics
- to control anxiety
- to control obsessions/ compulsions
- to control seizures
- to help you sleep
- to help deal with trauma (e.g., Post-traumatic stress disorder)
- to reduce inflammation (e.g., arthritis)
- to help control skin conditions
- to reduce asthma or other respiratory symptoms
- to help reduce withdrawal from other drugs (e.g., alcohol, heroin)
- to help control blood sugar
- to help control blood pressure
- to help with impotence
- to help with bladder control
- to control manic/psychotic episodes
- to fight infection
- to control aggression
- to improve social communication/interaction
- to reduce eye pressure
- Other(s), please specify

B9. Do you use ongoing treatment, medication, or therapy in addition to cannabis for any of the conditions you identified in questions B5-B6?

Yes

No (go to question B11)



B10. How do any unwanted side effects of cannabis compare to those of other treatments, medications, or therapies you are using?

Cannabis causes:

- Fewer side effects
- The same amount of side effects
- More side effects
- Not applicable

B11. Have you discussed the use of cannabis for medical purposes with a medical doctor?

- Yes
 - I raised the issue
 - The doctor/specialist raised the issue
- No (go to B19)
- I don't have a doctor (go to B19)

B12. How informed was your doctor about the use of cannabis for medical purposes?

- very informed
- somewhat informed
- neutral
- somewhat uninformed
- very uninformed

B13. Have you changed doctors in relation to using cannabis for medical purposes?

- No
- Yes
 - If yes, how many times?

B14. Has your doctor ever recommended you access cannabis but refused to assist you with getting an authorization to possess from Health Canada?

- Yes
- No
- NA

B15. Has your doctor ever recommended you access cannabis but refused to assist you with filling out forms for a cannabis/compassion club/dispensary?

- Yes
- No
- NA



B16. Over the past 12 months, during health care visits specifically related to your cannabis use, how often has your medical doctor:

a. Given you enough time to say what you thought was important

_ Never _ rarely _ sometimes _ often _ always

b. Listened carefully to what you had to say

_ Never _ rarely _ sometimes _ often _ always

c. Taken your concerns seriously

_ Never _ rarely _ sometimes _ often _ always

d. Helped you feel less worried about your health

_ Never _ rarely _ sometimes _ often _ always

e. Treated you in a compassionate and caring manner

_ Never _ rarely _ sometimes _ often _ always

f. Complimented you on how well you take care of your health

_ Never _ rarely _ sometimes _ often _ always

g. Made you feel inferior/lower

_ Never _ rarely _ sometimes _ often _ always

h. Had a negative attitude toward you

_ Never _ rarely _ sometimes _ often _ always

i. Seemed to care about you as a person

_ Never _ rarely _ sometimes _ often _ always

j. Respected your privacy when examining you or asking you questions

_ Never _ rarely _ sometimes _ often _ always

B17. Compared to your communication with your doctor regarding other medical issues, how satisfied are you with your communication about the use of cannabis for medical purposes?

_ much less satisfied

_ less satisfied

_ as satisfied

_ more satisfied

_ much more satisfied



B18. How often have you felt discriminated against by your doctors because of cannabis use?

_ Never _ rarely _ sometimes _ often _ always

B19. Have you discussed the use of cannabis for medical purposes with other health care providers?

_ Yes

_ No (go to B22)

_ I don't have any other health care providers (go to B22).

B20. With which health care providers have you discussed using cannabis for medical purposes?

- _ Naturopath
- _ Doctor of Traditional Chinese Medicine
- _ Physiotherapist
- _ Chiropractor
- _ Massage therapist
- _ Nurse/ Nurse - practitioner
- _ Psychologist / therapist
- _ Other (please specify) _____

B21. How informed was this/these health care provider(s) about the use of cannabis for medical purposes?

_ very informed _ somewhat informed _ neutral _ somewhat uninformed _ very uninformed

If knowledge varied among different health care providers, please describe _____

B22. Have you ever wanted to discuss cannabis for medical purposes with your doctor, but not done so?

_ Yes

_ No (go to B24)

B23. Why have you not discussed using cannabis for medical purposes with your doctor?

- _ I use other medication(s) and it/they work(s) to relieve my symptoms.
- _ I want to, but cannabis is illegal.
- _ I want to, but I don't feel comfortable talking to my medical doctor about it.
- _ I don't believe cannabis has any medicinal benefits.
- _ I cannot afford cannabis.
- _ I simply do not want to use cannabis.
- _ I do use cannabis but not for medical purposes.
- _ other reason: _____



B24. Here are some reasons why people don't use medicines for symptom relief. Please indicate how well these describe reasons you might have avoided using cannabis for medical purposes:

a. Cannabis cannot really control symptoms.

_ Strongly disagree _ disagree _ neutral _ agree _ strongly agree

b. It is more important for the doctor to focus on other things.

_ Strongly disagree _ disagree _ neutral _ agree _ strongly agree

c. Discussing cannabis could distract a doctor.

_ Strongly disagree _ disagree _ neutral _ agree _ strongly agree

d. Good patients avoid talking about cannabis.

_ Strongly disagree _ disagree _ neutral _ agree _ strongly agree

e. Doctors might find it annoying to be asked about cannabis.

_ Strongly disagree _ disagree _ neutral _ agree _ strongly agree

f. Cannabis could make me drowsy.

_ Strongly disagree _ disagree _ neutral _ agree _ strongly agree

g. Cannabis could make me confused.

_ Strongly disagree _ disagree _ neutral _ agree _ strongly agree

h. Cannabis could make me say or do something embarrassing.

_ Strongly disagree _ disagree _ neutral _ agree _ strongly agree

i. It is easier to put up with pain than with side effects.

_ Strongly disagree _ disagree _ neutral _ agree _ strongly agree

j. I could get addicted easily.

_ Strongly disagree _ disagree _ neutral _ agree _ strongly agree

k. I could be discriminated against.

_ Strongly disagree _ disagree _ neutral _ agree _ strongly agree

IF YOU HAVE NEVER USED CANNABIS FOR MEDICAL PURPOSES, PLEASE GO TO G1.



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B25. How old were you when you first used cannabis? _____

B26. How old were you when you first used cannabis for medical purposes? _____

B27. Has your cannabis use changed since you began medical use?

_decreased a lot _decreased a little _no change _increased a little _increased a lot

B28. How often do you currently use cannabis for medical purposes?

1x/month 2-3x/month 2-3x/week 1x/day 2-3x/day 4x/day or more

B29. How much cannabis do you usually use for medical purposes?

(avg. joint = .3-.5 grams, eighth = 3.5 grams, quarter = 7 grams, 1 oz. = 28 grams)

- a. per session of use: _____ grams
- b. per day: _____ grams
- c. per week: _____ grams

B30. How much cannabis would you *ideally* like to use per week (e.g., if cost or access were not an issue)

1 gram 2 grams 3 - 5 grams 6 - 8 grams 9 - 14 grams More: _____ grams

B31. What is your preferred method of using cannabis for medical purposes? (Rank)

.....Oral (edibles such as baked goods, tincture, etc.)

.....Rolled into joints

.....Pipe

.....Rolled into joints with tobacco (blunts, etc.)

.....Waterpipe/Bong

.....Topical (on the skin; lotions, etc.)

.....Vaporizer

.....Other: _____

B32. How much money do you spend per month on cannabis for medical purposes?

\$____ per month

B33. Can you usually afford to buy enough cannabis to relieve your symptoms?

_ always _ often _ sometimes _ rarely _ never _ Cannabis does not relieve my symptoms

B34. How often have you had to choose between cannabis and other necessities (e.g., food, rent, other medicines) because of lack of money?

_ always _ often _ sometimes _ rarely _ never



B35. There are some pharmaceutical products that are chemically related to or directly extracted from cannabis. Do you use/have you ever used any of the following? (Tick as many as apply.)

- No (go to C1)
- I currently use Marinol® (dronabinol).
- I currently use Cesamet® (Nabilone).
- I currently use Sativex®.
- I have used Marinol® (dronabinol).
- I have used Cesamet® (Nabilone).
- I have used Sativex®
- Other. Please specify: _____

B36. How does/did this product compare with herbal cannabis in managing your symptoms?

Much less effective less effective no difference more effective much more effective

If you have used more than one product, please specify_____

B37. How has using this product affected your use of herbal cannabis?

- stopped using herbal cannabis
- use less herbal cannabis
- no difference
- use more herbal cannabis
- never used herbal cannabis

If you have used more than one product please specify_____

B38. How do unwanted side effects of herbal cannabis compare to those of the other products?

Herbal cannabis has:

much fewer somewhat fewer no difference somewhat more much more

If you have used more than one product please specify_____

C. Authorization

C1. Have you **applied** to get an ‘Authorization to Possess’ from Health Canada? (a license that legally allows you to possess cannabis)

- yes
- no (go to C18)

C2. Did you receive help completing the ‘Authorization to Possess’ forms?

- no (did not need help)
- no (needed help)
- yes



C3. Who helped you? _____.

- friend or family
- Medical doctor
- Health care provider other than medical doctor
- Health Canada
- Compassion club/ cannabis dispensary
- Paid service
- Other. Please specify: _____

C4. What was the outcome of your application?

- I received authorization. (go to C6)
- My application is still in progress. (go to C7)
- I applied and was not approved.

C5. Why was your application not approved?

- It was incomplete.
- I did not meet criteria for the program.
- I don't know.
- Other (Please describe _____)

C6. How many grams per day does your authorization allow you to possess?

1 - 2 grams 3 - 5 grams 6 - 8 grams 9 - 14 grams More: _____ grams

C7. How satisfied are you with your communications with Health Canada regarding your application to be authorized to possess cannabis for medical purposes?

Very satisfied satisfied neutral unsatisfied very unsatisfied

C8. How long did your application take to be processed by Health Canada?
_____ months

C9. Health Canada states that applications take 8 to 10 weeks to process. Did you experience delays?

- yes
- no (go to C11)

C10. Did these delays interfere with your:

A. General activity

0	1	2	3	4	5	6	7	8	9	10
Did not interfere										Completely interfered

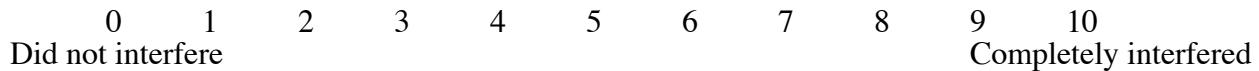
B. Mood

0	1	2	3	4	5	6	7	8	9	10
Did not interfere										Completely interfered

C. Normal work (includes both work outside the home and housework)



D. Relations with other people



E. Sleep



F. Enjoyment of life



C11. If you required a specialist, how difficult was the process of getting their support for your application?

Very difficult difficult neutral easy very easy

C12. Were you charged for the service of having your application completed by a medical doctor?

_ no

= yes

How much? \$_____.

C13. In general, how difficult was the process of getting an authorization to possess?

Very difficult difficult neutral easy very easy

C14. Did you speak with several medical doctors before finding one that would sign?

no

_ yes

How many? _____.

C15. Do you intend to have your authorization renewed when it expires?

_ yes (go to C17)

no

C16. Why do you not intend to have your authorization renewed?

I will no longer need cannabis for medical reasons.

_ Too much hassle

_ Too expensive

_ It's easier to get cannabis in other ways.

Other. Please specify:



C17. How confident are you that you will/would be able to have your authorization renewed?

Very confident confident neutral unconfident very unconfident

C18. Have you ever contacted the Health Canada's Marihuana Medical Access Division (MMAD) about the program?

- Yes
- No (go to C29)

C19. How did you contact Health Canada's MMAD? (Tick as many as apply.)

- Phone
- Mail /Email
- Other (please specify) _____

C20. How long did it take Health Canada's MMAD to respond by phone?

- Immediately and to your satisfaction
- Within 24 hours
- Within 48 hours
- Within 3-7 days
- Within 8-14 days
- Within 15-28 days
- Did not return my call
- Other. Please specify: _____
- Not applicable

C21. How long did it take Health Canada's MMAD to respond by mail or email?

- Immediately and to your satisfaction
- Within 24 hours
- Within 48 hours
- Within 3-7 days
- Within 8-14 days
- Within 15-28 days
- Did not reply to my letter/email
- Other (please specify)
- Not applicable

C22. The people I contacted at Health Canada's Marihuana Medical Access Division acted too business-like and impersonal.

Strongly Agree Agree Uncertain Disagree Strongly Disagree



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C23. The people I contacted at Health Canada's Marihuana Medical Access Division treated me in a very friendly and courteous manner.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

C24. I have full confidence in the ability of the Health Canada employees who administer this program.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

C25. I am dissatisfied with the service I receive from Health Canada in regards to my use of cannabis for medical purposes.

Strongly agree Agree Uncertain Disagree Strongly Disagree

C26. I am able to get help from Health Canada's Marihuana Medical Access Division whenever I need it.

Strongly agree Agree Uncertain Disagree Strongly Disagree

C27. I find the application for a federal authorization to possess simple and uncomplicated.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

C28. How would you rate your overall satisfaction with Health Canada's medical cannabis program?

- Completely satisfied
- Somewhat satisfied
- Uncertain
- Somewhat unsatisfied
- Completely unsatisfied

C29. Are you aware of Health Canada's proposed changes to the federal Marihuana Medical Access Program?

- yes
- no (go to D1)

C30. The proposed changes to the Marihuana Medical Access Program that will allow family physicians to provide patients with a document confirming their diagnoses and allowing the patients legal access to cannabis (i.e., instead of applying for authorization from Health Canada) will benefit people who use cannabis for medical purposes.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

C31. The proposed changes to phase out personal and designated person production licenses and replace them with a limited number of Health Canada licensed cannabis producers will benefit people who use cannabis for medical purposes.

Strongly Agree Agree Uncertain Disagree Strongly Disagree

**D. Access to a Supply of Cannabis**

D1. Do you buy cannabis for medical purposes?

- yes
 no (go to D21)

D2. In your experience, are all strains (or different types) of cannabis equally effective at relieving your symptoms?

- Yes
 No
 I've only tried one strain
 Don't know

D3. Ideally, which of these options are important to you when you purchase cannabis for medical purposes? (Tick as many as apply)

- Access to your preferred strain of herbal cannabis
 A selection of strains of herbal cannabis
 Organically grown cannabis
 A variety of cannabis products such as baked goods, tinctures, oils, hashish, etc.
 Other. Please specify: _____

D4. Do you buy cannabis from Health Canada?

- yes
 no (go to D12)

D5. How would you rate the quality of this cannabis supplied by Health Canada?

Very good good neutral poor very poor

D6. How safe do you feel getting cannabis from Health Canada is?

Very safe safe neutral unsafe very unsafe

D7. How satisfied are you with the availability of cannabis from Health Canada?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D8. How satisfied are you with the effectiveness of cannabis from Health Canada to control your symptoms?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D9. How satisfied are you with the efficiency of Health Canada in providing cannabis?

Very satisfied satisfied neutral unsatisfied very unsatisfie



D10. How satisfied are you with the cost of cannabis from Health Canada?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D11. How respected do you feel getting cannabis from Health Canada?

Very respected
Somewhat Respected
Neutral
Somewhat Disrespected
Completely Disrespected

D12. Do you buy cannabis from a cannabis dispensary/compassion club?

_ yes
_ no (go to D21)

D13. How would you rate the quality of cannabis supplied cannabis dispensary/compassion club?

Very good good neutral poor very poor

D14. How safe do you feel getting cannabis from the dispensary/compassion club?

Very safe safe neutral unsafe very unsafe

D15. How satisfied are you with the availability of cannabis from the dispensary/compassion club?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D16. How satisfied are you with the effectiveness of cannabis from the dispensary/compassion club to control your symptoms?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D17. How satisfied are you with the efficiency of the dispensary/compassion club in providing cannabis?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D18. How satisfied are you with the cost of cannabis from the dispensary/ compassion club?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D19. How respected do you feel getting cannabis through the dispensary/ compassion club?

Very respected
Somewhat Respected
Neutral
Somewhat Disrespected
Very Disrespected



D20. What kind of health care provider signed the form for you to become a member/client of dispensary/compassion club?

_Medical doctor/specialist

_Naturopath

_Doctor of Traditional Chinese Medicine

_Dentist

_Other. Please specify: _____.

D21. Do you get cannabis for medical purposes from a friend or someone you know?

_ yes

_ no (go to D29)

D22. How would you rate the quality of this cannabis supplied by a friend or someone you know?

Very good good neutral poor very poor

D23. How safe do you feel getting cannabis from a friend or someone you know?

Very safe safe neutral unsafe very unsafe

D24. How satisfied are you with the availability of cannabis from a friend or someone you know?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D25. How satisfied are you with the effectiveness of cannabis from a friend or someone you know to control your symptoms?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D26. How satisfied are you with the efficiency of a friend or someone you know in providing cannabis?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D27. How satisfied are you with the cost of cannabis from a friend or someone you know?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D28. How respected do you feel getting cannabis from a friend or someone you know?

Very respected

Somewhat Respected

Neutral

Somewhat Disrespected

Completely Disrespected



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D29. Do you get cannabis for medical purposes from a dealer/ on the street? (ie. Someone you do not socialize with other than to access cannabis).

- yes
- no (go to D37)

D30. How would you rate the quality of this cannabis supplied by a dealer/ on the street?

Very good good neutral poor very poor

D31. How safe do you feel getting cannabis from a dealer/ on the street?

Very safe safe neutral unsafe very unsafe

D32. How satisfied are you with the availability of cannabis from a dealer/ on the street?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D33. How satisfied are you with the effectiveness of cannabis from a dealer/ on the street to control your symptoms?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D34. How satisfied are you with the efficiency of a dealer/ on the street in providing cannabis?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D35. How satisfied are you with the cost of cannabis from a dealer/ on the street?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D36. How respected do you feel getting cannabis from a dealer/ on the street?

Very respected Somewhat Respected Neutral Somewhat Disrespected Completely Disrespected

D37. Do you grow your own cannabis for medical purposes?

- yes (go to D39)
- no

D38. What are the reasons why you don't grow your own cannabis? (Rank all that apply & go to D54)

- Don't have the space
- Don't know how
- Too expensive to set up
- Unable to due to medical condition
- Prefer to buy from others
- Landlord won't let me grow cannabis
- Too much hassle
- Not interested in growing cannabis
- Other. Please specify: _____



D39. Do you have a Personal-Use License to Produce from Health Canada?

- yes
- no

D40. How would you rate the quality of the cannabis you grow yourself?

Very good good neutral poor very poor

D41. How safe do you feel growing your own cannabis?

Very safe safe neutral unsafe very unsafe

D42. How satisfied are you with the availability of cannabis you grow yourself?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D43. How satisfied are you with the effectiveness of cannabis you grow yourself to control your symptoms?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D44. How satisfied are you with the efficiency of growing your own cannabis?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D45. How satisfied are you with the cost of growing your own cannabis?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D46. How respected do you feel growing your own cannabis?

Very respected Somewhat Respected Neutral Somewhat Disrespected Completely Disrespected

D47. Why do you grow your own cannabis? (Rank)

- Quality
- Price
- Reliability
- Safety
- Selection of strain (specific type of cannabis)
- Avoid the black market
- Other. Please specify: _____

D48. How did you learn about growing cannabis? (Rank)

- Friend/ family
- Books/ magazines
- Internet
- Equipment store
- Other. Please specify: _____



D49. How difficult was it to learn to grow your own cannabis?

Very difficult difficult neutral easy very easy

D50. Have you had any of the following interactions with law enforcement officers about growing cannabis for medical purposes? (check all that apply)

- Arrest
- Raid
- Warning
- Helpful assistance
- Other. Please specify: _____

D51. Has your cannabis garden ever been broken into?

- Yes
- No

D52. Has your cannabis garden ever been officially inspected?

- Yes
- No (go to D54)
- Don't know

D53. By whom? Please check all that would apply:

- Police
- Fire Dept.
- Municipality
- Electrician
- Health Canada
- Other. Please specify: _____

D54. Does someone else grow cannabis for medical purposes for you?

- yes
- no (go to D70)

D55. Does this person have a Designated Person License to Produce from Health Canada?

- yes
- no

D56. How would you rate the quality of the cannabis that is grown for you?

Very good good neutral poor very poor

D57. How safe do you feel having cannabis grown for you?

Very safe safe neutral unsafe very unsafe

D58. How satisfied are you with the availability of cannabis by having cannabis grown for you?

Very satisfied satisfied neutral unsatisfied very unsatisfied



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D59. How satisfied are you with the effectiveness of the cannabis that is grown for you to control your symptoms?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D60. How satisfied are you with the efficiency of having cannabis grown for you?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D61. How satisfied are you with the cost of having cannabis grown for you?

Very satisfied satisfied neutral unsatisfied very unsatisfied

D62. How respected do you feel having cannabis grown for you?

Very respected Somewhat Respected Neutral Somewhat Disrespected Completely Disrespected

D63. Why do you have cannabis grown for you? (Rank)

- Quality
- Price
- Reliability
- Safety
- Selection of strain (specific type of cannabis)
- Avoid the black market
- Other. Please specify: _____

D64. How did you find someone to grow cannabis for you? (Rank)

- Friend/ family
- Books/ magazines
- Internet
- Equipment store
- Health Canada
- Other. Please specify: _____

D65. How difficult was it to find someone to grow cannabis for you?

Very difficult difficult neutral easy very easy

D66. Has your cannabis grower had any of the following interactions with law enforcement about growing cannabis for medical purposes? (check all that apply)

- Arrest
- Raid
- Warning
- Helpful assistance
- Other. Please specify: _____
- Don't know



D67. Has your cannabis grower's garden ever been broken into?

- Yes
- No
- Don't know

D68. Has your cannabis grower's garden ever been officially inspected?

- Yes
- No (go to D70)
- Don't know

D69. By whom? Please check all that would apply:

- Police
- Fire Dept.
- Municipality
- Electrician
- Health Canada
- Other. Please specify: _____

D70. What would be the way you would *prefer* to get cannabis for your medical use? RANK

- Buy it from the government (Health Canada)
- Grow my own – with a Personal Production License from Health Canada
- Grow my own – without a license
- Have a designated grower who has a Designated Person License to Produce
- Have someone who grows for me without a license
- Get it from a friend/someone I know
- Get it from a dispensary/compassion club/a cannabis buyers' club
- Get it from a dealer/on the street
- Other: Please specify: _____

D71. Do you feel you have experienced obstacles in getting cannabis for medical purposes?

- yes
- no (go to E1)

D72. How have obstacles in getting cannabis for medical purposes affected your:

A. General activity



B. Mood



C. Normal work (includes both work outside the home and housework)



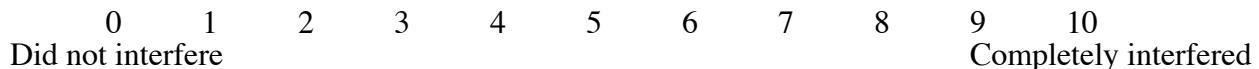
D. Relations with other people



E. Sleep



F. Enjoyment of life



E. Health & Well-being

E1. Below are five statements with which you may agree or disagree.

a. In most ways my life is close to my ideal.

strongly disagree disagree slightly disagree neutral slightly agree agree strongly agree

b. The conditions of my life are excellent.

strongly disagree disagree slightly disagree neutral slightly agree agree strongly agree

c. I am satisfied with my life.

strongly disagree disagree slightly disagree neutral slightly agree agree strongly agree

d. So far I have gotten the important things I want in life.

strongly disagree disagree slightly disagree neutral slightly agree agree strongly agree

e. If I could live my life over, I would change almost nothing.

strongly disagree disagree slightly disagree neutral slightly agree agree strongly agree



E2. Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by checking the appropriate space.

a. I was bothered by things that usually don't bother me.

- Rarely or None of the Time (Less than 1 day)
- Some or a Little of the Time (1-2 days)
- Occasionally or a Moderate Amount of the Time (3-4 days)
- Most or All of the Time (5-7 days)

b. I had trouble keeping my mind on what I was doing.

- Rarely or None of the Time (Less than 1 day)
- Some or a Little of the Time (1-2 days)
- Occasionally or a Moderate Amount of the Time (3-4 days)
- Most or All of the Time (5-7 days)

c. I felt depressed.

- Rarely or None of the Time (Less than 1 day)
- Some or a Little of the Time (1-2 days)
- Occasionally or a Moderate Amount of the Time (3-4 days)
- Most or All of the Time (5-7 days)

d. I felt that everything I did was an effort.

- Rarely or None of the Time (Less than 1 day)
- Some or a Little of the Time (1-2 days)
- Occasionally or a Moderate Amount of the Time (3-4 days)
- Most or All of the Time (5-7 days)

e. I felt hopeful about the future.

- Rarely or None of the Time (Less than 1 day)
- Some or a Little of the Time (1-2 days)
- Occasionally or a Moderate Amount of the Time (3-4 days)
- Most or All of the Time (5-7 days)

f. I felt fearful.

- Rarely or None of The time (Less than 1 day)
- Some or a Little of the Time (1-2 days)
- Occasionally or a Moderate Amount of the Time (3-4 days)
- Most or All of the Time (5-7 days)

g. My sleep was restless.

- Rarely or None of the Time (Less than 1 day)
- Some or a Little of the Time (1-2 days)
- Occasionally or a Moderate Amount of the Time (3-4 days)
- Most or All of the Time (5-7 days)



h. I was happy.

- Rarely or None of the Time (Less than 1 day)
- Some or a Little of the Time (1-2 days)
- Occasionally or a Moderate Amount of the Time (3-4 days)
- Most or All of the Time (5-7 days)

i. I felt lonely.

- Rarely or None of the Time (Less than 1 day)
- Some or a Little of the Time (1-2 days)
- Occasionally or a Moderate Amount of the Time (3-4 days)
- Most or All of the Time (5-7 days)

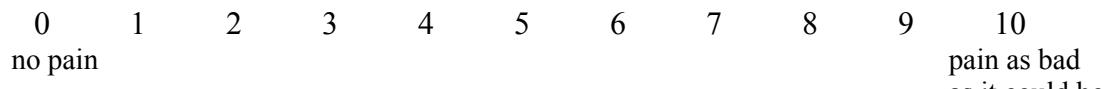
j. I could not get "going."

- Rarely or None of the Time (Less than 1 day)
- Some or a Little of the Time (1-2 days)
- Occasionally or a Moderate Amount of the Time (3-4 days)
- Most or All of the Time (5-7 days)

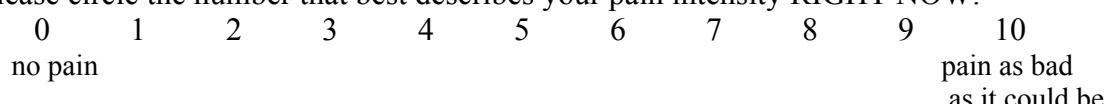
E3. Do you use cannabis to treat pain?

- yes
- no (go to E7)

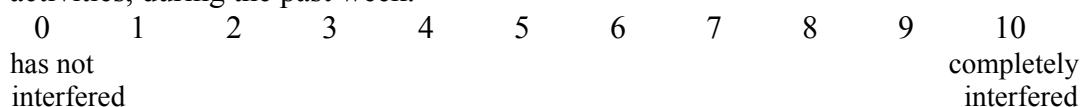
a. Please circle the number that best describes your pain intensity ON AVERAGE during the past week.



b. Please circle the number that best describes your pain intensity RIGHT NOW.



c. Please circle the number that best describes the extent to which your pain has interfered with your daily activities, during the past week.



E4. Below are four statements describing thoughts and feelings that may be associated with pain. Please circle the number that best describes the extent to which you have these thoughts and feelings *when you are experiencing pain*.

a. It's awful and I feel it overwhelms me.

Not at all To a slight degree To a moderate degree To a great degree All the time

b. It's terrible and I feel it's not going to get any better.

Not at all To a slight degree To a moderate degree To a great degree All the time
c. I feel I can't stand it anymore.

d. There is nothing I can do to reduce the intensity of my pain.

E5. During the past week, how much pain relief has cannabis provided? Please circle the one percentage that shows how much RELIEF you have received.



E6. During the past week, how much pain relief have pain treatments or medications (*other than cannabis*) provided? Please circle the one percentage that shows how much RELIEF you have received.



E7. In general, would you say your health is:

Excellent Very Good Good Fair Poor

F. Other drugs:

F1. Have you used any other drugs besides cannabis and alcohol, not counting drugs for which you have a prescription, in the past month? (circle one)

..... Yes

.....No (go to question F3)

F2. List all the drugs besides alcohol, cannabis, and tobacco, used without a prescription in the past month:

1. 2. 3. 4. 5. 6.



F3. Have you ever received treatment for alcohol dependence in the past? (circle one)

-Yes
-No

F4. Have you received treatment for substance abuse problems in the past? (circle one)

-Yes
-No

F5. Do you currently attend 12-step recovery program meetings? (circle one)

-Yes
-No

F6. Are you now in any other form of substance abuse or alcohol recovery program? (circle one)

-Yes
-No

F7. Now we would like to ask you about substituting cannabis for other drugs or alcohol. What this means is purposely choosing to use cannabis INSTEAD of alcohol or other drugs.

a. Have you ever used cannabis as a substitute for alcohol? (circle one)

-Yes
-No

b. Have you ever used cannabis as a substitute for illegal drugs? (circle one)

-Yes
-No

c. Have you ever used cannabis as a substitute for prescription drugs?

-Yes
-No

d. Why did you use cannabis instead of alcohol/illegal/prescription drugs? (RANK)

-Less adverse side-effects from cannabis
-Less withdrawal symptoms with cannabis
-The ability to obtain cannabis vs. other drugs
-Social acceptance of cannabis is greater than other drugs
-Better symptom management from cannabis than from alcohol or other drugs
-Other. Please specify: _____

G. Thanks for participating in this study....