|  |  |
| --- | --- |
| **Questions** | **Answers**  **(circle ONE best answer)** |
| *Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains and toothaches).*  **Q1**. Have you had pain **other than** these everyday kinds of pain today (circle one)? | 1. YES    2. NO |
| **Q2***. Average Pain in the LAST 24 hours (circle one)*  Please rate 0(no pain) to 10(pain as bad as you can imagine) | 0 1 2 3 4 5 6 7 8 9 10  (0=none) (10=worst) |
| **Q3.** Are you taking prescribed medications for your pain | 1. YES    2. NO |
| **Q4.** Are you taking chronic opioid medications for your pain (over 3 months)? | 1. YES    2. NO |
| **Q5**. In the last 24 hours how much pain relief have the pain treatments or medications provided? (0-100% complete relief) | 1. 0-25%  2. 25-50%  3. 50-75%  4. 75-100% |
| **Q6.**Your Current Age | 1.18-25  2. 25-30  3. 30-45  4. 45-60  5. 60-75  6. >75 |
| **Q7.** Gender | 1. Male  2. Female |
| **Q8.** Current Tobacco Use | 1. YES  2. NO |
| **Q9.** Cannabis (Marijuana) Use | 1. YES (go to next page)  2. NO (go to page 3) |
| **Q10.** If ***YES to Cannabis Use*** please answer these**----🡪**  *(circle the one you use Most Often*)  If **NO *to Cannabis Use***,  SKIP THIS PAGE AND PROCEED TO THE NEXT PAGE. | Route:  1. smoke  2. vape  3. eat  Dose:  4. 1-2 puffs  5. several puffs  6. entire joint  Reason:  7. medical (prescribed by doctor)  8. recreational (not prescribed)  Frequency:  9. rare  10. weekly  11. daily  12. multiple times per day  Last use  13. more than 1 year ago  14. 1 month to 1 year ago  15. 1 week to 1 month ago  16. less than 1 week ago  17. less than 24 hours ago |

**Please select the ONE in each category.**

**Q11. How effective are cannabinoids (marijuana) at treating your symptoms?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very effective** | **Somewhat effective** | **Slightly effective** | **No effect** |
| 1. Decreased pain |  |  |  |  |
| 2. Improved sleep |  |  |  |  |
| 3. Improved mood |  |  |  |  |

**Q12. Do you typically experience these side effects of cannabinoids (marijuana)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Severe** | **Moderate** | **Mild** | **None** |
| 1. Anxiety |  |  |  |  |
| 2. Dizziness |  |  |  |  |
| 3. Dry mouth |  |  |  |  |
| 4. Paranoia |  |  |  |  |

**Q13.** Have you **EVER** used the following drugs?

**Please check which apply**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug** | **Never used** | **Last use**  **More than 1 year ago** | **Last use**  **Less than 1 year ago** |
| 1. Amphetamines |  |  |  |
| 2. Cocaine |  |  |  |
| 3. Opiates (heroin) |  |  |  |
| 4. PCP (phencyclidine) |  |  |  |
| 5. Synthetic cannabinoids (K2/Spice) |  |  |  |
| 6. Methamphetamines |  |  |  |
| 7. MDMA (Ecstasy) |  |  |  |

**Q14. Please check which apply**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Questions** | **Strongly agree** | **Agree** | **Somewhat agree** | **Disagree** |
| 1. I believe marijuana is **effective** for **chronic** pain |  |  |  |  |
| 2. I would use marijuana for **chronic** pain **if prescribed** by a *doctor* |  |  |  |  |
|  |  |  |  |  |
| 3. I believe that marijuana is effective for pain after **surgery** or acute injury |  |  |  |  |
| 4. I would use marijuana for pain after surgery or injury **if prescribed** by a *doctor* |  |  |  |  |
|  |  |  |  |  |
| 5. Marijuana should be ***legalized for medical use*** |  |  |  |  |
| 6. Marijuana should be *legalized for* ***recreational*** *use* |  |  |  |  |