

## Understanding Cannabis Use with Cancer

Thank you for taking the time to answer this survey. Your responses will help us better understand how patients in Minnesota use or do not use medical cannabis as a treatment option. Answering these questions is entirely voluntary and will not affect your medical care, insurance coverage, or relationships with health care providers. All information, including your name and answers will be kept confidential.

**1. Some people that receive this survey may also have gotten a similar survey from Mayo Clinic or The University of Minnesota. While they are similar, they are important differences and purposes. We ask that you complete both. Have you received a similar survey over the past two months?**

- Yes →
- No

**1a. Did you complete that survey?**

- Yes
- No

**2. In general, how would you rate your overall health?**

- Excellent
- Very Good
- Good
- Fair
- Poor

**3. Have you ever been diagnosed with cancer?**

- Yes
- No →

Thank you for your responses. Unfortunately you are not eligible to complete the rest of this survey. *Please return this survey in the enclosed envelope.*

**4. With which of the following types of cancer have you been diagnosed? *Select all that apply.***

- |   |   |
|---|---|
| <input type="checkbox"/> Breast cancer                                      | <input type="checkbox"/> Kidney cancer                                  |
| <input type="checkbox"/> Prostate cancer                                    | <input type="checkbox"/> Non-Hodgkin lymphoma                           |
| <input type="checkbox"/> Lung cancer  | <input type="checkbox"/> Head/Neck cancer (e.g., tonsil, throat, mouth) |
| <input type="checkbox"/> Colon/rectal cancer                                | <input type="checkbox"/> Leukemia                                       |
| <input type="checkbox"/> Bladder cancer                                     | <input type="checkbox"/> Pancreatic cancer                              |
| <input type="checkbox"/> Gynecological cancer (e.g., ovary, uterus, cervix) | <input type="checkbox"/> Other cancer, please specify: _____            |
| <input type="checkbox"/> Melanoma   |   |

**5. What is your cancer stage?**

- Stage I
- Stage II
- Stage III
- Stage IV (often referred to as "metastatic")
- Don't know

We would like to better understand the opinions of people who have been diagnosed with cancer. We want to know your opinions about the use of cannabis (marijuana) and cannabis-related products. We are interested in your responses even if you do not use cannabis as a treatment option. As a reminder, your data will be kept confidential and will never be associated with your name or other identifiable information.

When we use the term 'cannabis' we are referring to any:

- Marijuana
- Cannabis concentrates
- Edibles, lotions, ointments, tinctures containing cannabis
- CBD-only products
- Pharmaceutical or prescription cannabinoids (e.g., dronabinol, nabilone, Marinol, Syndros, Cesamet)
- Other products made with cannabis

**6. Which medical provider certified you for the Minnesota Medical Cannabis Program?**

Cancer provider



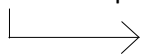
6aa. Was this provider an MD/DO or NP/PA?  MD/DO  NP/PA

Primary care provider



6ab. Was this provider an MD/DO or NP/PA?  MD/DO  NP/PA

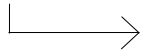
Palliative care provider



6ac. Was this provider an MD/DO or NP/PA?  MD/DO  NP/PA

A cannabis referral clinic

Other healthcare provider, please specify: \_\_\_\_\_



6ad. Was this provider an MD/DO or NP/PA?  MD/DO  NP/PA

I have not been certified by the Minnesota Medical Cannabis Program

**7. Prior to your cancer diagnosis, did you ever, even once, use cannabis for any reason?**

Yes

No

**8. Have you used cannabis at any time since your cancer diagnosis?**

Yes → Skip to question 9 on page 4

No



**8a. Have you considered using cannabis since your cancer diagnosis?**

Yes →

No

**8b. What are the reasons you have not used cannabis since your diagnosis?**

*Select all that apply.*

- Cost is too high
- Not covered by my health insurance
- My health care providers have not suggested or recommended it
- My healthcare providers have recommended against it
- I did not think it would be helpful for me
- I did not know how to get it
- Too many choices or unsure which products are safe and effective
- Concern about interaction with other medicines
- Concern about side effects
- I had a bad experience with cannabis
- Concern about legal consequences
- Concern about job loss or negative career impacts
- Concern about negative reactions from family members or friends
- It goes against my personal beliefs
- Other (please specify: \_\_\_\_\_)

**8c. How interested are you in trying cannabis for your cancer in the future?**

- Very interested
- Somewhat interested
- Not at all interested

Skip to  
question 28  
on page 9  
(look for ▲)

**9. Are you currently using cannabis?**

- Yes
- No



Skip to question 27 on page 8 (look for ■)

**9a. What is your best estimate of the number of days you used cannabis during the past 30 days?**

days

**9b. Compared to before the start of the coronavirus pandemic in about March 2020, would you say that your use of cannabis has...**

- Increased
- Stayed about the same
- Decreased
- Not applicable

**9c. Who has given you instructions on how to use cannabis (for example, which products to use, how to use them, and how much to take)? *Select all that apply.***

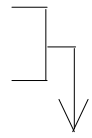
- Cancer doctor/nurse practitioner/physician assistant/nurse
- Primary care doctor/nurse practitioner/physician assistant/nurse
- Palliative care doctor/nurse practitioner/physician assistant/nurse
- Cannabis pharmacist
- Friends or family
- Online sources (Blogs, social networking groups, etc)
- Some other source, please specify: \_\_\_\_\_
- No one

**9d. How often did the cannabis pharmacist explain things in a way that was easy to understand?**

- Never
- Sometimes
- Usually
- Always

**10. Do you have all the information you need about cannabis use?**

- Yes, definitely
- Yes, somewhat
- No



**10a. What additional information do you need?**

\_\_\_\_\_

\_\_\_\_\_

**11. Does your cancer doctor/team know you are using cannabis?**

- No, none of your healthcare providers know
- No, have not told your cancer doctor/team, but another healthcare provider knows
- Yes, cancer doctor/team know

**12. Where do you get cannabis? *Select all that apply.***

- Grow it yourself
- Someone grows it for you as part of medical co-op
- From a friend or a local dealer
- From a state-sponsored medical dispensary (Green Goods or LeafLine Labs)
- From a recreational marijuana store/dispensary
- Somewhere else (Where else do you get cannabis? \_\_\_\_\_ )

**12a. What specific cannabis products do you use regularly? *Select all that apply.***

- High THC:CBD products (Green Goods: Red/Yellow/Silver or Black. LeafLine: Tangerine)

↳ **12aa. Is this oral, vaporizer or topical? *Select all that apply.***  Oral  Vaporizer  Topical

- Equal THC:CBD products (Green Goods: Green. LeafLine: Heather)

↳ **12ab. Is this oral, vaporizer or topical? *Select all that apply.***  Oral  Vaporizer  Topical

- High CBD:THC products (Green Goods: Blue/Indigo/Violet. LeafLine: Cobalt)

↳ **12ac. Is this oral, vaporizer or topical? *Select all that apply.***  Oral  Vaporizer  Topical

**13. In an average month, approximately how much money do you spend on cannabis purchases from the Minnesota Medical Cannabis Program?**

- Less than \$50 US Dollars
- \$50-\$99 US Dollars
- \$100-\$199 US Dollars
- \$200-\$299 US Dollars
- \$300-\$399 US Dollars
- \$400 US Dollars or more

**14. In an average month, approximately how much money do you spend on cannabis purchases?**

- Less than \$50 US Dollars
- \$50-\$99 US Dollars
- \$100-\$199 US Dollars
- \$200-\$299 US Dollars
- \$300-\$399 US Dollars
- \$400 US Dollars or more

The next few questions ask about your use of cannabis during and after your cancer treatment.

**15. Did you use cannabis at any time during your cancer treatment?**

- Yes
- No
- I haven't started treatment

**15a. On average, during your cancer treatment, how often do you or did you use cannabis?**

- More than once a day
- Once a day or almost every day
- A few times a week
- A few times a month
- Once a month or less
- Only tried it once or twice

**16. Who is the main person that gives you instructions on how to use cannabis and how much to take?**

- Primary care provider
- Oncologist involved with your cancer treatment
- Nurse or physician's assistant involved with your cancer treatment
- Pharmacist
- Nutritionist or dietician
- Cannabis store or dispensary worker
- Unlicensed cannabis dealer or seller
- Another cancer patient
- Friend or family member
- Other (please specify the person who gives you instructions: \_\_\_\_\_)
- No one gives me instructions

**17. At any time since your cancer diagnosis, have you used cannabis in the following ways? *Select all that apply.***

- Smoking such as in a joint, bong, pipe, or blunt
- Eating it in food such as brownies, cakes, cookies, or candy
- Drinking it in a liquid such as tea, cola, or alcohol
- Taking by mouth such as pills, tinctures, or sublingually (under the tongue)
- Vaping or vaporizing such as in an e-cigarette-like vaporizer or other vaping device
- Dabbing such as using waxes or shatter
- Applying topically such as in a lotion, cream, or patch
- Other (please specify: \_\_\_\_\_)

**18. What were your reasons for using cannabis after your cancer diagnosis? *Select all that apply.***

- Pain
- Mood changes, stress, anxiety, or depression
- Neuropathy (numbness or tingling)
- Difficulty sleeping
- Difficulty concentrating
- Skin problems
- Sweating symptoms (e.g., hot flashes, night sweats)
- Digestive problems (e.g., nausea, vomiting, diarrhea, constipation)
- Lack of appetite
- Lack of energy or fatigue
- Lack of sexual interest or activity
- Used as a treatment or cure for cancer
- Used recreationally or for enjoyment
- Used for a cancer symptom or cancer treatment side effect not listed here (please specify: \_\_\_\_\_)
- Other reason (please specify: \_\_\_\_\_)

*These next few questions ask about cancer symptoms or cancer treatment side effects, and how your use of cannabis has affected them. If you do not experience these symptoms, please select "I do not have this symptom".*

**19. How much do you think cannabis has worsened or improved your pain?**

- Worsened quite a bit
- Somewhat worsened
- No change
- Somewhat improved
- Improved quite a bit
- I do not have this symptom

**20. How much do you think cannabis has worsened or improved your stress, anxiety, or depression?**

- Worsened quite a bit
- Somewhat worsened
- No change
- Somewhat improved
- Improved quite a bit
- I do not have this symptom

**21. How much do you think cannabis has worsened or improved your neuropathy (numbness or tingling in your hands or feet)?**

- Worsened quite a bit
- Somewhat worsened
- No change
- Somewhat improved
- Improved quite a bit
- I do not have this symptom

**22. How much do you think cannabis has worsened or improved your insomnia or difficulty sleeping?**

- Worsened quite a bit
- Somewhat worsened
- No change
- Somewhat improved
- Improved quite a bit
- I do not have this symptom

**23. How much do you think cannabis has worsened or improved your loss of appetite?**

- Worsened quite a bit
- Somewhat worsened
- No change
- Somewhat improved
- Improved quite a bit
- I do not have this symptom

24. How much do you think cannabis has worsened or improved your digestive problems (e.g., nausea, vomiting, diarrhea, constipation)?

- Worsened quite a bit
- Somewhat worsened
- No change
- Somewhat improved
- Improved quite a bit
- I do not have this symptom

25. How much do you think cannabis has worsened or improved your fatigue or lack of energy?

- Worsened quite a bit
- Somewhat worsened
- No change
- Somewhat improved
- Improved quite a bit
- I do not have this symptom

26. Since your cancer diagnosis, have you ever stopped using cannabis or used it less than you would like?

- Yes →
- No

**26a. Did you stop using cannabis or use it less than you would like for any of the following reasons? *Select all that apply.***

- Cost is too high
- Not covered by my health insurance
- My health care providers have not suggested or recommended it
- My healthcare providers have recommended against it
- It did not help my symptoms
- I did not know how to get it
- Too many choices or unsure which products are safe and effective
- Concern about interaction with other medicines
- Concern about side effects
- I had a bad experience with cannabis
- Concern about legal consequences
- Concern about job loss or negative career impacts
- Concern about negative reactions from family members or friends
- It goes against my personal beliefs
- Other (please specify: \_\_\_\_\_)

27. Why did you stop using cannabis? *Select all that apply.*

- You wanted to stop
- Family wanted you to stop
- Health care provider told you to stop
- Concerned about negative impacts of cannabis
- You only experimented in the past
- Worries cannabis was related to your cancer diagnosis
- Didn't think that cannabis was helping your cancer symptoms
- Stopped for other reasons, please specify: \_\_\_\_\_



The following questions are about you and will help us understand your responses better.

28. Please indicate when (if at all) you have used the following therapies to treat your cancer:

	Currently using	Not currently using, but have used in the past	Never used
28a. Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28b. Radiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28c. Chemotherapy (oral or IV medications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28d. Immunotherapy (medications often given via IV such as nivolumab, pembrolizumab, ipilimumab and others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28e. Hormone-blocking pills or shots (e.g., anti-estrogen treatment for breast cancer, or anti-testosterone treatments for prostate cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28f. Other complementary or alternative therapies (e.g., herbal supplements, acupuncture, specific "anti-cancer" diet)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28g. Other treatment(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. What is the highest grade or level of schooling you completed?

- Less than 8 years
- 8 through 11 years
- 12 years or completed high school
- Post high school training other than college (vocational or technical)
- Some college
- College graduate
- Post graduate

30. What is your age?

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 years old

31. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female

32. How do you currently describe yourself?

- Male
- Female
- Transgender
- None of these

What is your current gender identity? \_\_\_\_\_

33. Which of the following best represents how you think of yourself?

- Gay or lesbian
- Straight, that is, not gay or lesbian
- Bisexual
- Something else
- I am not sure yet

What do you mean by something else? \_\_\_\_\_

34. What is your marital status? *Mark only one.*

- Married
- Living as married
- Divorced
- Widowed
- Separated
- Single, never been married

35. Are you Hispanic, Latino/a, or Spanish origin? *Mark all that apply.*

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Other Hispanic, Latino/a, or Spanish origin
- None of these

36. What is your race? One or more categories may be selected. *Mark all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Vietnamese                    |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other Asian                   |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian               |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian or Chamorro         |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Samoan                        |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Other Pacific Islander        |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Other (please specify), _____ |
| <input type="checkbox"/> Korean                           |  |

37. What is your current occupational status? *Mark only one.*

- Employed
- Unemployed
- Homemaker
- Student
- Retired, or
- Disabled
- Other (Specify) \_\_\_\_\_

**38. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?**

- Yes  
 No

**38a. What is the primary source of your health care coverage?**

- A plan purchased through an employer or union (including plans purchased through another person's employer)  
 A plan that you or another family member buys on your own  
 Medicare  
 Medicaid or other state program  
 TRICARE (formerly CHAMPUS), VA, or Military  
 Alaska Native, Indian Health Service, Tribal Health Services  
 Some other source  
 None (no coverage)

**39. Which one of these comes closest to your own feelings about your household's income these days?**

- Living comfortably on present income  
 Getting by on present income  
 Finding it difficult on present income  
 Finding it very difficult on present income

**40. Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year?**

- \$0 to \$9,999  
 \$10,000 to \$14,999  
 \$15,000 to \$19,999  
 \$20,000 to \$34,999  
 \$35,000 to \$49,999  
 \$50,000 to \$74,999  
 \$75,000 to \$99,999  
 \$100,000 to \$199,999  
 \$200,000 or more

**41. What is the zip code of your current home address?**

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**42. Were you born in the United States?**

- Yes  
 No

Thank you for taking the time to complete this survey. Your responses are important.  
*Please return this survey in the enclosed envelope.*