

Core Measures Questionnaire

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

[ASK ALL]

1. Do you think that there are any benefits related to cannabis use? [CM_ANYBEN]
 - Yes
 - No --> SKIP PATTERN

[ASK IF CM_ANYBEN = YES]

2. What do you believe are the benefits of using cannabis, even if you've never used it? Select all that apply. [CM_BENE_01 – CM_BENE_16, CM_BENE_OS]
 - Pain management
 - Relief of stress, anxiety or depression
 - Relief from neuropathy (numbness or tingling in your hands or feet)
 - Relief from sweating symptoms (e.g., hot flashes, night sweats)
 - Improved sleep
 - Improved nausea or vomiting
 - Increased appetite
 - Increased energy or reduced fatigue
 - Increased sexual interest or activity
 - Decreased use of other medications
 - Decreased use of illicit substances other than cannabis
 - Managing side effects from cancer treatment
 - Treatment of or cure for cancer
 - Treatment of another medical condition (i.e., seizures, chronic pain)
 - Enjoyment or recreation
 - Other benefits (please specify: _____)

[ASK ALL]

3. Do you think that there are any risks related to cannabis use? [CM_ANYRISK]
 - Yes
 - No --> SKIP PATTERN

[ASK IF CM_ANYRISK = YES]

4. What do you believe are the risks of using cannabis? Select all that apply. [CM_RISK_01 – CM_RISK_20, CM_RISK_OS]
 - Daytime sleepiness

- Headache
- Irritability
- Impaired memory
- Difficulty concentrating
- Dizziness or falls
- Disruption in sleep
- Inability to drive
- Lung damage
- Addiction to cannabis
- Increased stress, anxiety, or depression
- Increased appetite or weight gain
- Increased use of other prescribed medications
- Increased use of illicit substances other than cannabis
- Increased risk of cancer
- Increased risk of development of other diseases
- Legal risks
- Job loss or negative career impact
- Negative reactions from family members or friends
- Other risks (please specify: _____)

[ASK ALL]

5. Where would you be most likely to go if you wanted to learn more about cannabis use and cancer? Select all that apply. [CM_INFO_01 – CM_INFO_14, CM_INFO_OS]

- Primary care provider
- Oncologist in charge of your cancer treatment
- Nurse or physician's assistant involved with your cancer treatment
- Nutritionist
- Another cancer patient
- Friend or family member
- Cannabis store or dispensary
- Hospital website
- Official federal, state, or local government website
- Pamphlet or handout
- News or magazine articles
- Internet search engine (e.g., Google)
- Social media or blogs (Facebook, Twitter, etc.)
- Other (please specify: _____)

[ASK ALL]

6. How comfortable would you feel talking with your healthcare providers about cannabis? [CM_COMFORT]

- Extremely uncomfortable
- Somewhat uncomfortable

- Somewhat comfortable
- Extremely comfortable

[ASK ALL]

7. Have you discussed using cannabis for your cancer symptoms with a healthcare provider?
[CM_DISC]
- Yes
 - No --> SKIP PATTERN

[ASK IF CM_DISC = YES]

8. What type of healthcare provider have you talked to about cannabis? Select all that apply.
[CM_DISC_01 – CM_DISC_06]
- Primary care provider
 - Oncologist involved with your cancer treatment
 - Nurse or physician's assistant involved with your cancer treatment
 - Pharmacist
 - Nutritionist or dietician
 - Another health care professional

[ASK ALL]

9. At any time since your cancer diagnosis, has your doctor or another healthcare provider recommended that you use cannabis? [CM_RECC]
- Yes
 - No --> SKIP PATTERN

[ASK IF CM_RECC = YES]

10. What type of healthcare provider recommended you use cannabis? Select all that apply.
[CM_RECC_01 – CM_RECC_06]
- Primary care provider
 - Oncologist involved with your cancer treatment
 - Nurse or physician's assistant involved with your cancer treatment
 - Pharmacist
 - Nutritionist or dietician
 - Another health care professional

[ASK ALL]

11. Prior to your cancer diagnosis, did you ever, even once, use cannabis for any reason? [CM_USEBD]
- Yes
 - No

[ASK ALL]

12. Have you used cannabis at any time since your cancer diagnosis? [CM_USEAD]

- Yes --> SKIP PATTERN
- No --> SKIP PATTERN

[ASK IF CM_USEAD = NO]

13. Have you considered using cannabis since your cancer diagnosis? [CM_BARRIER]

- Yes
- No --> SKIP PATTERN

[ASK IF CM_BARRIER = YES]

14. What are the reasons you have not used cannabis since your diagnosis? Select all that apply.

[CM_BARRIER_01 – CM_BARRIER_13, CM_BARRIER_OS]

- 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
- It goes against my personal beliefs
- Other (please specify: _____)

[ASK IF CM_USEAD = YES]

15. Are you currently using cannabis? [CM_USECUR]

- Yes
- No --> SKIP PATTERN

[ASK IF CM_USECUR = YES]

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

[CM_FREQ30]

[RANGE 0-30]

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

[ASK IF CM_USEAD = YES]

17. Did you use cannabis at any time during your cancer treatment? [CM_USEDT]

- Yes
- No --> SKIP PATTERN

- I haven't started treatment --> SKIP PATTERN

[ASK IF CM_USEDT = YES]

18. On average, during your cancer treatment, how often do you or did you use cannabis? [CM_FREQDT]

- 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

[ASK IF CM_USEAD = YES]

19. Did you use cannabis at any time after the end of your cancer treatment? [CM_USEAT]

- Yes
- No --> SKIP PATTERN
- I haven't finished treatment --> SKIP PATTERN

[ASK IF CM_USEAT = YES]

20. On average, after your cancer treatment, how often do you or did you use cannabis? [CM_FREQAT]

- 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

[ASK IF CM_USEAD = YES]

21. Who is the main person that gives you instructions on how to use cannabis and how much to take? [CM_INSTRUCT, CM_INSTRUCT_OS]

- 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

[ASK IF CM_USEAD = YES]

22. At any time since your cancer diagnosis, have you used cannabis in the following ways? Select all that apply. [CM_MODE_01 – CM_MODE_08, CM_MODE_OS]
- 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: _____)

[ASK IF CM_USEAD = YES]

23. Which one of the following ways do you, or did you, use cannabis most often since your cancer diagnosis? [CM_MODEMOST, CM_MODEMOST_OS]
- 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: _____)

[ASK IF CM_USEAD = YES]

24. What were your reasons for using cannabis after your cancer diagnosis? Select all that apply. [CM_REASON_01 – CM_REASON_15, CM_REASON14_OS, CM_REASON15_OS]
- 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".

[ASK IF CM_USEAD = YES]

25. How much do you think cannabis has worsened or improved your pain? [CM_PAIN]

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

[ASK IF CM_USEAD = YES]

26. How much do you think cannabis has worsened or improved your stress, anxiety, or depression? [CM_STRESS]

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

[ASK IF CM_USEAD = YES]

27. How much do you think cannabis has worsened or improved your neuropathy (numbness or tingling in your hands or feet)? [CM_NEURO]

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

[ASK IF CM_USEAD = YES]

28. How much do you think cannabis has worsened or improved your insomnia or difficulty sleeping? [CM_INSOM]

- Worsened quite a bit

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

[ASK IF CM_USEAD = YES]

29. How much do you think cannabis has worsened or improved your loss of appetite? [CM_APPET]

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

[ASK IF CM_USEAD = YES]

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

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

[ASK IF CM_USEAD = YES]

31. How much do you think cannabis has worsened or improved your decline in sexual interest or activity? [CM_SEXUAL]

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

[ASK IF CM_USEAD = YES]

32. How much do you think cannabis has worsened or improved your sweating symptoms (e.g., hot flashes, night sweats)? [CM_SWEAT]

- Worsened quite a bit

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

[ASK IF CM_USEAD = YES]

33. How much do you think cannabis has worsened or improved your fatigue or lack of energy? [CM_FATIGUE]

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

[ASK IF CM_USEAD = YES]

34. Do you think cannabis has worsened any of your other cancer symptoms or cancer treatment side effects? [CM_OTHERW, CM_OTHERW_OS]

- Yes (please specify: _____)
- No

[ASK IF CM_USEAD = YES]

35. Do you think cannabis has improved any of your other cancer symptoms or cancer treatment side effects? [CM_OTHERI, CM_OTHERI_OS]

- Yes (please specify: _____)
- No

[ASK IF CM_USEAD = YES]

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

- Yes --> SKIP PATTERN
- No

[ASK IF CM_STOP = YES]

37. Did you stop using cannabis or use it less than you would like for any of the following reasons? Select all that apply. [CM_STOP_01 – CM_STOP_13, CM_STOP_OS]

- 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
- It goes against my personal beliefs
- Other (please specify: _____)