Appendix I: Survey

Survey: Cannabis Use in a Tertiary Headache Clinic

Thank you for taking the time to complete our survey; it will help us better understand the patterns of cannabis use in headache patients and improve the care we provide headache sufferers every day.

**All of your answers will be kept strictly confidential. Your name and Medical Record Number will be held until the survey and chart review is complete (typically within 2-3 weeks of survey collection). After that, your survey and data from chart review will only be associated with a unique identifier number associated with the study.**

**Please list any medical problems and conditions for which you have seen a medical doctor or received a diagnosis.**

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**[Insert SF-12 Questionnaire modified for HA]**

**What type of headaches do you experience (as diagnosed by a Neurologist or Headache Specialist)?**

☐ Migraine

☐ Tension Type Headache

☐ Trigeminal Autonomic Cephalgia (Cluster Headache, HCC, PH, SUNCT / SUNA)

☐ Idiopathic Intracranial Hypertension

☐ Spontaneous Intracranial Hypotension

☐ Post-traumatic headache

☐ Trigeminal Neuralgia

☐ Medication Overuse Headache

☐ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many headache days, on average, do you experience in a typical month?** \_\_\_\_\_\_\_\_\_\_

**At what age did your headaches begin? \_\_\_\_\_\_\_\_\_\_**

**How many years have you suffered from headaches?** \_\_\_\_\_\_\_\_\_\_

**If you do not use cannabis or related products, please stop here. The rest of the survey explores use of such things and will not be relevant to you. Otherwise, please continue.**

**In a given month, how often do you use cannabis and related products?**

☐ None

☐ Once per month

☐ 2-3 times per month

☐ 4-8 times per month (about 1-2 times per week

☐ 9-24 times per month (about 3-6 times per week

☐ 25-30 times per month (one or more times per day)

**In the past year, how many days did you use cannabis and related products?** \_\_\_\_\_\_\_\_

**In the past three months, where did you get the cannabis you used?**

☐ I grow my own

☐ Someone grows it for me

☐ From an authorized retailer

☐ From a compassion club, dispensary or storefront

☐ Online from a licensed producer

☐ Online from another source

☐ It was shared around a group of friends

☐ From an acquaintance

☐ From a family member or friend

☐ From a dealer

☐ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the past 30 days, how often did you use cannabis recreationally?** \_\_\_\_\_\_\_\_\_\_

**In the past 30 days, how often did you use cannabis to treat your headaches?** \_\_\_\_\_\_\_\_\_\_

**In the past 30 days, how often did you use cannabis prescribed by a medical doctor?** \_\_\_\_\_\_\_\_\_\_

**How much did you spend on cannabis in the past three months?**

☐ Nothing, got it free or traded something for it

☐ Between $1 and $10

☐ Between $11 and $25

☐ Between $26 and $50

☐ Between $51 and $100

☐ Between $101 and $150

☐ Between $151 and $250

☐ Between $251 and $500

☐ Between $501 and $750

☐ Between $751 and $1,000

☐ Between $1,001 and $1,250

☐ Over $1,250

**At what age did you first begin using cannabis?** \_\_\_\_\_\_\_\_\_\_

**In a given month, which of the following formulations of cannabis have you used?**

**If you use an agent regularly, please indicate the amount you consume.**

☐ **Dried flower or leaf (smoked or vaporized) (e.g., grass, weed)**

Grams

1/8 of an ounce

1/4 of an ounce

1/2 of an ounce

Ounces

Joints

If you answered YES, indicate which strain(s) you use, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ **Solid concentrate e.g., shatter, budder**

Milligrams

Grams

1/8 of an ounce

1/4 of an ounce

1/2 of an ounce

Ounces

☐ **Edibles e.g., prepared food products**

Milligrams

Grams

Packages

Servings

☐ **Liquid e.g., cola, tea**

Millilitres

Litres

Servings

Cups

☐ **Hashish or kief**

Grams

Ounces

☐ **Liquid concentrate (e.g., CBD / THC oil, butane honey oil)**

Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Milligrams

Grams

1/8 of an ounce

1/4 of an ounce

1/2 of an ounce

Ounces

Drops

☐ **Cannabis oil cartridges or disposable vape pens**

Milligrams

Cartridges

Pens

☐ **Other (e.g., tinctures, topical ointments, fresh flower or leaf for juicing) (specify):**

Milligrams Grams

Millilitres Litres

1/8 of an ounce Joints

1/4 of an ounce Packages

1/2 of an ounce Servings

Ounces Cartridges

Pens Cups

Drops

**How frequently have you smoked cigarettes in the last 30 days?**

☐ Not at all

☐ Less than 1 cigarette per week

☐ Less than 1 cigarette per day

☐ 1-5 cigarettes per day

☐ 6-10 cigarettes per day

☐ 11-20 cigarettes per day

☐ More than 20 cigarettes per day

**Have you ever taken any of the following? If you currently use them, please indicate the number of days you use it in the last 30 days, and how much you use. Remember, your answers are confidential and you will remain anonymous.**

☐ Cocaine

☐ Mushrooms

☐ Ecstasy. MDMA

☐ LSD (Acid)

☐ PCP (Angel Dust)

☐ Crack

☐ Heroin

☐ Methamphetamine (Speed, Crank, Crystal Meth)

☐ Anabolic Steroids

☐ OxyContin

☐ 'Special K'

☐ Inhalants

☐ **Other (specify):**

**How effective would you say cannabis is for relieving the following:**

**Anxiety**

☐ Extremely effective

☐ Somewhat effective

☐ Neither effective nor ineffective

☐ Ineffective

☐ Worsens

☐ Don't know

**Stress**

☐ Extremely effective

☐ Somewhat effective

☐ Neither effective nor ineffective

☐ Ineffective

☐ Worsens

☐ Don't know

**Depression**

☐ Extremely effective

☐ Somewhat effective

☐ Neither effective nor ineffective

☐ Ineffective

☐ Worsens

☐ Don't know

**How effective would you say cannabis is for:**

**Aborting (stopping) an acute migraine attack**

☐ Extremely effective

☐ Somewhat effective

☐ Neither effective nor ineffective

☐ Ineffective

☐ Worsens

☐ Don't know

**Preventing migraine attacks from occurring**

☐ Extremely effective

☐ Somewhat effective

☐ Neither effective nor ineffective

☐ Ineffective

☐ Worsens

☐ Don't know

**Headache severity**

☐ Extremely effective

☐ Somewhat effective

☐ Neither effective nor ineffective

☐ Ineffective

☐ Worsens

☐ Don't know

**Headache frequency**

☐ Extremely effective

☐ Somewhat effective

☐ Neither effective nor ineffective

☐ Ineffective

☐ Worsens

☐ Don't know

**Headache-associated symptoms:**

**Nausea**

☐ Extremely effective

☐ Somewhat effective

☐ Neither effective nor ineffective

☐ Ineffective

☐ Worsens

☐ Don't know

**Photophobia (worsening headache with bright light)**

☐ Extremely effective

☐ Somewhat effective

☐ Neither effective nor ineffective

☐ Ineffective

☐ Worsens

☐ Don't know

**Phonophobia (worsening headache with noise)**

☐ Extremely effective

☐ Somewhat effective

☐ Neither effective nor ineffective

☐ Ineffective

☐ Worsens

☐ Don't know

**Evaluate this statement: *I feel that I have issues with my short-term memory.***

☐ Strongly agree ☐ Somewhat agree ☐ Don't know

☐ Strongly disagree ☐ Somewhat disagree ☐ Neither agree nor disagree

**If you believe you are having short-term memory problems, do you think that cannabis is contributing?**

☐ Yes ☐ No ☐ Don't know Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluate this statement: *I feel that cannabis use has impaired my long-term memory.***

☐ Strongly agree ☐ Somewhat agree ☐ Don't know

☐ Strongly disagree ☐ Somewhat disagree ☐ Neither agree nor disagree

**How long after consuming cannabis would you feel safe operating a vehicle or heavy machinery (hours)?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hours

**Have friends or members of your family told you that you ought to reduce or stop your cannabis use?**

☐ Never

☐ Rarely

☐ From time to time

☐ Fairly often

☐ Very often

**Have you ever tried to reduce or stop your cannabis use?**

☐ Never

☐ Rarely

☐ From time to time

☐ Fairly often

☐ Very often

**Have you ever had problems because of your use of cannabis (argument, fight, accident, work issue, etc.)?**

☐ Never

☐ Rarely

☐ From time to time

☐ Fairly often

☐ Very often

Have you ever experienced negative side effects because of your use of cannabis? If yes, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments:

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