

Patient Experience Survey

Learning from the experience of participants is an essential part of the Minnesota Medical Cannabis Program, and the Minnesota Department of Health's Office of Medical Cannabis is interested in your perception of both benefit and harm from this program. The survey consists of 11 questions, and requires approximately 5-10 minutes to complete. Your responses help us represent your voice and unique experience in this new program, and enable us to describe the impact of the program on participants' lives.

1. How much benefit, if any, have you experienced from taking medical cannabis?

(1- No benefit; 4- Some benefit; 7- A great deal of benefit)

1 2 3 4 5 6 7

2. What benefit(s) have you experienced as a result of taking medical cannabis? Please list benefits in order of importance to you. (Open response)

3. Do you find the cost of medical cannabis to be affordable or prohibitive?

(1- Very affordable; 4- Neither affordable nor prohibitive; 7- Very prohibitive)

1 2 3 4 5 6 7

4. How much negative impact, if any, have you experienced by taking medical cannabis? (For this question, please do not consider the financial costs).

(1- No negative effects; 4- Some negative effects; 7- A great deal of negative effects)

1 2 3 4 5 6 7

5. What negative effect(s) have you experienced as a result of taking medical cannabis?

(Please list negative effects in order of importance to you).

PATIENT EXPERIENCE SURVEY

6. Have you experienced any of the following negative effects? (check all that apply)
- A. Physical side effects related to medical cannabis use (stomach upset, fatigue, headache, blurred vision, etc.)
 - B. Mental/cognitive side effects related to medical cannabis use (mental clouding, confusion, depression, etc.)
 - C. Worsening of symptoms related to the condition being treated
 - D. Difficulty/inconvenience in accessing medical cannabis
 - E. Other negative effects (please specify):

7. Are you a:
- A. Patient
 - B. Parent of a patient
 - C. Registered caregiver of patient
 - D. Other:

8. How easy or difficult is it to use the online patient registry system?
(1- Very difficult to use; 4- Neither difficult nor easy to use; 7- Very easy/intuitive to use)
- 1 2 3 4 5 6 7

9. How helpful has the Office of Medical Cannabis Support Center been in addressing your questions or concerns (if applicable):
(1- Not very helpful; 4- Neither helpful nor unhelpful; 7- Very helpful)
- 1 2 3 4 5 6 7

10. Please indicate your level of agreement with the following statement:
The Office of Medical Cannabis Website provides me with the information I need to understand and participate in the program.

- A. Strongly disagree
- B. Disagree
- C. Agree
- D. Strongly agree
- E. Not applicable

PATIENT EXPERIENCE SURVEY

11. Is there anything else you would like the Office of Medical Cannabis to know?

Minnesota Department of Health
Office of Medical Cannabis
PO Box 64882
St. Paul, MN 55164-0882
651-201-5598
health.cannabis@state.mn.us
www.health.state.mn.us/medicalcannabis

06/2013

To obtain this information in a different format, call: 651-201-5598. Printed on recycled paper.