



## Medicinal Cannabis follow up and Adverse Effects Assessment Questionnaire

Confidential Document

### Patient Information:

- Name: Peter Alfred Smith
- Date of Birth: 1988-10-03
- Date of Assessment: 2024-03-07
- Healthcare Provider: Some Healthcare provider

**Instructions:** Please answer the following questions to the best of your ability. Be honest and specific about any symptoms or experiences you've had since starting medicinal cannabis treatment.

### Section 1: Baseline Information

1. **Diagnosis/Condition Requiring Medicinal Cannabis:** Some condition
2. **Date Started Medicinal Cannabis Treatment:** 2024-03-07
3. **Cannabis-Based Product Name (if known):** Some name
4. **On a scale of 1-5 (1 the least 5 the most), how much improvement has there been of your medical condition?** 5

### Section 2: Adverse Effects Assessment

Please mark the appropriate box for each item below:

(Use a scale from 0 to 3, where 0 = None, 1 = Mild, 2 = Moderate, 3 = Severe)

Adverse Effect	Severity (0-3)	Onset Date	Description (if any)
Nausea	3	03/06/2024	Description 1
Vomiting	1	03/05/2024	Description 2
Dizziness	1	02/01/2024	Description 3
Dry Mouth	0	03/01/2024	Description 4
Fatigue	2	03/02/2024	Description 5
Sleep Disturbances	1	03/06/2024	Description 6
Mood Changes	2	03/02/2024	Description 7
Anxiety	3	03/02/2024	Description 8
Confusion	0	03/03/2024	Description 9
Headaches	0	02/02/2024	Description 10
Memory Impairment	2	02/08/2024	Description 11

Adverse Effect	Severity (0-3)	Onset Date	Description (if any)
Increased Heart Rate	1	03/06/2024	Description 12
Coordination Problems	3	03/01/2024	Description 13
Gastrointestinal Problems	2	03/02/2024	Description 14
Other (specify)	1	03/02/2024	Description 15

Section 3: Impact on Daily Life

- Please describe how the adverse effects have affected your daily life, including work, social activities, and personal well-being. Some description here

Section 4: Additional Comments

- Do you have any other comments or concerns about your experience with medicinal cannabis treatment and its adverse effects? No

Section 5: Follow-up and Recommendations

- Based on your responses and our discussion, we may need to make adjustments to your treatment plan. Please check the appropriate box as to what you would prefer:  
Continue current treatment.