### Medicinal Cannabis follow up and Adverse Effects Assessment Questionnaire

#### Patient Information:

Name: Andrew John SamsonDate of Birth: 1989-02-08

Date of Assessment: 2024-02-05Healthcare Provider: Yardley Clinic

**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: Test1
- 2. Date Started Medicinal Cannabis Treatment: 2024-02-01
- 3. Cannabis-Based Product Name (if known): Test2
- 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	1	02/07/2024	Test1
Vomiting	2	03/15/2024	Test2
Dizziness	3	02/04/2021	Test3
Dry Mouth	4	03/13/2024	Test4
Fatigue	3	02/23/2024	Test5
Sleep Disturbances	1	02/21/2024	Test6
Mood Changes	5	02/15/2024	Test7
Anxiety	2		Test8
Confusion	7	02/29/2024	Test9
Headaches	1	02/16/2024	Test10
Memory Impairment	1	02/10/2024	Test11
Increased Heart Rate	3	02/11/2024	Test12
<b>Coordination Problems</b>	2	06/13/2024	Test13
Gastrointestinal Problems	: 2	02/22/2024	Test14
Other (specify)	3	02/23/2024	Test15

## **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. Test11

## **Section 4: Additional Comments**

• Do you have any other comments or concerns about your experience with medicinal cannabis treatment and its adverse effects? Test12

# **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.