MARUCANNA

Medicinal Cannabis follow up and Adverse Effects Assessment Questionnaire

Conducted by : Dr. Test Doctor   **Confidential Document**

Patient Information:

- Name: Nadim Thobhani
- Date of Birth: 1985-01-01
- Date of Assessment: 2024-08-31
- Healthcare Provider: gp amad

Instructions: Please answer the following questionsto 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:** test
2. **Date Started Medicinal Cannabis Treatment:** 2024-08-23
3. **Cannabis-Based Product Name (if known):** test
4. **On a scale of 1-5 (1 the least 5 the most), how much improvement has there been of your medical condition?** 3

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	2	08/27/2024	
Vomiting	1	08/01/2024	
Dizziness	1	08/05/2024	
Dry Mouth	1	08/11/2024	
Fatigue	2	08/05/2024	
Sleep Disturbances	3	08/03/2024	
Mood Changes	2	08/19/2024	
Anxiety	3	08/12/2024	
Confusion	2	08/02/2024	
Headaches	3	08/23/2024	
Memory Impairment	3	08/22/2024	

Adverse Effect	Severity (0-3)	Onset Date	Description (if any)
Increased Heart Rate	2	08/07/2024	
Coordination Problems	1	08/12/2024	
Gastrointestinal Problems	1	08/25/2024	
Other (specify)	3	08/20/2024	

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.** test

Section 4: Additional Comments

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

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:** Adjust dosage or product.