



M A R U C A N N A

Medicinal Cannabis follow up and Adverse Effects Assessment Questionnaire

Conducted by : Dr. Test Doctor

Confidential Document

Patient Information:

- Name: Mohammed Ayaz
- Date of Birth: 1965-09-07
- Date of Assessment: 2024-08-17
- Healthcare Provider: test

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

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 | | | |
| Vomiting | | | |
| Dizziness | | | |
| Dry Mouth | | | |
| Fatigue | | | |
| Sleep Disturbances | | | |
| Mood Changes | | | |
| Anxiety | | | |
| Confusion | | | |
| Headaches | | | |
| Memory Impairment | 1 | 08/20/2024 | |

| Adverse Effect | Severity (0-3) | Onset Date | Description (if any) |
|---------------------------|----------------|------------|----------------------|
| Increased Heart Rate | | | |
| Coordination Problems | | | |
| Gastrointestinal Problems | | | |
| Other (specify) | | | |

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.

Section 4: Additional Comments

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

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.