



Medicinal Cannabis follow up and Adverse Effects Assessment Questionnaire

Confidential Document

Patient Information:

- Name: Andrew John Samson
- Date of Birth: 2000-02-10
- Date of Assessment: 2024-02-02
- Healthcare Provider: 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:** Diagnosis/Condition Requiring Medicinal Cannabis
2. **Date Started Medicinal Cannabis Treatment:** 2024-02-21
3. **Cannabis-Based Product Name (if known):** 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?** 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	0	02/13/2024	Description (if any)
Vomiting	0	02/28/2024	Description (if any)
Dizziness	0	02/15/2024	Description (if any)
Dry Mouth	0	02/22/2024	

Adverse Effect	Severity (0-3)	Onset Date	Description (if any)
Fatigue	0	02/14/2024	
Sleep Disturbances	1	02/14/2024	Description
Mood Changes	1		Description
Anxiety	1		
Confusion	2	02/14/2024	
Headaches	2		
Memory Impairment	2	02/09/2024	
Increased Heart Rate	3		
Coordination Problems	3		Description
Gastrointestinal Problems	3		
Other (specify)	3		Description

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.** 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?** 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:** Continue current treatment.