

Medicinal Cannabis follow up and Adverse Effects Assessment Questionnaire

Patient Information:

- Name: Andrew John Samson
- Date of Birth: 1987-02-15
- Date of Assessment: 2024-02-07
- Healthcare Provider: Marucanna

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:** Working test
2. **Date Started Medicinal Cannabis Treatment:** 2002-01-10
3. **Cannabis-Based Product Name (if known):** Working test
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 | Working test |
| Vomiting | 2 | 02/04/2024 | Working test |
| Dizziness | 3 | 02/28/2024 | Working test |
| Dry Mouth | 0 | 02/16/2024 | Working test |
| Fatigue | 3 | 02/08/2024 | Working test |
| Sleep Disturbances | 2 | 02/08/2024 | Working test |
| Mood Changes | 1 | 02/03/2024 | Working test 333 |
| Anxiety | 2 | 05/21/2024 | Working test |
| Confusion | 2 | 02/03/2024 | Working test |
| Headaches | 3 | 02/11/2024 | Working test 555 |
| Memory Impairment | 1 | 02/16/2024 | Working test 43545 |
| Increased Heart Rate | 1 | 02/16/2024 | Working test |
| Coordination Problems | 0 | 02/22/2024 | Working test |
| Gastrointestinal Problems | 3 | 02/13/2024 | Working test |
| Other (specify) | 2 | 03/22/2024 | Working test |

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. Working test

Section 4: Additional Comments

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