



M A R U C A N N A

## Medicinal Cannabis follow up and Adverse Effects Assessment Questionnaire

Confidential Document

### Patient Information:

- Name: Peter Alfred Smith
- Date of Birth: 1988-10-03
- Date of Assessment: 2024-03-10
- 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
2. **Date Started Medicinal Cannabis Treatment:** 2024-02-01
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?** test

### 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	03/06/2024	test
Vomiting			test
Dizziness			test
Dry Mouth			test
Fatigue			test
Sleep Disturbances			test
Mood Changes	1	03/07/2024	test
Anxiety			test
Confusion			test
Headaches			
Memory Impairment			

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. 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.