

### Information Sheet

Thank you for taking interest in the International Hempology 101 Society's Research Project.

**Purpose:** This project will start with a two page anecdotal quantitative survey that will be repeated yearly. This forms the basis for a monitoring program. The main focus of the survey is to collect empirical retrospective evidence to discover if a variety people dealing with permanent physical disabilities are affected by the consumption of pharmaceutical medication or various forms of cannabis medication. We will also be asking some questions about the financial costs of various pain management.

**Confidentiality:** We want to ensure your confidentiality. All researchers, staff and volunteers will sign a confidentiality agreement to ensure your privacy before, during and after the interview. This means they will not be allowed to discuss the interview, you or your medical problems with others. In no way will your answers affect your club membership. All of your personal information will be kept locked and will be overseen by Ted Smith (250-381-4220), you may access your own file at any time.

**Participation:** Your participation is voluntary. The survey will take about 20 minutes to complete and will be repeated yearly. Intake information on the next page will ask for your name that will then be linked to a random intake number. Your intake number will be used for all further identification of data. You will be asked to fill out and sign a consent form which will contains some personal data like your name, gender, age and phone number. These consent forms are the only place where your answers and your identification will be linked and these forms will be kept in a secure lock box that will not leave the International Hempology 101 Office. They will only be used to contact you for yearly follow up interviews and to statistically analyze the final results. Signing this forms verifies that you are consenting to participate in this study. A researcher (who may be a volunteer), will read you the questions and write down the answers that you give. This is followed by a "debriefing" session where interviewer and patient can both comment on the interview and the information discussed. Completing one part of the project do not mean that you need to complete any other parts of the project. You may refuse or stop participation at any time.

**Data Use:** This data will be compiled to draw out significant results that are observed. Researchers will only publish compiled results and statistical analysis, no one persons individual answers will be distributed. The results may be published online, in a medical journal, or as part of a thesis. This data may be used by many researchers. If your information is of special interest to a researcher you will be contacted by a staff member of the buyers' club to be given the option of further participation, your phone number/name will not be given away without your specific consent.

**Withdrawal:** You may refuse to participate or to later withdraw your consent, without penalty simply by telling us in person or by calling 250-381-4220. This means all your records will be destroyed or returned to you, on your preference. If you are uncomfortable or uninterested in the interview, you may leave at any time you wish. If 5 years pass without patient contact, the file will be closed.

**Benefits:** We hope that you will gain a better understanding of your health and condition over time. This will provide a personal record of health and drugs usage. It is critical that the medical community has access to accurate and easy to understand information about the efficacy of cannabis when compared to pharmaceutical drugs. For this reason it is important to provide clear and honest information.

**Risks:** Some people may experience discomfort due to the social nature of the interview process. We will minimize this by ensuring confidentiality and compassion in our researchers and also by giving the patient full authority over their file including the ability to edit comments or destroy the file.

**??? Do you have any questions ???**

Research Intake Number # \_\_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

**Consent Form: Pharmaceutical Drug Comparison Study**

Date \_\_\_\_\_

Do you understand that you have been asked to take part in a research study? (yes/no)

Have you read and received a copy of the attached Information Sheet? (yes/no)

Do you understand the benefits and risks involved in taking part in this research study? (yes/no)

Have you had an opportunity to ask questions/discuss this study with the researcher? (yes/no)

Do you understand that you can stop taking part in this study at any time? (yes/no)

\*You do not have to say why you have decided to withdraw

Has the issue of confidentiality been explained to you? (yes/no)

Do you understand who will have access to the records from these discussions? (yes/no)

Do you understand that you will be asked to repeat this study once a year as part of a monitoring survey? (yes /no)

Would you like a copy of the final draft? (yes/no)

This study was explained to me by: \_\_\_\_\_

I agree to take part in this study: (yes / no)

Printed name of Research Participant \_\_\_\_\_

Signature of Research Participant \_\_\_\_\_

Gender \_\_\_\_\_

Year of Birth \_\_\_\_\_

Printed name of Researcher \_\_\_\_\_

Signature of Researcher \_\_\_\_\_

Thank you for your participation.

**Standardized Pain Scale**

0 – Symptom free

1 - Very minor annoyance - occasional minor twinges.

2 - Minor annoyance - occasional strong twinges.

3 - Annoying enough to be distracting.

4 - Can be ignored if you are really involved in your work, but still distracting.

5 - Can't be ignored for more than 30 minutes.

6 - Can't be ignored for any length of time, but you can still go to work and engage in social activities.

7 - Makes it difficult to concentrate, interferes with sleep. You can still function with effort.

8 - Physical activity severely limited. You can read and converse with effort. Nausea and dizziness set in as factors of pain.

9 - Unable to speak or function. Crying out or moaning uncontrollably - near delirium.

10 – Unconscious or delirious. Pain makes you pass out.

*based on the pain scale designed by Andrea Mankoski © 1995*

For the purpose of this survey:

**Pharmaceutical drugs** will include all patented drugs that you can purchase at a pharmacy whether prescribed by a doctor or purchased as “over the counter” medication.

**Topical cannabis** is cannabis leaf that has been prepared with an oil solution and applied to skin.

**Digested cannabis** means any cannabis consumed orally, otherwise known as edibles.

**Inhaled cannabis** is cannabis which has been absorbed through the lungs by smoking or vapourizing.

Research Intake Number # \_\_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

*We are interested in the symptoms presented by your condition, not the actual diagnoses. We provide space for 3 symptoms. If you need more space you may request additional sheets.*

List the 3 symptoms affecting your day to day life the most. Note any pharmaceutical medications or cannabis products that you use to treat these listed symptoms. Use the pain scale provided on questions marked\* If impossible to stop taking your medication please rate daily discomfort without (w/o) medication 10. Feel free to include any information that would further distinguish your medical routine (ex. Certain medications, edibles or strains in different situations).

	Symptom #1			Symptom #2			Symptom #3		
Name of symptom									
*Avg. daily discomfort w/o any medication									
Pharmaceutical Medication(s) <i>(with quantity)</i>	Name	amount	x / day	Name	amount	x / day	Name	amount	x / day
* <i>Average daily discomfort (above)</i>									
Cannabis Medication(s) <i>(with quantity)</i>	Name	amount	x / day	Name	amount	x / day	Name	amount	x / day
* <i>Average daily discomfort (above)</i>									
Typical combination of cannabis and pharmaceutical medications									
* <i>Average daily discomfort (above)</i>									
Describe your ideal medication schedule									
Other treatments you are currently using for this symptom?									

Gender \_\_\_\_\_

*Year of Birth* \_\_\_\_\_

*Estimate the cost of your current daily usage of cannabis medication* \$ \_\_\_\_\_

*Estimate the cost of your current daily usage of pharmaceutical drugs?* \$ \_\_\_\_\_

**IF** you have prescription drug coverage, does this affect your choice of medication? (yes/no)

Do you take any medications solely to counter the effects of other medications? (yes/no)

Research Intake Number # \_\_\_\_\_

Interviewer \_\_\_\_\_

Date \_\_\_\_\_

*Mark the lines below to compare efficacy of individual medications with the severity of side effects.*

*Pharmaceutical 1* \_\_\_\_\_

|-----| ||-----|  
*minimal key effect* *side effects equal to benefit* *maximum efficacy*  
*maximum side effects* *no side effects*

*Pharmaceutical 2* \_\_\_\_\_

|-----| ||-----|  
*minimal key effect* *side effects equal to benefit* *maximum efficacy*  
*maximum side effects* *no side effects*

*Pharmaceutical 3* \_\_\_\_\_

|-----| ||-----|  
*minimal key effect* *side effects equal to benefit* *maximum efficacy*  
*maximum side effects* *no side effects*

*Cannabis -edible*

|-----| ||-----|  
*minimal key effect* *side effects equal to benefit* *maximum efficacy*  
*maximum side effects* *no side effects*

*Cannabis -topical*

|-----| ||-----|  
*minimal key effect* *side effects equal to benefit* *maximum efficacy*  
*maximum side effects* *no side effects*

*Cannabis- inhaled (smoked or vapourized)*

|-----| ||-----|  
*minimal key effect* *side effects equal to benefit* *maximum efficacy*  
*maximum side effects* *no side effects*

*Rate the effect with 1 being minimal impact and 10 being maximum impact on your daily well being.*

<i>State Side Effects</i>	<i>Rate 1-10</i>	<i>Medication</i>	<i>State Key Effects</i>	<i>Rate 1-10</i>
		<i>Pharm. 1</i>		
		<i>Pharm. 2</i>		
		<i>Pharm. 3</i>		
		<i>Cannabis Edible</i>		
		<i>Cannabis Topical</i>		
		<i>Cannabis Inhaled</i>		

Comments: