

# Health Care Practitioner Intractable Pain Re-approval Survey

*(FOR INTRACTABLE PAIN PATIENTS, sent at each re-approval)*

Thank you for taking the time to complete this survey; your feedback plays a crucial role in helping us understand the impact of the Minnesota Medical Cannabis program on patients' lives. This survey consists of 8 questions. Even if you are unable to fill out the survey completely, we ask you to answer as many questions as possible- any information you provide will be valuable.

1. Over the past 6 months, has this patient's use of medical cannabis assisted in reducing dosage or eliminating other medications used for pain?
  - A. Yes (specify the change(s) in medication(s) \_\_\_\_\_)
  - B. No
  - C. Not Applicable (patient not taking any medications for pain 6 months ago)

2. How much benefit, if any, do you believe the patient has experienced from taking medical cannabis?

*(1- No benefit; 7- a great deal of benefit)*

1      2      3      4      5      6      7      No opinion/Do not know

3. What benefit(s) has the patient experienced as a result of taking medical cannabis? Please list benefits in order of importance (starting with most important benefit) to the patient.

4. How much negative impact, if any, do you believe the patient has experienced by taking medical cannabis? (Please exclude cost from your consideration, as patients will receive a separate survey which specifically asks about cost).

*(1- No negative effects; 7- a great deal of negative effects)*

1      2      3      4      5      6      7      No opinion/Do not know

HEALTH CARE PRACTITIONER SURVEY

5. What negative effect(s) has the patient experienced as a result of taking medical cannabis?  
Please list negative effects in order of importance (starting with most important negative effect) to the patient.
  
6. Has the patient experienced any of the following negative effects? (select all that apply)
  - A. Physical side effects related to medical cannabis use (stomach upset, fatigue, headache, blurred vision, etc.)
  - B. Mental/cognitive side effects related to medical cannabis use (mental clouding, confusion, depression, etc.)
  - C. Worsening of symptoms related to the condition being treated
  - D. Difficulty/inconvenience in accessing medical cannabis
  - E. Other negative effect(s)- please specify:
  
7. Do you have additional clinical observations regarding medical cannabis use in this patient?  
*For example: evidence of drug interactions; modifications in concurrent pain medications.*
  
8. Do you have any suggestions to improve the program based on your experience, or any requests for additional information about the program?

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*To obtain this information in a different format, call: 651-201-5598. Printed on recycled paper.*