

## CBD Use Questionnaire [Anonymous]

Today's Date: \_\_\_\_\_

Year of Surgery: \_\_\_\_\_

Site of Surgery:

Right Knee

Left Knee

Right Hip

Left Hip

1. Have you taken CBD (cannabidiol) for pain control for hip or knee pain?

Yes

No

*If 'no' -> please skip to the next page*

2. When did you take CBD?

Before

After

Both before and after surgery

3. Why did you first take CBD? [check all that apply]

\_\_\_\_\_ pain

\_\_\_\_\_ mood/anxiety

\_\_\_\_\_ sleep

\_\_\_\_\_ overall well-being

4. In what form did you try CBD? [check all that apply]

\_\_\_\_\_ pill/tablet

\_\_\_\_\_ oil

\_\_\_\_\_ cream

\_\_\_\_\_ bath salts

\_\_\_\_\_ gummy

\_\_\_\_\_ Other [please describe via free text if 'other']

5. In a typical week, how many times did you take CBD?

\_\_\_ 0 to 1

\_\_\_ 2-5

\_\_\_ 6-10

\_\_\_ 11-20

\_\_\_ >21-30

\_\_\_ >30

6. Where did you first hear about CBD?

\_\_\_\_\_ friend or relative

\_\_\_\_\_ online advertisement

\_\_\_\_\_ store display

\_\_\_\_\_ doctor

\_\_\_\_\_ Other [please describe via free text if 'other']

7. How did you purchase CBD? [check all that apply]

\_\_\_\_\_ medical prescription

\_\_\_\_\_ online store

\_\_\_\_\_ physical store

\_\_\_\_\_ other [free text]

8. What were *beneficial* effects you found from using CBD?

\_\_\_\_\_ pain relief

\_\_\_\_\_ reduce anxiety/improve mood

\_\_\_\_\_ improve sleep

\_\_\_\_\_ reduce nausea

\_\_\_\_\_ Other [free text if 'other']

9. What *side effects* did you experience from using CBD?

\_\_\_\_\_ fatigue

\_\_\_\_\_ appetite changes

\_\_\_\_\_ diarrhea

\_\_\_\_\_ constipation

\_\_\_\_\_ nausea

\_\_\_\_\_ agitation

\_\_\_\_\_ Other [free text if 'other']

10. Would you recommend CBD for pain control to a friend?

Yes

No

11. Please list your age, height and weight below:

Age: \_\_\_\_\_ years                      Height: \_\_\_\_\_ feet \_\_\_\_\_ inches                      Weight: \_\_\_\_\_ pounds

12. How would you describe yourself?

\_\_\_\_\_ American Indian or Alaska Native                      \_\_\_\_\_ Black or African American                      \_\_\_\_\_ Asian  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander                      \_\_\_\_\_ White                      \_\_\_\_\_ Other [Free Text]

13. Do you identify as male or female?                      \_\_\_\_\_ male                      \_\_\_\_\_ female                      \_\_\_\_\_ other [free text]

14. In which state do you reside?

\_\_\_\_\_ New York                      \_\_\_\_\_ New Jersey                      \_\_\_\_\_ Connecticut                      \_\_\_\_\_ Other [Free Text]

15. Please check the phrase that indicates how satisfied you have been with pain control after your surgery

\_\_\_\_\_ very satisfied                      \_\_\_\_\_ satisfied                      \_\_\_\_\_ slightly satisfied  
\_\_\_\_\_ slightly dissatisfied                      \_\_\_\_\_ dissatisfied                      \_\_\_\_\_ very dissatisfied

16. Were you taking opioids (e.g. oxycodone, hydrocodone, tramadol, etc.) prior to surgery?

Yes                       No

If 'yes', for how long? \_\_\_\_\_ (e.g. '2 months')

17. Are you currently taking opioids for pain control?

Yes                       No

If 'no', how many months, weeks, and/or days after surgery did you stop taking opioids?

\_\_\_\_\_ months \_\_\_\_\_ weeks \_\_\_\_\_ days

18. What opioid were you prescribed post-surgery?

\_\_\_\_\_ Tramadol                      \_\_\_\_\_ Dilaudid [hydromorphone]                      \_\_\_\_\_ Percocet [oxycodone-acetaminophen]  
\_\_\_\_\_ Norco [hydrocodone-acetaminophen]                      \_\_\_\_\_ Oxycodone                      \_\_\_\_\_ Other [Free Text]

19. Did you require refills of your opioid prescription after surgery?

Yes                       No

If yes, how many refills? \_\_\_\_\_

20. What types of side effects did you experience from opioids after surgery? [free text]

\_\_\_\_\_ fatigue                      \_\_\_\_\_ appetite changes                      \_\_\_\_\_ diarrhea                      \_\_\_\_\_ constipation  
\_\_\_\_\_ nausea                      \_\_\_\_\_ confusion                      \_\_\_\_\_ sweating                      \_\_\_\_\_ itchiness  
\_\_\_\_\_ urinary retention                      \_\_\_\_\_ Other [free text if 'other']