

HAWAII MEDICAL CANNABIS WORKING GROUP QUESTIONNAIRE 10/09

All responses are purely voluntary and for confidential use by the
Medical Cannabis Working Group members only

You can find additional copies of this questionnaire on-line at www.dpfhi.org. Please mail your responses to Sen. Will Espero, Hawai'i State Capitol, Room 207, 415 S. Beretania, Honolulu, HI 96813 or fax to (808) 586-6361.

A. Current state law allows for the acquisition of therapeutic or medical cannabis (medical marijuana).
How difficult is it for you to acquire an adequate supply of medical cannabis?

1 2 3 4 5 (please circle one: 1 = no trouble at all 5 = very difficult)

B. What is the biggest problem you face in acquiring cannabis?

(check all that apply)

_____ Discomfort/fear in dealing in the black market

_____ Concern for personal safety

_____ Unreliability of supply

_____ Concern about contamination

_____ High cost

_____ Anxiety about law enforcement

_____ Other *(please specify)* _____

How much do you generally pay? _____

C. Would you prefer to acquire your cannabis from a regulated store/shop/clinic?

1 2 3 4 5 (please circle one: 1 = would not prefer 5 = can't wait)

D. Current law also permits you to grow your own supply of cannabis (within the limits of the law.)

Do you grow your own cannabis? No ___ Yes ___ Sometimes ___ Never ___

If Yes, what are the largest obstacles to growing your cannabis? *(check all that apply)*

_____ Acquiring Seeds

_____ Disease / Rot

_____ Acquiring Clones

_____ Seasonal Changes

_____ Grow Space

_____ Lights

_____ Publicity / Confidentiality

_____ Knowledge

_____ Theft

_____ Experience

_____ Bugs / Rodents

_____ Fear of Arrest

_____ Other *(please specify)* _____

E. What other obstacles have you encountered with the program?

(check all that apply)

_____ Finding a physician willing to certify me

_____ Unwillingness of my regular doctor to certify me

_____ I'm a veteran and get health care through the V.A. or other federal entity

_____ Difficulties with my housing situation (please specify: landlord problems, public or federal housing, etc. _____)

F. How long did it take you to receive your “blue card” once all of your paperwork at been submitted to the Narcotics Enforcement Division of the Dept. of Public Safety? _____

G. Have you had employment-related problems?

(check all that apply)

_____ I am subject to routine drug testing

_____ I am subject to random drug testing

Does your employer have a formal policy on medical use of cannabis? No ___ Yes ___ Don't know _____

What are the consequences of a positive drug test? _____

_____ Other employment-related problems. *(Please specify)* _____

H. Do you have a caregiver as permitted by state law? No ___ Yes ___

If no, would you like to have a caregiver supply your cannabis? No ___ Yes ___ Definitely ___

Are you a caregiver? No ___ Yes ___

Would you like help or information from an expert in learning how to grow your own cannabis?

No ___ Yes ___ Maybe ___ Who would be the expert? _____

I. By your best guess, how much cannabis do you consume in one average week?

Grams or ounces or joints (1 ounce = 28 grams) _____

J. How do you consume your cannabis?

(Check the 3 most applicable)

_____ Rolling paper/Blunt

_____ Pipe

_____ Water pipe/Bong

_____ Vaporizer

_____ Edible Goods/Tea

_____ Transdermal/Skin

_____ Sublingual/Under tongue

_____ Other *(please describe)*

K. How many years have you been registered as a medical cannabis patient?

(Include Hawai'i and any other jurisdiction) _____

L. Have you ever had to show your state certificate to a law enforcement officer?

No ___ Yes ___ *(please describe)* _____

M. Have you had trouble traveling with your medicine? No ___ Yes ___

_____ Inter-island

_____ To the mainland or abroad

_____ If yes, what happened? _____

N. How satisfied are you in general with the State of Hawaii's current "Medical Marijuana" Statutes and/or Administrative Rules?

1 2 3 4 5 (please circle one: 1 = not satisfied at all 5 = extremely satisfied)

O. Which state department should oversee Hawaii's "Medical Marijuana" program? Why?

- _____ Keep it with the Department of Public Safety / Narcotics Enforcement Division
- _____ Department of Health
- _____ Department of Agriculture
- _____ John A. Burns School of Medicine (UHM)
- _____ Other (please specify) _____

P. Would you be willing to be interviewed by a member of the Hawaii Medical Cannabis Working Group? (confidentially, of course)

No ___ Yes ___ (Please contact me at _____)

Q. What additional comments, questions or concerns would you like to share with the Working Group?

(use additional sheets if desired)

MAHALO FOR YOUR PARTICIPATION! THE AIM OF THIS QUESTIONNAIRE IS TO IMPROVE HAWAI'I'S PROGRAM FOR THE BENEFIT OF EVERYONE.