On April 6, 2017, the West Virginia Medical Cannabis Act was passed by the West Virginia Legislature and signed into law by Governor Jim Justice on April 19, 2017.

The Act requires that a West Virginia Office of Medical Cannabis be established and administered by the West Virginia Department of Health and Human Resources, Bureau for Public Health. This survey is intended to gather information from patients and caregivers of patients interested in obtaining medical cannabis. Please take a few minutes to respond to the survey below.

* 1. Please describe your interest in the West Virginia Office of Medical Cannabis?

- [ ] I am a patient with a serious medical condition.
- [ ] My family member has a serious medical condition.
- [ ] I am a caregiver of a patient with a serious medical condition.
- [ ] Other (please specify)

* 2. Please indicate the county where the patient lives?

- [ ] Barbour
- [ ] Calhoun
- [ ] Greenbrier
- [ ] Jefferson
- [ ] Marion
- [ ] Monongalia
- [ ] Pleasants
- [ ] Ritchie
- [ ] Upshur
- [ ] Wyoming
- [ ] Berkeley
- [ ] Clay
- [ ] Hampshire
- [ ] Kanawha
- [ ] Marshall
- [ ] Monroe
- [ ] Pocahontas
- [ ] Roane
- [ ] Wayne
- [ ] Boone
- [ ] Doddridge
- [ ] Hancock
- [ ] Lewis
- [ ] Mason
- [ ] Morgan
- [ ] Preston
- [ ] Summers
- [ ] Webster
- [ ] Braxton
- [ ] Fayette
- [ ] Hardy
- [ ] Lincoln
- [ ] Mercer
- [ ] Nicholas
- [ ] Putnam
- [ ] Taylor
- [ ] Wetzel
- [ ] Brooke
- [ ] Gilmer
- [ ] Hardy
- [ ] Harrison
- [ ] Logan
- [ ] Mineral
- [ ] Ohio
- [ ] Raleigh
- [ ] Tucker
- [ ] Wirt
- [ ] Cabell
- [ ] Grant
- [ ] Jackson
- [ ] McDowell
- [ ] Mingo
- [ ] Pendleton
- [ ] Randolph
- [ ] Tyler
- [ ] Wood

* 3. Please provide the zip code where the patient lives?


* 4. Please select the patient's age group.

- [ ] 0-18 years of age
- [ ] 19-25 years of age
- [ ] 26-35 years of age
- [ ] 36-45 years of age
- [ ] 46-55 years of age
- [ ] 56 years of age and older

* 5. Has the patient been told by a health care provider that they have one of the following serious medical conditions? Select all that apply.

- [ ] Amyotrophic Lateral Sclerosis
- [ ] Cancer
- [ ] Crohn's Disease
- [ ] Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity
- [ ] Epilepsy
- [ ] HIV (Human Immunodeficiency Virus) / AIDS (Acquired Immune Deficiency Syndrome)
- [ ] Huntington’s Disease
- [ ] Intractable Seizures
- [ ] Multiple Sclerosis
- [ ] Neuropathies
- [ ] Parkinson's Disease
- [ ] Post-traumatic Stress Disorder
- [ ] Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective
- [ ] Sickle Cell Anemia
- [ ] Terminally ill with life expectancy of one year or less
- [ ] Other (please specify)

* 6. Has the patient talked to their health care provider about using medical cannabis to treat their serious medical condition?

- [ ] Yes
- [ ] No
- [ ] Unsure

- [ ] Other (please specify)

* 7. Please indicate the type of health care provider with which the patient has discussed medical cannabis.

- [ ] Medical Doctor (MD)
* 8. Please indicate the health care provider’s specialty.

☐ Addictionologist
☐ Cardiology
☐ Endocrinology, Diabetes, and Metabolism
☐ Gastroenterology
☐ Hospital-Based
☐ Nephrology
☐ Ophthalmology
☐ Pediatric Cardiology
☐ Pediatric Subspecialties
☐ Psychiatry
☐ Rheumatology
☐ Allergy & Immunology
☐ Dermatology
☐ General Surgery
☐ Infectious Disease
☐ Neurological Surgery
☐ Orthopedic Surgery
☐ Pediatric Neurology
☐ Pediatrics
☐ Pulmonology
☐ Urology
☐ Anesthesiology
☐ Emergency Medicine
☐ Family Medicine
☐ Hematology & Oncology
☐ Internal Medicine
☐ Obstetrics & Gynecology
☐ Pathology Anatomic and Clinical
☐ Pediatric Psychiatry
☐ Plastic Surgery
☐ Radiology-Diagnostics
☐ Unsure

* 9. Will the patient be able and willing to drive to purchase medical cannabis from a dispensary?

☐ Yes  ☐ No  ☐ Unsure

* 10. How far is the patient able and willing to travel to seek or receive medical care?

☐ 0-10 miles  ☐ 11-25 miles  ☐ 26-50 miles  ☐ 50 or more miles
☐ Other (please specify)

☐ Yes  ☐ No  ☐ Unsure
12. What is the patient’s preferred form of medical cannabis? Select all that apply.

- [ ] Pill
- [ ] Oil
- [ ] Topical forms, including gel, creams or ointments
- [ ] A form medically appropriate for administration by vaporization or nebulization, excluding dry leaf or plant form
- [ ] Tincture
- [ ] Liquid
- [ ] No preference

13. Is there anything else you would like to share with the West Virginia Office of Medical Cannabis?

Thank you for your feedback.

Please return your completed survey by November 17, 2017 to:

Dr. Loretta Haddy  
State Epidemiologist  
West Virginia Bureau for Public Health  
350 Capitol Street, Room 702  
Charleston, WV 25301