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Cannabis in Headache Treatment Survey Study

Dear Headache Patient,

You have been given this survey because you responded to your doctor that you have employed cannabis (marijuana) to treat your headaches. We believe that some patients have relief of headache symptoms by such treatment, and wish to further explore that concept. The following publications address this issue:

Russo, E.B. *Cannabis* for migraine treatment: The once and future prescription?: An historical and scientific review. *Pain* 76(1):3-8, 1998.

Russo, E.B. Hemp for headache: An in-depth historical and scientific review of cannabis in migraine treatment. *Journal of Cannabis Therapeutics* 1(2):21-92, 2001.

We would greatly appreciate your cooperation in gathering more information on the response or lack of benefit that headache sufferers experience with this form of treatment. This is a confidential exploratory survey study whose only tool is the attached questionnaire. It will only require a few moments for you to complete the forms. The first may be filled out anytime, and the second is to be completed one hour after you employ cannabis treatment for a headache, or may be based on your memory of what the treatment accomplished in the past. Please read both first before completing either of them.

Because cannabis remains illegal in many areas of the world, **we must specifically direct you not to include your name or other identifying information.** If you do include this information, it will be deleted. **We will keep no identifying material whatsoever. Once your questionnaire is tabulated, it will be destroyed.** Only pooled data will be retained on a secure computer in a locked office. **We cannot encourage you to break any laws to take part in the study.**

This study design concept has been approved in consultation with three pertinent federal agencies. The questionnaire has also been approved by the St. Patrick Hospital/Community Medical Center Joint Investigational Review Board. There are no legal risks to you, your doctor or the IRB in the USA by participating in the study.

We are unable to pay you for your time, but genuinely appreciate your contribution to the knowledge base on this subject. We cannot claim any benefit to your participation, except that it may help expand the knowledge base, and play a role in the development of future treatments for headache. Dr. Ethan Russo is performing the study, and only he, and possibly a university statistician, will have access to survey results, which will be stored in a locked office to assure confidentiality. You should remain totally anonymous in the process, and give up no legal rights by so doing. We expect to publish results in an academic medical journal. You may voluntarily stop your participation at any time.

This questionnaire has been approved by the St. Patrick Hospital/Community Medical Center Joint Investigational Review Board (telephone (USA): 406-329-5669).

Please return the form by clipping out the return address above, attaching it to an envelope with the questionnaire, and mailing it back to us. The 8 sheets of paper plus a manila envelope weigh about 55 grams (2 ounces) and corresponding postage in the USA is 57 cents.

Thank you very much for your assistance.

Sincerely,
Ethan Russo, MD
Neurologist
June 2001

Pre-Treatment Questionnaire

Age: _____ Gender: M F (circle)

YES

NO

1. Have you been formally diagnosed with headaches? _____
2. What kind of headaches were diagnosed? (check one or more)
 Migraine _____
 "Tension" or Muscle contraction _____
 Cluster _____
 Other _____
3. How often do you get headaches? _____
4. Where is the pain located? _____
5. Is it worse on one side than the other? _____
6. Do other family members have headaches? _____
7. If so, what relationship are they? _____
8. Did you feel the need to lie down with headache? _____
9. Do you pace the floor during headaches? _____
10. Do they wake you from sleep? _____
11. Is there a beating quality to the pain? _____
12. If you climb stairs, exert yourself, or bend over when you have a headache, is there a beating quality? _____
13. When you have a headache do you feel sick to your stomach, lose your appetite, or vomit? _____
12. Or, when you have a headache, are you able to eat a full meal? _____
14. Do your eyes redden or nose run with your headache? (circle) _____
16. Is there blurring, or do you see spots or sparkles? _____
17. Are your eyes sensitive to light when you have headache? _____

	YES	NO
18. Does loud noise bother you then?	_____	_____
19. Does alcohol trigger headache for you?	_____	_____
20. Have you had cardiac problems in the past or currently?	_____	_____
21. Are you currently pregnant or breast-feeding?	_____	_____
22. Have you ever been diagnosed with a psychiatric diagnosis?	_____	_____
If so, list diagnoses _____		
23. Has anyone in your family been diagnosed with a psychiatric disorder? If so, list diagnosis	_____	_____
<hr/>		
24. Are you currently taking any of the following types of medication: antidepressants, anticonvulsants (i.e., seizure medication), or tranquilizers? (circle which)	_____	_____
25. Have you used hallucinogens or opiates (e.g., LSD, mescaline, peyote, STP, DMT, psilocybin (mushrooms), heroin, morphine, opium)? (Circle which)	_____	_____
26. Have you used cannabis (marijuana) recreationally?	_____	_____
27. Have you used crack, cocaine, or Ecstasy? (circle which)	_____	_____
28. Have you used inhalants?	_____	_____
29. Have you used stimulants (speed)?	_____	_____
30. Have you used anti-anxiety agents or sleeping medications?	_____	_____
31. Have you used narcotic pain medication?	_____	_____
32. Have you been treated for alcoholism?	_____	_____

YES

NO

33. Are you taking any medications not already listed? _____

34. If so, list them please:

35. Is your job subject to drug (urine) testing? _____

36. Have you received sumatriptan (Imitrex) injections for your headaches? _____

37. How many times? _____

38. Was it effective for the pain? _____

39. Was it effective for the nausea? _____

40. Was it effective for photophobia? _____

41. Did sumatriptan give you side effects? _____

42. If so, what were they? _____

43. Would you want to have sumatriptan injections again for your headaches? _____

44. Why, or why not? _____

45. Have you used cannabis to treat your headaches? _____

46. Are you still using it to treat your headaches? _____

IF YES TO #46:

PLEASE STOP HERE, AND COMPLETE THE SECOND QUESTIONNAIRE ONE HOUR AFTER USING CANNABIS TO TREAT A HEADACHE.

IF NO TO # 46:

PLEASE COMPLETE THE SECOND QUESTIONNAIRE, BUT BASE YOUR RESPONSES ON WHAT YOU RECALL FROM YOUR PAST USAGE AND RESPONSES WITH CANNABIS FOR HEADACHE TREATMENT. PLEASE ALSO ANSWER THE FOLLOWING:

47. Why did you stop using cannabis to treat headaches (for example: lack of effectiveness, side effects, illegality)?

	YES	NO
48. Would you return to cannabis use were it legal?	_____	_____

POST TREATMENT QUESTIONNAIRE:

PLEASE COMPLETE AS CAREFULLY AS YOU CAN 1 HOUR AFTER CANNABIS USAGE FOR HEADACHE TREATMENT

ANSWERS ARE BASED ON: CURRENT USE_____ PAST USE_____

1. Do you have a job? Yes _____ No _____

A. If yes, could you work with the way you felt immediately following treatment with cannabis?

Yes _____ No _____

How effective would you be at work? (Please put a slash at the percentage of effectiveness you would anticipate).

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

B. Could you work with the way you feel right now (1 hour after treatment)?

Yes _____ No _____

How effective would you be at work? (Please put a slash at the percentage of effectiveness you would anticipate)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

2. Are you a student? Yes _____ No _____

A. If yes, could you study with the way you felt immediately following treatment?

Yes _____ No _____

How effective would you be at studying? (Please put a slash at the percentage of effectiveness you would anticipate).

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

B. Could you study with the way you feel right now (1 hour after treatment)?

Yes _____ No _____

How effective would you be at studying? (Please put a slash at the percentage of effectiveness you would anticipate).

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

C. Could you have gotten anything out of classes with the way you felt right after the treatment?

Yes _____ No _____

How effective would you be in class? (Please put a slash at the percentage of effectiveness you would anticipate).

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

D. Could you have gotten anything out of class with the way you feel right now (1 hour after treatment)?

Yes _____ No _____

How effective would you be in class? (Please put a slash at the percentage of effectiveness you would anticipate).

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

3. How would you rate your pain right now? (Please put a slash at the number that describes your current level of pain where 0 is no pain and 10 is intense pain).

0 1 2 3 4 5 6 7 8 9 10
No pain Neutral Intense pain

4. How would you rate your nausea right now? (Please put a slash at the number that describes your current level of nausea where 0 is no nausea and 10 is severe nausea).

0 1 2 3 4 5 6 7 8 9 10
No nausea Neutral Severe nausea

5. How would you rate your sensitivity to light? (Please put a slash at the number that describes your current level of sensitivity where 0 is none and 10 is extremely sensitive).

0	1	2	3	4	5	6	7	8	9	10
Not sensitive				Neutral			Extremely sensitive			

6. How would you rate your sensitivity to sound? (Please put a slash at the number that describes your current level of sensitivity where 0 is none and 10 is extremely sensitive).

0	1	2	3	4	5	6	7	8	9	10
Not sensitive				Neutral			Extremely sensitive			

7. Please describe any negative experiences (side effects) you had during or after the cannabis treatment.

8. Was your response this time typical of how you usually respond to cannabis treatment for your headaches?

9. If not, what usually occurs?

10. How much cannabis did you have to use to get relief (for example, 3 tokes, 1 joint, etc.)?

11. How potent do you feel the cannabis was that you used?

12. What type of cannabis was it (for example, strain name, *sinsemilla*, hashish)?

13. What route of administration did you use (smoking, tincture, vaporization, oral, other)?

14. Does cannabis normally help prevent headaches for you?

15. If so, to what extent, and for how long?

16. How often do you use cannabis to treat your headaches?

17. Has the frequency needed increased, decreased or stayed the same over time?

18. If cannabis were legal, would you use it more, less, or the same amount?

19. Other comments welcome here:

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