**This is the Supplementary Appendix for the article, “Use of Cannabis to Relieve Pain and Promote Sleep by Customers at an Adult Use Dispensary”**

Survey Questions:

1. What type of customer are you? (select one)
   1. Recreational - Colorado
   2. Medical Card - Colorado
   3. Both
   4. Out of State - please write in state
2. What is your gender? (select one)
   1. Male
   2. Female
   3. Prefer not to answer
3. What is your age group? (select one)
   1. 21-25
   2. 26-29
   3. 30-34
   4. 35-49
   5. 50-64
   6. 65+
   7. Prefer not to answer
4. Do you use cannabis for pain?
   1. Yes
   2. No (*skip to question 10*)
5. For what type of pain do you use cannabis? Please check all that apply
   1. Chronic daily pain, "neuropathic"
   2. Musculoskeletal pain
   3. Headache
   4. Menses
   5. Back pain
   6. Pain after an injury
   7. Other - Write In
6. How often do you use cannabis for pain?
   1. Multiple times a day (*grouped with “daily” for analysis*)
   2. Daily
   3. 2-3 times a week
   4. once a week
   5. 2-3 times a month
   6. once a month
   7. less than once a month
7. On a scale of 1-5, how much does cannabis help with your pain?
   1. A little helpful
   2. Moderately helpful
   3. Very helpful
   4. Extremely helpful
   5. My pain completely goes away (*grouped with “extremely helpful” for analysis*)
8. How, if at all, has cannabis changed your prescription pain medication use in the last 6 months? By prescription pain medication, we mean opioids like oxycodone (Percocet, Endocet), hydrocodone (Norco, Lortab), tramadol or morphine.
   1. I never took prescription pain medication
   2. I have not changed my prescription medication use
   3. I have increased my prescription medication use
   4. I have decreased my prescription medication use
   5. I completely stopped taking prescription pain medication
   6. Other - Write In
9. How, if at all, has cannabis changed your over-the-counter pain medication use in the last 6 months? By over-the counter pain medication we mean ibuprofen (Motrin), acetaminophen (Tylenol), naproxen (Aleve), aspirin, lotions, rubs.
   1. I never took over-the-counter pain medication
   2. I have not changed my over-the-counter pain medication use
   3. I have increased my over-the-counter pain medication use
   4. I have decreased my over-the-counter pain medication use
   5. I completely stopped taking over-the-counter pain medication
   6. Other - Write In
10. Do you use cannabis for sleep?
    1. Yes
    2. No (*skip to question 15*)
11. How often do you use cannabis for sleep?
    1. Nightly
    2. 2-3 times a week
    3. once a week
    4. 2-3 times a month
    5. once a month
    6. less than once a month
12. Please answer on a 1-5 scale how cannabis helps you sleep
    1. a little helpful
    2. moderately helpful
    3. very helpful
    4. extremely helpful
    5. I sleep like a baby (*grouped with “extremely helpful” for analysis*)
13. How, if at all, has cannabis changed your prescription sleep medication use in the last 6 months? By prescription sleep medication, we mean zolpidem (Ambien), eszopicone (Lunesta), ramelteon (Rozerem), zaleplon (Sonata), temazepam (Restoril), or alprazolam (Xanax).
    1. I never took prescription sleep medication
    2. I have not changed my prescription sleep medication use
    3. I have increased my prescription sleep medication use
    4. I have decreased my prescription sleep medication use
    5. I completely stopped prescription sleep medication
    6. Other - Write In
14. How, if at all, has cannabis changed your over-the-counter sleep medication use in the last 6 months? By over-the-counter sleep medication, we mean melatonin, herbal remedies, tryptophan, or antihistamines (Tylenol PM, NyQuil, Benadryl).
    1. I never used over-the-counter sleep medication
    2. I have not changed my over-the-counter sleep medication use
    3. I have increased my over-the-counter sleep medication use
    4. I have decreased my over-the-counter sleep medication use
    5. I completely stopped over-the-counter sleep medication
    6. Other - Write In
15. In general, would you say your health is:
    1. Excellent
    2. Very Good
    3. Good
    4. Fair
    5. Poor
16. Are you of Hispanic, Latino or Spanish origin?
    1. Yes
    2. No
    3. Prefer not to answer
17. Which category best describes your race? Please check all that apply
    1. American Indian/Alaskan Native
    2. Asian
    3. Black or African American
    4. White
    5. Some other race
    6. Prefer not to answer
18. What is the highest level of education you have completed?
    1. Some high school
    2. High school graduate
    3. Some college
    4. Trade/technical/vocational
    5. College graduate
    6. Some postgraduate
    7. Post graduate degree
    8. Prefer not to answer