Appendix 1 Search strategies and results in MEDLINE, Embase and PsycInfo
March 17, 2020

MEDLINE

Database: OVID Medline Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Search Strategy:
--------------------------------------------------------------------------------
1 Cannabis/ (8934)
2 exp cannabinoids/ or cannabidiol/ or cannabinol/ or dronabinol/ (13763)
3 Endocannabinoids/ (5620)
4 exp Receptors, Cannabinoid/ (9222)
5 (Cannabis or cannabiol or cannabinoid* or cannabidiol or bhang or cannador or charas or ganja or ganjah or hashish or hemp or marihuana or marijuana or nabilone or cesamet or cesametic or ajulemic acid or cannabichromene or cannabielsoin or cannabigerol or tetrahydrocannabinol or dronabinol or levonantradol or nabiximols or palmidrol or tetrahydrocannabinolic acid or tetrahydro cannabinol or marionol or tetranabinex or sativex or endocannabinoid*).mp. (54746)
6 or/1-5 (54746)
7 "marijuana use"/ or marijuana smoking/ (5304)
8 Marijuana Abuse/ (6168)
9 (epidiolex or gwp 42003p or gwp42003p or nabidiolex or dronabinol or thc or tetrahydrocannabinol* or ea 1477 or ea1477 or marinol or qcd 84924 or syndros or tetrabinex or tetranabinex or cesamet or nabilone or deltaneyne or "abbott 40566" or namisol or dronabinolunum or "QCD 84924" or "CCRIS 4726" or nabiximol? or "gw 1000" or gw1000 or "sab 378" or sab378 or sativex).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] (11622)
10 or/7-9 (20972)
11 or/1-10 (55952)
12 *Attitude to Health/ (42364)
13 *Patient Participation/ (14355)
14 *Patient Preference/ (5009)
15 preference*.ti,ab. (148469)
16 choice.ti. (31408)
17 choices.ti. (6250)
18 value.ti. (124160)
19 health state values.ti,ab. (175)
20 valuation*.ti. (1523)

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Supplemental material

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BMJ Open
doi: 10.1136/bmjopen-2021-050831
expectation*.ti,ab. (85695)  
attitude*.ti,ab. (144860)  
acceptab*.ti,ab. (174183)  
knowledge.ti,ab. (676935)  
point of view.ti,ab. (41412)  
user participation.ti,ab. (243)  
users participation.ti,ab. (49)  
patient participation.ti,ab. (2134)  
patients participation.ti,ab. (589)  
patient perspective*.ti,ab. (3526)  
patients perspective*.ti,ab. (5820)  
user perspective*.ti,ab. (466)  
users perspective*.ti,ab. (513)  
patient perce*.ti,ab. (5165)  
patients perce*.ti,ab. (9776)  
health perception*.ti,ab. (2652)  
user perce*.ti,ab. (351)  
users perce*.ti,ab. (786)  
user view*.ti,ab. (110)  
users view*.ti,ab. (369)  
patient view*.ti,ab. (546)  
patients view*.ti,ab. (2807)  
((decision* and mak*).ti. or (decision mak* or decisions mak*).ti,ab.) and (patient* or user* or men or women).ti,ab. (73905)  
discrete choice*.ti,ab. (1942)  
decision board*.ti,ab. (45)  
decision analy*.ti,ab. (7477)  
decision-support.ti,ab. (13930)  
decision tool*.ti,ab. (808)  
decision aid*.ti,ab. (2976)  
 discrete-choice*.ti,ab. (1942)  
*Decision Making/ and (patient* or user* or men or women).ti. (5869)  
decision support techniques/ (19921)
(health and utilit*).ti. (1434)
gamble*.ti,ab. (4395)
prospect theory,t,i,ab. (285)
preference score.ti,ab. (163)
preference elicitation.ti,ab. (179)
health utilit*.ti,ab. (2017)
utility value*.ti,ab. (1487)
utility score*.ti,ab. (1378)
Utility estimate*.ti,ab. (269)
health state.ti,ab. (4119)
feeling thermometer*.ti,ab. (68)
best-worst scaling.ti,ab. (202)
standard gamble.ti,ab. (832)
time trade-off.ti,ab. (1150)
TTO.ti,ab. (1026)
probability trade-off.ti,ab. (20)
utility score.ti,ab. (507)
preference based.ti,ab. (1291)
preference score*.ti,ab. (495)
multiattribute.ti,ab. (337)
multi attribute.ti,ab. (523)
EuroQol 5D.ti,ab. (1268)
EuroQol5D.ti,ab. (19)
EQ5D.ti,ab. (550)
EQ 5D.ti,ab. (7695)
SF6D.ti,ab. (32)
SF 6D.ti,ab. (753)
HUI.ti,ab. (1169)
15D.ti,ab. (1704)
or/12-81 (1494263)
(patient adj3 (value* or preference*)).ti,ab. (16093)
(patient* adj5 (report* or relate*) adj5 (outcome* or measure* or assess*)).mp. (41519)
neuralg*.mp. (26998)  
zoster.mp. (20810)  
Irritable Bowel Syndrome/ (7099)  
IBS.mp. (8807)  
Migraine Disorders/ (24884)  
migraine*.mp. (38930)  
Fibromyalgia/ (8287)  
Fibromyalg*.mp. (11565)  
complex regional pain syndromes/ or causalgia/ or reflex sympathetic dystrophy/ (5486)  
Pain, Intractable/ (6166)  
Phantom Limb/ (1855)  
Hyperalgesia/ (11498)  
exp back pain/ or failed back surgery syndrome/ or low back pain/ (38351)  
radiculopath*.mp. (9283)  
Musculoskeletal Pain/ (3090)  
Headache/ (27380)  
exp Headache Disorders/ (33884)  
headache*.mp. (92254)  
exp Temporomandibular Joint Disorders/ (17098)  
whiplash.mp. (3942)  
Whiplash Injuries/ (3216)  
exp Cumulative Trauma Disorders/ (13612)  
exp Peripheral Nervous System Diseases/dt, rh, th [Drug Therapy, Rehabilitation, Therapy] (29519)  
Pain Measurement/de [Drug Effects] (6646)  
(backache* or backpain* or dorsalgi* or arthralgi* or polyarthralgi* or arthrodyni* or myalgi* or fibromyalgi* or myodyni* or neuralgi* or ischialgi* or crps or rachialgi*).ti,ab. (44403)  
((noncancer* or non-cancer* or back or discogen* or chronic* or recurrent or persist* or bone or musculoskeletal* or muscle* or skeletal* or spinal or spine or vertebral* or joint* or arthritis or intestin* or neuropath* or neck or cervical* or head or facial* or complex or radicular or cervicobrachi* or orofacial or somatic or non-malign* or shoulder* or knee* or hip or hips) adj3 pain).mp. [mp=title, abstract, original title, name of substance word, subject heading word, floating subheading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms] (215471)  
or/94-128 (633956)
Annotation: chronic pain and painful conditions
130 93 and 129 (343)

Embase
Database: Embase <1974 to 2020 March 16>
Search Strategy:
--------------------------------------------------------------------------------
1  cannabis/ (33753)
2  exp cannabinoid/ (65425)
3  medical cannabis/ (2094)
4  exp cannabinoid receptor/ (14516)
5  exp endocannabinoid/ (8544)
6  (Cannabis or cannabinol or cannabinoid* or cannabidiol or bhang or cannador or charas or ganja or ganjah or hashish or hemp or marihuana or marijuana or nabilone or cesamet or cesametic or ajulemic acid or cannabin $or$ cannabinoids or cannabidiol or tetrahydrocannabinol or dronabinol or levonantradol or nabilone or palmidrol or tetrahydrocannabinolic acid or tetrahydrocannabinol or marinol or nabilone or deltanyne or "abbott 40566" or namisol or dronabinolum or "QCD 84924" or "CCRIS 4726" or nabiximol? or "gw 1000" or gw1000 or "sab 378" or sab378 or sativex).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (86218)
7  cannabis addiction/ (9661)
8  "cannabis use"/ or cannabis smoking/ (11097)
9  (epidiolex or gwp 42003p or gwp42003p or nabilone or dronabinol or thc or tetrahydrocannabinol* or ea 1477 or ea1477 or marinol or qcd 84924 or syndros or tetrabinex or tetranabinex or cesamet or nabilone or deltanyne or "abbott 40566" or namisol or dronabinolum or "QCD 84924" or "CCRIS 4726" or nabiximol? or "gw 1000" or gw1000 or "sab 378" or sab378 or sativex).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (19601)
10  or/1-9 (89571)
11  *attitude to health/ (55489)
12  *patient participation/ (9554)
13  *patient preference/ (4523)
14  preference*.ti,ab. (180987)
15  choice.ti. (36120)
16  choices.ti. (7375)
17  value.ti. (137715)
18  health state values.ti,ab. (233)
19 valuation*.ti. (2249)
20 expectation*.ti,ab. (106912)
21 attitude*.ti,ab. (179875)
22 acceptab*.ti,ab. (240808)
23 knowledge.ti,ab. (851427)
24 point of view.ti,ab. (57170)
25 user participation.ti,ab. (284)
26 users participation.ti,ab. (52)
27 patient participation.ti,ab. (2881)
28 patients participation.ti,ab. (830)
29 patient perspective*.ti,ab. (5558)
30 patients perspective*.ti,ab. (8635)
31 user perspective*.ti,ab. (564)
32 users perspective*.ti,ab. (624)
33 patient perce*.ti,ab. (8096)
34 patients perce*.ti,ab. (14350)
35 health perception*.ti,ab. (3709)
36 user perce*.ti,ab. (400)
37 users perce*.ti,ab. (902)
38 user view*.ti,ab. (169)
39 users view*.ti,ab. (469)
40 patient view*.ti,ab. (865)
41 patients view*.ti,ab. (3932)
42 (decision* and mak*).ti. or (decision mak* or decisions mak*).ti,ab. and (patient* or user* or men or women).ti,ab. (111434)
43 discrete choice*.ti,ab. (2789)
44 decision board*.ti,ab. (59)
45 decision analy*.ti,ab. (10602)
46 decision-support.ti,ab. (18317)
47 decision tool*.ti,ab. (1271)
48 decision aid*.ti,ab. (4097)
49 discrete-choice*.ti,ab. (2789)
50 *Decision Making/ and (patient* or user* or men or women).ti. (5671)
(health and utility*).ti. (2083)
gamble*.ti,ab. (5213)
prospect theory.ti,ab. (286)
preference score.ti,ab. (241)
preference elicitation.ti,ab. (261)
health utility*.ti,ab. (3331)
utility value*.ti,ab. (2815)
utility score*.ti,ab. (2530)
Utility estimate*.ti,ab. (494)
health state.ti,ab. (6770)
feeling thermometer*.ti,ab. (86)
best-worst scaling.ti,ab. (306)
standard gamble.ti,ab. (1081)
time trade-off.ti,ab. (1674)
TTO.ti,ab. (1635)
probability trade-off.ti,ab. (24)
utility score.ti,ab. (1024)
preference based.ti,ab. (1839)
preference score*.ti,ab. (654)
multiattribute.ti,ab. (376)
multi attribute.ti,ab. (721)
EuroQol 5D.ti,ab. (2064)
EuroQol5D.ti,ab. (39)
EQ5D.ti,ab. (1812)
EQ 5D.ti,ab. (14809)
SF6D.ti,ab. (110)
SF 6D.ti,ab. (1370)
HUI.ti,ab. (1774)
15D.ti,ab. (2541)
decision support system/ (21812)
or/11-80 (1879990)
(patient adj3 (value* or preference*)).ti,ab. (25871)
(patient* adj5 (report* or relate*) adj5 (outcome* or measure* or assess*)).mp. (73476)
patient participation/ or doctor patient relation/ or nurse patient relationship/ or patient attitude/ or patient preference/ or patient satisfaction/ or patient compliance/ or medication compliance/ or patient decision making/ or patient education/ or chronic patient/ or attitude to health/ or *"quality of life"/ or self care/ or self concept/ or self examination/ or adaptive behavior/ or coping behavior/ or coping.ab,ti. or needs assessment/ or personal autonomy/ or patient advocacy/ or life event/ (1037242)
(patient* adj3 (prefer* or participat* or involve* or perspective* or view* or activat* or empower* or collaborate)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (234656)
(patient* adj2 (attitude* or decision* or needs*)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (119435)
expert patient*.mp. (478)
(patient* and (centre* or center* or focus*)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (1258089)
patient decision making/ (9864)
patient*.mp. and (decision making/ or medical decision making/ or cooperation/ or distress syndrome/ or emotional stress/) [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (180387)
or/82-90 (2444470)
81 or 91 (3858388)
10 and 92 (13785)
(chronic adj4 pain*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (113744)
chronic pain/ (59665)
exp osteoarthritis/ (124667)
osteooarthrit*.mp. (138729)
osteoo-arthritis*.mp. (511)
degenerative arthrit*.mp. (1541)
exp rheumatoid arthritis/ (196173)
exp neuralgia/ (102320)
diabetic neuropathy/ (23303)
(neuropath* adj5 (pain or diabet*)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (72882)
neuralg*.mp. (29911)
zoster.mp. (37512)  
irritable colon/ (25493)  
(irritable bowel syndrome or IBS).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (24789)  
exp migraine/ (62395)  
migrain*.mp. (69650)  
fibromyalgia/ (19936)  
fibromyalg*.mp. (21561)  
reflex sympathetic dystrophy.mp. (2353)  
complex regional pain syndrome.mp. (7426)  
causalgia.mp. (1039)  
intractable pain/ (4766)  
phantom limb/ or phantom pain/ (2434)  
agnosia/ (3053)  
amputation stump/ (2062)  
exp hyperalgesia/ (20518)  
((noncancer* or non-cancer* or chronic* or recurrent or persist* or non-malign*) adj3 pain).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (130063)  
exp backache/ (106576)  
radiculopathy/ or radiculopath*.mp. (13603)  
exp bone pain/ (17842)  
exp musculoskeletal pain/ (145426)  
arthralgia/ (59500)  
headache*.mp. (271974)  
exp "headache and facial pain"/ (296382)  
temporomandibular joint disorder/ (13611)  
((TMJ or TMJD) and pain*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word] (3753)  
whiplash.mp. or whiplash injury/ (4884)  
exp cumulative trauma disorder/ (20498)  
or/94-131 (1089097)  
93 and 132 (1409)
PsycInfo
Database: APA PsycInfo <1806 to March Week 2 2020>
Search Strategy:

1 exp cannabis/ or exp cannabinoids/ or tetrahydrocannabinol/ (12784)
2 (Cannabis or cannabinol or cannabinoid* or cannabidiol or bhang or cannabinoid or charas or ganja or ganjah or hashish or hemp or marihuana or marijuana or nabilone or cesamet or cesametic or ajulemic acid or cannabichromene or cannabielsoin or cannabigerol or tetrahydrocannabinol or dronabinol or levonantradol or nabiximols or palmidrol or tetrahydrocannabinolic acid or tetrahydro cannabinol or marinol or tetrabaininex or sativex or endocannabinoid*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (26408)
3 marijuana laws/ or marijuana legalization/ or "cannabis use disorder"/ or marijuana usage/ (3594)
4 (epidiolex or gwp 42003p or gwp42003p or nabidiolex or dronabinol or thc or tetrahydrocannabinol* or ea 1477 or ea1477 or marinol or qcd 84924 or syndros or tetrahydrocannabinol or cesamet or cesametic or ajulemic acid or cannabichromene or cannabielsoin or cannabigerol or tetrahydrocannabinol or dronabinol or levonantradol or nabiximols or palmidrol or tetrahydrocannabinolic acid or tetrahydro cannabinol or marinol or tetrabaininex or sativex).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (3193)
5 or/1-4 (26475)
6 *health attitudes/ (8084)
7 *client participation/ (1678)
8 exp *client attitudes/ (17349)
9 preference*.ti,ab. (95876)
10 choice.ti. (21402)
11 choices.ti. (4602)
12 value.ti. (18077)
13 health state values.ti,ab. (77)
14 valuation*.ti. (983)
15 expectation*.ti,ab. (80049)
16 attitude*.ti,ab. (201050)
17 acceptab*.ti,ab. (38902)
18 knowledge.ti,ab. (290890)
19 point of view.ti,ab. (20482)
20 user participation.ti,ab. (282)
21 users participation.ti,ab. (46)
22 patient participation.ti,ab. (788)
23 patients participation.ti,ab. (264)
24 patient perspective*.ti,ab. (980)
25 patients perspective*.ti,ab. (1752)
26 user perspective*.ti,ab. (340)
27 users perspective*.ti,ab. (345)
28 patient perce*.ti,ab. (1343)
29 patients perce*.ti,ab. (3398)
30 health perception*.ti,ab. (1230)
31 user perce*.ti,ab. (393)
32 users perce*.ti,ab. (888)
33 user view*.ti,ab. (95)
34 users view*.ti,ab. (289)
35 patient view*.ti,ab. (210)
36 patients view*.ti,ab. (1022)
37 (decision* and mak*).ti,ab. or (decision mak* or decisions mak*).ti,ab.) and (patient* or user* or men or women).ti,ab. (21062)
38 discrete choice*.ti,ab. (960)
39 decision board*.ti,ab. (16)
40 decision analy*.ti,ab. (1133)
41 decision-support.ti,ab. (3235)
42 decision tool*.ti,ab. (169)
43 decision aid*.ti,ab. (1252)
44 discrete-choice*.ti,ab. (960)
45 *Decision Making/ and (patient* or user* or men or women).ti. (3428)
46 (health and utilit*).ti. (467)
47 gamble*.ti,ab. (5406)
48 prospect theory.ti,ab. (964)
49 preference score.ti,ab. (93)
50 preference elicitation.ti,ab. (134)
51 health utilit*.ti,ab. (532)
52 utility value*.ti,ab. (490)
53 utility score*.ti,ab. (334)
Utility estimate*.ti,ab. (103)
health state.ti,ab. (958)
feeling thermometer*.ti,ab. (58)
best-worst scaling.ti,ab. (109)
standard gamble.ti,ab. (210)
time trade-off.ti,ab. (279)
TTO.ti,ab. (190)
probability trade-off.ti,ab. (5)
utility score.ti,ab. (101)
preference based.ti,ab. (648)
preference score*.ti,ab. (402)
multiattribute.ti,ab. (531)
multi attribute.ti,ab. (567)
EuroQol 5D.ti,ab. (206)
EuroQol5D.ti,ab. (0)
EQ5D.ti,ab. (61)
EQ 5D.ti,ab. (1677)
SF6D.ti,ab. (10)
SF 6D.ti,ab. (284)
HUI.ti,ab. (445)
15D.ti,ab. (170)
decision support systems/ (3245)
or/6-75 (744950)
client attitudes/ or client satisfaction/ (21785)
values/ or personal values/ or social values/ (22591)
(patient* adj3 (prefer* or participat* or involve* or perspective* or view* or activat* or empower* or collaborate)).mp. (27273)
(patient* adj2 (attitude* or decision* or needs*)).mp. (23750)
or/77-80 (85433)
76 or 81 (783705)
5 and 82 (3282)
chronic pain/ (13151)
chronic illness/ and pain.mp. (916)
back pain/ (3813)
(chronic* or persist* or refractor* or intract* or manage* or back) adj3 pain).mp. (34808)
or/84-87 (35275)
(exp arthritis/ (4140)
chronic adj4 pain*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (22123)
exp arthritis*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (2121)
osteoaarthrit*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (9)
degenerative arthritis*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (15)
exp Neuralgia/ (931)
exp Neuropathy/ (6243)
(neuropath* adj5 (pain or diabet*)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (6749)
neuropath*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (3310)
zoster.mp. (577)
irritable bowel syndrome/ (1152)
(IBS or irritable colon or irritable bowel).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (2001)
exp headache/ (15176)
migrain*.mp. (12832)
fibromyalgia/ (1972)
exp Somatoform Disorders/ (15194)
"complex regional pain syndrome (type i)"/ (152)
(exp complex regional pain syndrome* or causalgia).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (3408)
"complex regional pain syndrome* or causalgia".mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (821)
somatosensory disorders/ (1367)
hyperalgesi*.mp. (5320)
exp Somatoform Disorders/ (15194)
"(noncancer* or non-cancer* or chronic* or recurrent or persist* or non-malign*) adj3 pain).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (23779)
radiculopathy*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (351)
(back or musculoskeletal) adj3 pain*).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (7604)
arthralgia.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (317)
headache*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (22401)
(exp backache or backpain or dorsalgia* or arthralgia* or polyarthralgia* or arthrodyn* or myalgia* or fibromyalgia* or myodny* or neuralgia* or ischialgia* or crps or
rachialgia*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (8315)
116 (back or discogen* or bone or musculoskelet* or muscle* or skelet* or spinal or spine or vertebra* or joint* or arthrit* or intestin* or neuropath* or neck or cervical* or head or facial* or complex or radicular or cervicobrach* or orofacial or somatic or shoulder* or knee* or hip or hips*) adj3 pain).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures, mesh] (20949)
117 or/84-116 (93580)
118 83 and 117 (86)
119 5 and 82 and 117 (86)
## Appendix 2 Data extraction form

<table>
<thead>
<tr>
<th>Researcher identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname, name</td>
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<table>
<thead>
<tr>
<th>Study identification</th>
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</thead>
<tbody>
<tr>
<td>Study ID</td>
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<td>Country</td>
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<tr>
<td>Funding</td>
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<table>
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<tr>
<th>Study objectives or research questions</th>
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<table>
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<th>Study population</th>
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<tr>
<td>Description of patients</td>
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<td>Response rate/completion rate</td>
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<td>Male %</td>
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<tr>
<td>Age</td>
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<tr>
<td>White %</td>
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<td>Chronic pain %</td>
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<tr>
<td>Patients ever used cannabis %</td>
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<td>Opioids use %</td>
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<thead>
<tr>
<th>Aim intervention</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Study design and methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study design</td>
</tr>
<tr>
<td>Sampling</td>
</tr>
<tr>
<td>Sample size</td>
</tr>
<tr>
<td>Data collection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Findings</th>
</tr>
</thead>
</table>

Main findings (themes)

1. Values and preferences of outcome of medical cannabis
   1.1 Relative value or importance patients put on outcomes of medical cannabis;
   1.2 Tradeoff between benefits and harms or burdens of medical cannabis

2. Values and preferences towards medical cannabis
   2.1 Values and preference for or against medical cannabis or choosing cannabis over
other medicines

2.2 Values and preferences of different preparations of medical cannabis (e.g. administration routes, ingestion method, ratio of THC to CBD)

3. Factors that influence the decision making regarding medical cannabis use
   3.1 Factors that influence use or not use of medical cannabis
   3.2 Factors that influence the choice of medical cannabis over other meds for pain management
   3.3 Factors that influence the choice of different preparations of medical cannabis

Authors' interpretation

Authors' conclusions
## Appendix 3 Tool and instructions for risk of bias assessment for quantitative studies

<table>
<thead>
<tr>
<th>Domains</th>
<th>Participant selection</th>
<th>Completeness of data</th>
<th>Choice of measurement instrument</th>
<th>Administration of measurement instrument</th>
<th>Outcome/health state presentation</th>
<th>Participants’ understanding of the measurement instrument</th>
<th>Data analysis</th>
<th>Overall risk of bias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions</td>
<td>Was the study sample selected in a manner to ensure the representativeness to the target population?</td>
<td>Was the attrition sufficiently low to minimize the risk of bias?</td>
<td>Was the choice of the methodology appropriate for addressing the study aim?</td>
<td>Was the instrument (or tools that was used to elicit values and preferences, e.g. questionnaire) administered in the intended way?</td>
<td>Was a valid representation of the outcome/health state (e.g. a state of pain relief - a beneficial outcome of medical cannabis, or an experience of coughing - a harmful outcome of medical cannabis) utilized?</td>
<td>Did the researchers check the understanding to the measurement techniques (e.g. questionnaire in a survey)?</td>
<td>Were the results analyzed appropriately?</td>
<td></td>
</tr>
</tbody>
</table>

### Instructions for questions

- The sampling strategy solely does not determine the risk of bias; if there is a subset of the population more or less likely to be reached, the answer for “was the study sample selected in a manner to ensure the representativeness” is
- Response rate for 80% or higher would be considered high for a cross-sectional study.
- Consider yes or probably yes for the following methodologies: standard gamble, time trade off, visual analogue scale (or feeling thermometers), discrete choice,
- If the researchers demonstrated they were using available evidence to support the health state presentation, the answer should be yes or probably yes.
- If the methodology is simple, choosing “the investigators did not formally test the understanding, but the results suggested it was adequate”
- To answer this question, reviewers also need to consider whether the adjustment, stratification, or model selection was appropriate.

- Low risk of bias: The study is classified as with low risk of bias across subdomains.
- Moderate risk of bias: The study is classified as low (Yes -> low risk of bias) or moderate (Probably yes -> moderate risk).
<table>
<thead>
<tr>
<th>yes or probably yes.</th>
<th>treatment trade-off, willingness to pay</th>
<th>could be appropriate. If the researchers piloted the methodology, choosing &quot;the investigators did not formally test the understanding, but the results suggested it was adequate&quot; may also be appropriate.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>This domain may not be applicable to all primary studies because not all studies will require controlled data analysis. Please check &quot;NA&quot; if not applicable.</td>
</tr>
</tbody>
</table>

This domain may not be applicable to all primary studies because not all studies will require controlled data analysis. Please check "NA" if not applicable.

- Serious risk of bias= The study is classified as serious risk of bias (Probably no -> serious risk of bias) for at least one subdomain but not classified as critical risk of bias for any subdomain.
- Critical risk of bias= The study is classified as critical risk of bias (No -> critical risk of bias) for at least one subdomain.
### Appendix 4 Tool and instructions for methodological limitation assessments for qualitative studies

<table>
<thead>
<tr>
<th>Domains</th>
<th>Aim of the research</th>
<th>Qualitative methodology appropriateness</th>
<th>Research design</th>
<th>Appropriate recruitment strategy</th>
<th>Data collection</th>
<th>Investigator-participant relationship</th>
<th>Ethical issues</th>
<th>Data analysis</th>
<th>Findings</th>
<th>Value of the research</th>
<th>Overall methodological limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions</td>
<td>Was there a clear statement of the aims of the research?</td>
<td>Is a qualitative methodology appropriate?</td>
<td>Was the research design appropriate to address the aims of the research?</td>
<td>Was the recruitment strategy appropriate to the aims of the research?</td>
<td>Was the data collected in a way that addressed the research issue?</td>
<td>Has the relationship between researcher and participants been adequately considered?</td>
<td>Have ethical issues been taken into consideration?</td>
<td>Was the data analysis sufficiently rigorous?</td>
<td>Is there a clear statement of findings?</td>
<td>How valuable is the research?</td>
<td></td>
</tr>
</tbody>
</table>

#### Instructions for questions

- **What** was the goal of the research?
- **Why** it was thought important
- **Its relevance**
- **Is qualitative research the right methodology for addressing the research goal**

- **If** the researcher seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- **If** they have been discussed as how they decided which method to use

- **If** the research design has been justified
- **If** the researchers have been explained
- **If** they have been selected
- **If** they have been explained
- **If** the researchers have been justified
- **If** the methods chosen
- **If** the setting for the data collection was justified
- **If** it is clear how data were collected
- **If** the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample

- **If** there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- **If** the researcher has discussed issues raised by the study
- **If** there is an in-depth description of the analysis process
- **If** thematic analysis is used. If so, is it clear how the categories/themes were derived from the data
- **If** the researcher explains how the data presented
- **If** the findings are explicit
- **If** there is adequate discussion of the evidence both for and against the researcher’s argument
- **If** the researcher discusses the contribution the study makes to existing knowledge or understanding
- **If** do they consider the findings in relation to current practice or policy, or relevant research-based literature
- **If** they identify

---

<table>
<thead>
<tr>
<th>Overall methodological limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious = if more than 2 questions had &quot;No&quot;.</td>
</tr>
<tr>
<td>Moderate = if 2 questions had &quot;No&quot;.</td>
</tr>
<tr>
<td>No or minor = if less than 2 questions had &quot;No&quot;.</td>
</tr>
</tbody>
</table>
access to the type of knowledge sought by the study
• If there are any discussions around recruitment (e.g. why some people chose not to take part)
  · If the researcher has made the methods explicit
  · If methods were modified during the study. If so, has the researcher explained how and why
  · If the form of data is clear
  · If the researcher has discussed saturation of data

recruitment and choice of location
  · How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

were selected from the original sample to demonstrate the analysis process
  · If sufficient data are presented to support the findings
  · If the findings are discussed in relation to the original research question

were made explicit
  · If methods were modified during the study. If so, has the researcher explained how and why

researcher has made the methods explicit
  · If methods were modified during the study. If so, has the researcher explained how and why

new areas where research is necessary
  · If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

contradictory data are taken into account
  · Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

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## Appendix 5 Characteristics of the included studies

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Country</th>
<th>Funding sources</th>
<th>Primary focus</th>
<th>Study design</th>
<th>Data collection methods</th>
<th>Sampling</th>
<th>Participants, n</th>
<th>Male Sex, %</th>
<th>Chronic pain, %</th>
<th>Chronic cancer pain, %</th>
<th>Prior use of cannabis, %</th>
<th>Risk of Bias/Methodological Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bigand</td>
<td>United States</td>
<td>Non-industry funding</td>
<td>To examine the perceived effects of medical cannabis among patients who are prescribed opioids for persistent pain conditions</td>
<td>Qualitative, Descriptive</td>
<td>Questionnaire</td>
<td>Convenience</td>
<td>150</td>
<td>31.3</td>
<td>100</td>
<td>NR</td>
<td>69.3</td>
<td>Serious</td>
</tr>
<tr>
<td>Boehnke</td>
<td>United States</td>
<td>NR</td>
<td>To assess preferences towards medical cannabis products among medical cannabis users with chronic pain</td>
<td>Quantitative, Cross-sectional</td>
<td>Questionnaire</td>
<td>Convenience</td>
<td>1321</td>
<td>40.9</td>
<td>NR a</td>
<td>NR</td>
<td>100</td>
<td>Moderate</td>
</tr>
<tr>
<td>Bruce</td>
<td>United States</td>
<td>Non-industry funding</td>
<td>To assess approaches to medical cannabis use vis-a-vis prescription medications among patients with chronic conditions</td>
<td>Qualitative, Descriptive</td>
<td>Semi-structured telephone interviews</td>
<td>Convenience</td>
<td>30</td>
<td>60.3</td>
<td>NR b</td>
<td>NR</td>
<td>100</td>
<td>No or minor</td>
</tr>
<tr>
<td>Cooke</td>
<td>United States</td>
<td>Non-industry funding</td>
<td>To explore perspectives on the co-use of medical cannabis and opioids among clinicians, and</td>
<td>Qualitative, Modified grounded theory</td>
<td>Semi-structured in-person interviews</td>
<td>Purposive</td>
<td>46</td>
<td>45.6</td>
<td>100</td>
<td>0</td>
<td>45.7 c</td>
<td>Moderate</td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Funding</td>
<td>Objectives</td>
<td>Study Design</td>
<td>Sample Size</td>
<td>Mean Age</td>
<td>Mean Education</td>
<td>Mean Income</td>
<td>Patience</td>
<td>Results</td>
<td></td>
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<tr>
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</tr>
<tr>
<td>Degenhardt 2015</td>
<td>Australia</td>
<td>Non-industry funding</td>
<td>To investigate patterns and correlates of medical cannabis use among patients who are prescribed opioids for chronic non-cancer pain</td>
<td>Quantitative, Cross-sectional, Questionnaire, and diagnostic interview</td>
<td>1514</td>
<td>44.4</td>
<td>100</td>
<td>0</td>
<td>43</td>
<td>Moderate</td>
<td></td>
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<tr>
<td>Gallagher 2003</td>
<td>Canada</td>
<td>NR</td>
<td>To survey willingness to try medical cannabis among patients with a known advanced life-limiting illness, and to assess this population's knowledge about medical cannabis</td>
<td>Quantitative, Cross-sectional</td>
<td>68</td>
<td>44.6</td>
<td>NR</td>
<td>100</td>
<td>35.3</td>
<td>Critical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gill 2001</td>
<td>United Kingdom</td>
<td>NR</td>
<td>To investigate beliefs about cannabinoids and the associations between those beliefs, beliefs about medication, and personal and pain variables in relation to willingness to try cannabinoids as analgesics, among</td>
<td>Quantitative, Cross-sectional</td>
<td>65</td>
<td>45</td>
<td>100</td>
<td>NR</td>
<td>NR</td>
<td>Serious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Funding</td>
<td>Aim</td>
<td>Design</td>
<td>Sample Size</td>
<td>Participants</td>
<td>Setting</td>
<td>Data Collection</td>
<td>Methodology</td>
<td>Duration</td>
<td>Reporting</td>
<td>Quality Score</td>
</tr>
<tr>
<td>------------------</td>
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<tr>
<td>Heng 2018</td>
<td>United States</td>
<td>NR</td>
<td>To assess beliefs regarding using marijuana for medicine, post injury pain and speaking about marijuana to their health care providers, among patients who have a musculoskeletal injury in the last 1-6 months.</td>
<td>Quantitative, Cross-sectional</td>
<td>Convenience</td>
<td>500</td>
<td>50</td>
<td>NR</td>
<td>Questionnaire</td>
<td>NR</td>
<td>60</td>
<td>Moderate</td>
</tr>
<tr>
<td>Lavie-Ajayi 2019</td>
<td>Israel</td>
<td>Non-industry funding</td>
<td>To explore and characterize the experience of using medical cannabis for chronic pain among patients receiving medical cannabis for at least three months.</td>
<td>Qualitative, Phenomenological</td>
<td>Purposive</td>
<td>19</td>
<td>52.6</td>
<td>100</td>
<td>Semi-structured in-person interviews</td>
<td>5.3</td>
<td>100</td>
<td>No or minor</td>
</tr>
<tr>
<td>Notcutt 2004</td>
<td>United Kingdom</td>
<td>Non-industry funding</td>
<td>To evaluate the safety and tolerability of three CBMEs among patients with stable chronic pain, and poorly responsive to other modalities</td>
<td>Quantitative, RCT</td>
<td>Convenience</td>
<td>34</td>
<td>32</td>
<td>100</td>
<td>NR</td>
<td>NR</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Funding</td>
<td>Objective</td>
<td>Methods</td>
<td>Sample Size</td>
<td>Response Rate</td>
<td>Validity Score</td>
<td>Risk of Bias</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Piper 2017</td>
<td>United States</td>
<td>Non-industry</td>
<td>To survey perspectives of medical cannabis among legal members of medical cannabis dispensaries, and to examine the strengths and limitations of medical cannabis</td>
<td>Mixed Methods, Cross-sectional</td>
<td>984</td>
<td>47.1</td>
<td>100</td>
<td>16.7</td>
<td>100</td>
<td>Serious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rochford 2019</td>
<td>Ireland</td>
<td>NR</td>
<td>To evaluate attitudes towards medicinal cannabis among patients who attend chronic pain clinics</td>
<td>Quantitative, Cross-sectional</td>
<td>96</td>
<td>39.6</td>
<td>100</td>
<td>22.9</td>
<td>NR</td>
<td>Serious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satterlund 2015</td>
<td>United States</td>
<td>Non-industry</td>
<td>To assess perceived risk, concern or overall stigma of marijuana use, and how this stigma may affect the health care among medical marijuana users</td>
<td>Qualitative, Descriptive</td>
<td>18</td>
<td>72</td>
<td>NR h</td>
<td>NR</td>
<td>100</td>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexton 2016</td>
<td>United States</td>
<td>Non-industry</td>
<td>To survey the patterns of use and perceived efficacy of medical cannabis among patients who have used medical cannabis in the last 90 days</td>
<td>Quantitative, Cross-sectional</td>
<td>1429</td>
<td>54.6</td>
<td>NR l</td>
<td>NR</td>
<td>100</td>
<td>Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zarrabi/Singh 2019</td>
<td>United States</td>
<td>Non-industry</td>
<td>To survey perceptions of the benefits and</td>
<td>Quantitative, Cross-sectional</td>
<td>101</td>
<td>55.7</td>
<td>100</td>
<td>75.5</td>
<td>100</td>
<td>Serious</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
funding of medical cannabis, concerns about access to cannabis, and perceptions of support from family and health care providers, among patients with serious illness in APC.

**Note:**

a Chronic overlapping pain conditions: back pain 58%, migraine 21%, fibromyalgia 15%, irritable bowel disease or Crohn's disease 14%, temporomandibular joint disorder 6%.
b Rheumatoid arthritis 23.3%, spinal cord disease or injury 20%, Chron's disease 20%, cancer 13.3%, hepatitis C 13.3%, post-traumatic stress disorder (PTSD) 13.3%, severe fibromyalgia 10%, other (chronic regional pain syndrome, epilepsy, HIV, MS, Parkinson's) 23.3%.
c Majority (≥80%) were patients with chronic and severe pain.
d Advanced life-limiting illnesses include malignancy, advanced cardiac, respiratory, liver or neurological diseases.
e The mean score of intensity of pain was 4.9 on a 0 to 10 VAS scale (0= absence of pain, 10=the worst pain intensity imaginable).
f Patients had experienced a musculoskeletal injury between 1 to 6 months before entry into the study.
g All the participants were legal members of medical cannabis dispensaries in the north-eastern US. Sixty-four percent of patients reported that they had been diagnosed with chronic pain by a medical professional.
h The authors stated "Maladies for which respondents used medical marijuana included migraine headaches, depression, chemotherapy and radiation treatment effects, chronic pain, and asthma, with the majority citing chronic and severe pain".
i Sixty-one percent of patients reported chronic pain, 35.5% had headache/migraine and the remaining 3.5% had other chronic pain conditions.
### Appendix 6 Excluded studies and reasons for exclusion in full text screening

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Reason for exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aggarwal 2014</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>2. Allan 2018</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>3. Bekker 2018</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>4. Cairns 2017</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>5. Caplan B 2018</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>6. Choo 2016</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>7. Nickel 2018</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>8. Djulus 2005</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>9. Dowden 2019</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>10. Gieringer 2003</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>11. Harrison 2013</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>12. Kepple 2016</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>13. Kinnucan 2018</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>14. Bachhuber 2018</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>15. Zolotov 2016</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>16. Lum 2019</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>17. Martins-Welch 2017</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>18. Naguib 2015</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>19. Page 2015</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>20. Parmar 2016</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>21. Paut Kusturica2019</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>22. Pearce 2014</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>23. Pink 2012</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>24. Piper 2018</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>25. Reid 2013</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>26. Reiman 2008</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>27. Reisfield 2009</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>28. Reynolds 2017</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>29. Reynolds 2018</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>30. Ste-Marie 2015</td>
<td>Not value and preference</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th>Authors</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.</td>
<td>Sutherland 2016</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>32.</td>
<td>Teigen 2019</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>33.</td>
<td>Toth 2015</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>34.</td>
<td>Volkow 2017</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>35.</td>
<td>Wallace 2015</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>36.</td>
<td>Wan 2017</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>37.</td>
<td>Ware 2010</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>38.</td>
<td>Wilsey 2015</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>39.</td>
<td>Winston-McPherson 2019</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>40.</td>
<td>Zaller 2015</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>41.</td>
<td>Ziadni 2018</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>42.</td>
<td>Zvolensky 2011</td>
<td>Not value and preference</td>
</tr>
<tr>
<td>43.</td>
<td>Aggarwal 2018</td>
<td>Abstract only</td>
</tr>
<tr>
<td>44.</td>
<td>Agornyo 2018</td>
<td>Abstract only</td>
</tr>
<tr>
<td>45.</td>
<td>Bar-Sela 2014</td>
<td>Abstract only</td>
</tr>
<tr>
<td>46.</td>
<td>Berg 2017</td>
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</tr>
<tr>
<td>47.</td>
<td>Burks 2016</td>
<td>Abstract only</td>
</tr>
<tr>
<td>48.</td>
<td>Calvino 2017</td>
<td>Abstract only</td>
</tr>
<tr>
<td>49.</td>
<td>Cofield 2015</td>
<td>Abstract only</td>
</tr>
<tr>
<td>50.</td>
<td>Fitzcharles 2019</td>
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</tr>
<tr>
<td>51.</td>
<td>Galvin 2018</td>
<td>Abstract only</td>
</tr>
<tr>
<td>52.</td>
<td>Gavigan 2019</td>
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</tr>
<tr>
<td>53.</td>
<td>Grella 2015</td>
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</tr>
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<td>54.</td>
<td>Gustavsen 2018</td>
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</tr>
<tr>
<td>55.</td>
<td>Kiszko 2017</td>
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</tr>
<tr>
<td>56.</td>
<td>Lee 2012</td>
<td>Abstract only</td>
</tr>
<tr>
<td>57.</td>
<td>Mitra 2019</td>
<td>Abstract only</td>
</tr>
<tr>
<td>58.</td>
<td>Muirhead 2015</td>
<td>Abstract only</td>
</tr>
<tr>
<td>59.</td>
<td>Pires 2018</td>
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<tr>
<td>60.</td>
<td>Rhyne 2019</td>
<td>Abstract only</td>
</tr>
<tr>
<td>61.</td>
<td>Sabet 2014</td>
<td>Abstract only</td>
</tr>
<tr>
<td>62.</td>
<td>Schnelle 1999</td>
<td>Abstract only</td>
</tr>
</tbody>
</table>
63. Wurtzen 2018  
64. Grinberg 2018  
65. Iskedjian 2009  
66. Grotenhermen 2003  
67. LAU 2015  
68. Ishida 2019  
69. Lucas 2019  
70. Wan 2017  
71. Mendoza 2016  
72. Mendoza 2018  
73. Schenker 2019  
74. Sharon 2018  
75. St-Amant 2015  
76. Starrels 2018  
77. Starrels 2020  
78. Zolotov 2019  
79. Zolotov 2019  
80. Nouryan 2018  
81. Boehnke 2019  
82. Khelemsky 2017  
83. Vargas-Schaffer 2018  
84. Manchikanti 2008  
85. Mijatovic 2019  
86. Friedberg 2016  
87. Greenberg 2019  
88. Burke 2010  

Abstract only
Not patients with chronic pain or their carer
Not patients with chronic pain or their carer
Not patients with chronic pain or their carer
Not patients with chronic pain or their carer
Not patients with chronic pain or their carer
Not patients with chronic pain or their carer
Not patients with chronic pain or their carer
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Not patients with chronic pain or their carer
Not patients with chronic pain or their carer
Not patients with chronic pain or their carer
Not patients with chronic pain or their carer
Not patients with chronic pain or their carer
Not cannabis
Not cannabis
Not cannabis
Personal experience
Personal experience
Value and preference data not elicited from patients or their carers
List of excluded studies at full text screening and reasons for exclusion

1. **Not value and preference (n=42)**


2. Abstract only (n=21)


3. Not patients with chronic pain or their carer (n=19)


4. Not cannabis (n=3)

5. Personal experience (case study) (n=2)

6. Value and preference data not elicited from patients or their carers (n=1)
### Appendix 7 Risk of bias assessments for quantitative studies

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Was the study sample selected in a manner to ensure the representativeness to the target population?</th>
<th>Was the attrition sufficiently low to minimize the risk of bias?</th>
<th>Was the choice of the methodology appropriate for addressing the study aim?</th>
<th>Was a valid representation of the outcome/health state (e.g. a state of pain relief - a beneficial outcome of medical cannabis, or an experience of coughing - a harmful outcome of medical cannabis) utilized?</th>
<th>Did the researchers check the understanding to the measurement techniques (e.g. questionnaire in a survey)?</th>
<th>Were the results analyzed appropriately?</th>
<th>Overall risk of bias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boehnke 2019 (21)</td>
<td>Probably yes</td>
<td>Probably yes</td>
<td>Yes</td>
<td>NA</td>
<td>Probably yes</td>
<td>Yes</td>
<td>Moderate</td>
</tr>
<tr>
<td>Degenhardt 2015 (24)</td>
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<td>Yes</td>
<td>Yes</td>
<td>NA</td>
<td>Probably yes</td>
<td>Yes</td>
<td>Moderate</td>
</tr>
<tr>
<td>Heng 2018 (27)</td>
<td>Probably yes</td>
<td>Yes</td>
<td>Probably yes</td>
<td>Yes</td>
<td>NA</td>
<td>Yes</td>
<td>Moderate</td>
</tr>
<tr>
<td>Gill 2001 (26)</td>
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<td>Yes</td>
<td>Probable yes</td>
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<td>NA</td>
<td>Yes</td>
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</tr>
<tr>
<td>Gallagher 2003 (25)</td>
<td>Probably yes</td>
<td>Probably no</td>
<td>Yes</td>
<td>Probable no</td>
<td>Probable no</td>
<td>Probable no</td>
<td>Critical</td>
</tr>
<tr>
<td>Piper BJ 2017 (35)</td>
<td>Yes</td>
<td>Probably no</td>
<td>Yes</td>
<td>NA</td>
<td>Yes</td>
<td>Yes</td>
<td>Serious</td>
</tr>
<tr>
<td>Sexton 2016 (30)</td>
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<td>Probably yes</td>
<td>Yes</td>
<td>NA</td>
<td>Yes</td>
<td>Yes</td>
<td>Moderate</td>
</tr>
<tr>
<td>Zarrabi 2020, Singh 2019 (31, 34)</td>
<td>Probably yes</td>
<td>Probably yes</td>
<td>Yes</td>
<td>Probable no</td>
<td>Probably no</td>
<td>Yes</td>
<td>Serious</td>
</tr>
<tr>
<td>Notcutt 2004 (33)</td>
<td>Probably yes</td>
<td>Probably Yes</td>
<td>Probably yes</td>
<td>NA</td>
<td>Probable yes</td>
<td>Probable yes</td>
<td>Moderate</td>
</tr>
<tr>
<td>Rochford 2019 (29)</td>
<td>Probably no</td>
<td>Probably yes</td>
<td>Probably yes</td>
<td>NA</td>
<td>Probable yes</td>
<td>Probably yes</td>
<td>Serious</td>
</tr>
</tbody>
</table>
## Appendix 8 Methodological limitations assessments for qualitative studies

<table>
<thead>
<tr>
<th>Study ID</th>
<th>Was there a clear statement of the aims of the research?</th>
<th>Is a qualitative methodology appropriate?</th>
<th>Was the research design appropriate to address the aims of the research?</th>
<th>Was the recruitment strategy appropriate to the aims of the research?</th>
<th>Was the data collected in a way that addressed the research issue?</th>
<th>Has the relationship between researcher and participants been adequately considered?</th>
<th>Have ethical issues been taken into consideration?</th>
<th>Was the data analysis sufficiently rigorous?</th>
<th>Is there a clear statement of findings?</th>
<th>How valuable is the research?</th>
<th>Overall methodological limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruce 2018 (22)</td>
<td>Yes</td>
<td>Yes</td>
<td>Can’t tell</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No or minor</td>
</tr>
<tr>
<td>Cooke 2019 (23)</td>
<td>Yes</td>
<td>Yes</td>
<td>Can’t tell</td>
<td>Yes</td>
<td>No</td>
<td>Can’t tell</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Moderate</td>
</tr>
<tr>
<td>Bigand 2019 (20)</td>
<td>Yes</td>
<td>Yes</td>
<td>Can’t tell</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Serious</td>
</tr>
<tr>
<td>Lavie-Ajayi 2019 (28)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Can’t tell</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No or minor</td>
</tr>
<tr>
<td>Satterlund 2015 (32)</td>
<td>Yes</td>
<td>Yes</td>
<td>Can’t tell</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Moderate</td>
</tr>
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</table>
### Appendix 9 Evidence profile for review findings

<table>
<thead>
<tr>
<th>Review finding</th>
<th>Explanation</th>
<th>Certainty assessment with GRADE/ GRADE CERQual</th>
<th>Certainty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Study design (Reference number)</td>
<td>NO. of studies (participants)</td>
</tr>
<tr>
<td>1. Values and preferences towards medical cannabis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Use of medical cannabis for chronic pain</td>
<td>Patients had mixed levels of comfort or willingness to use medical cannabis.</td>
<td>Quantitative (25,26,27)</td>
<td>3 (633)</td>
</tr>
<tr>
<td></td>
<td>[Quantitative] Most patients with advanced life-limiting illnesses were comfortable using cannabis for chronic pain and nausea (25), while other non-palliative patients with chronic pain were unwilling or ambivalent about medical cannabis use (26). Non-White patients with advanced illness were more concerned about medical cannabis compared to White patients, but they remained comfortable using medical cannabis (25). Chronic pain patients who use both medical cannabis and other prescription medications believed that medical cannabis was effective for managing</td>
<td>Qualitative (22)</td>
<td>1 (30)</td>
</tr>
<tr>
<td></td>
<td>[Qualitative] Patients with a range of chronic medical conditions believed that medical cannabis was effective for pain (22).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Most patients who use medical cannabis had a positive attitude toward its use for pain relief. Those using medical cannabis during their recovery believed that it reduced pain (25). Most individuals expressed positive aspects of medical cannabis use, such as pain reduction (27, 31, 34). The majority of participants with cancer in one study reported using cannabis products for a “cancer cure” (31). Some believed that cannabis should be legalized for medical purposes (29).

<table>
<thead>
<tr>
<th>[Quantitative]</th>
<th>[Qualitative]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those using medical cannabis during their recovery believed that it reduced pain (25).</td>
<td>Most individuals expressed use of medical cannabis for chronic pain was associated with a range of improved outcomes (e.g. better function, sleep, life changing etc.) (28).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
<th>Risk</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative</td>
<td>4 (765)</td>
<td>Serious</td>
<td>Not serious</td>
</tr>
<tr>
<td></td>
<td>(25,27,29,31,34)</td>
<td>Serious</td>
<td>Not serious</td>
</tr>
<tr>
<td>Qualitative</td>
<td>1 (19)</td>
<td>No or very minor concerns</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>(28)</td>
<td>No or very minor concerns</td>
<td>Serious concerns</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No or very minor concerns</td>
<td>No or very minor concerns</td>
</tr>
</tbody>
</table>

1.2 Medical cannabis over other pain medicines

Patients with chronic pain and substance use histories preferred medical cannabis over prescription opioids.

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
<th>Risk</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualitative</td>
<td>1 (46)</td>
<td>No or very minor concerns</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Qualitative</th>
<th>Minor concerns</th>
<th>Serious concerns</th>
<th>No or very minor concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Low risk.
Some patients believed that medical cannabis is safer than morphine and other strong pain killers. Some participants believed that because cannabis is a ‘natural’ product, it is safer than morphine and other strong pain killers (25). Non-Christians were more likely to believe that cannabis is safer than morphine (25). Those with high school education or less, were significantly less likely to believe that cannabis was safer than morphine (25).

### 1.3 Different preparations of medical cannabis

#### Cannabis variety (i.e. sativa, indica, hybrid)

<table>
<thead>
<tr>
<th>Most patients preferred medical cannabis with a blend of indica and sativa, regardless of gender, reasons for use, and cannabis</th>
<th>Quantitative (21)</th>
<th>1 (1321)</th>
<th>Serious risk</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most patients preferred using a blend of indica and sativa to manage chronic pain, followed by indica alone and sativa alone. There were no differences in cannabis variety preferences between males and females, those who use cannabis for medical purposes only and those who use for medical and recreational purposes, or novice and experienced users. (21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Cannabis content (i.e. THC or CBD potency, ratio of THC and CBD)
High THC and high CBD is the most preferred preparation, but gender, reason for use, and cannabis experience level influenced patients' preference for cannabis ratio. [Quantitative] Females preferred low THC: high CBD, while males preferred equal ratios of THC: CBD. (21) Patients who use cannabis for medical purposes reported a greater preference for products with low THC: high CBD compared to individuals who use cannabis both medically and recreationally. (21) Both novice and experienced cannabis users preferred high CBD products most, and more novice users prefer low THC: high CBD while experienced users preferred high THC: high CBD. (21) Almost none preferred high THC and low CBD, low THC and low CBD, only CBD, or only THC. (21, 33)

Quantitative (21, 33) 2 (1355) Serious risk Not serious Not serious Not serious Not serious Moderate

Cannabis administration route
Gender, reason for use and cannabis experience level influenced patients' preferred cannabis administration routes.

[Quantitative]
Females patients preferred to use tincture and topical preparations and less preferred to use vaporizing and smoking preparations compared with males. (21)

Patients who used cannabis both recreationally and medically preferred smoking and vaporizing, while those who used cannabis medically only preferred smoking, vaporizing, tinctures, and edibles. (21)

Experienced cannabis users preferred multiple administration routes compared with novice users. Smoking, vaporizing, and edibles were the most common preferred administration routes among both experience and novice users. (21)

[Mixed]
Among chronic pain patients who are legal members of medical cannabis dispensaries, a minority of participants preferred using a joint, pipe, or bong, while some preferred vaporizers, edibles, or tinctures; very few preferred concentrates or topicals. In addition, very few participants reported unpleasant routes of administration as what they liked least about medical cannabis (35)
Most patients who have an advanced life-limiting illness preferred an oral form of medical cannabis.

Quantitative (25) 1 (68) Very serious Not serious Not serious Serious Not serious Low

2. Factors that influenced patient’s decision regarding use of medical cannabis

2.1 Factors influenced the choice of medical cannabis use

Most patients used medical cannabis because it improved the management of symptoms associated with pain, mental health and other medical conditions.

Mixed (35) 1(984) Serious risk Not serious Not serious Not serious Not serious Moderate
Patients viewed medical cannabis as an effective approach to managing symptoms with or without other medications (20, 22, 23), including pain (20, 22, 23), disrupted sleep, poor appetite, and nausea (20). Patients reported that cannabis improved emotional and mental well-being by reducing anxiety, depression and stress (20). Patients also reported that cannabis allowed them to sleep, focus and function (28). Most patients reported that cannabis facilitated a state of relaxation in which pain could be dealt with in a more tolerable form (28).

However, patients found that medical cannabis use sometimes made it difficult to manage their medication regimen (23).
Most patients were motivated to use medical cannabis to reduce other prescription medications.

<table>
<thead>
<tr>
<th>Quantitative (27)</th>
<th>1 (500)</th>
<th>Serious risk</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic pain patients who used both medical cannabis and prescription medications believed that medical cannabis was effective for pain relief and were motivated to use medical cannabis to decrease the amount of prescribed medications they used (27).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Patients with a range of chronic medical conditions (22) believed that medical cannabis managed pain symptoms and were motivated to use medical cannabis to decrease the amount of prescribed medications they used (22).

<table>
<thead>
<tr>
<th>Qualitative (22)</th>
<th>1 (30)</th>
<th>No or very minor concerns</th>
<th>NA</th>
<th>No or very minor concerns</th>
<th>Moderate</th>
<th>No or very minor concerns</th>
<th>Moderate</th>
</tr>
</thead>
</table>

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The majority of patients expressed that their cannabis use was influenced by positive social consequences, such as social support from friends and family.

[Quantitative] A majority of patients agreed that cannabis for medical use would not cause disagreements or relationship problems with their loved ones (25). Most participants reported that their family members were supportive of their use, and the majority reported that their medical providers were supportive of their use (31,34).

<table>
<thead>
<tr>
<th>Quantitative</th>
<th>2 (2104)</th>
<th>Serious risk</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Not serious</th>
<th>Moderate</th>
</tr>
</thead>
</table>
Most patients expressed concerns with using cannabis when describing a range of adverse effects from use of medical cannabis.

Concerns about medical cannabis included concerns about side effects, addiction, tolerance, losing control or acting strangely, and were related to unwillingness to use cannabis. Patients who used cannabis to manage their pain had greater feelings of anxiety, and increased catastrophic thinking. Among those who were unwilling to use cannabis, increased age was related to more concerns about medical cannabis, including concerns of losing control. Increased age also impacted beliefs that cannabis was a useful medication to treat pain. Some patients reported that they were concerned about unpleasant physical or emotional symptoms suggestive of withdrawal after stopping medical cannabis use. Some patients were concerned about mental or physical dependence to medical cannabis; however, most did not perceive themselves as addicted to medical cannabis. Concerns about addiction were associated with unwillingness to use medical cannabis.

Some patients who were legal members of medical cannabis dispensaries reported adverse physical, cognitive, and emotional effects of medical cannabis, as well as people’s negative and stigmatizing values towards medical cannabis.
Patients commonly reported lack of concentration, poor memory and sleepiness as consequences of medical cannabis use. Participants also reported minor consequence which included eating too much, coughing, and weight gain. Seizures and anaphylaxis from an allergic reaction were described as severe consequences from use (20).

Some patients were concerned that, while medical cannabis helped with pain management, it might lead addiction (23). Patients with a history of addiction were concerned that medical cannabis use could pose a threat to their sobriety (23).
Most patients expressed that their cannabis use was influenced by negative social consequences, such as stigma.

- Quantitative
  - Patients who were comfortable with their cannabis use for pain had a significant concern over the use of cannabis leading to relationship problems or disagreements with loved ones (25). Some patients agreed that medical cannabis would make them vulnerable to attack and theft by substance abusers. A minority of patients agreed that medical cannabis would cause problems with the law, and that they may be arrested or charged with possession of cannabis (25).
  - Some patients expressed concerns about others' opinions towards their use of cannabis-related products (31,34).

| [Quantitative] | Quantitative | 4 (3153) | Serious risk | Not serious | Not serious | Not serious | Not serious | Moderate |
|----------------|--------------|----------|--------------|-------------|-------------|-------------|-------------|----------|----------|
Commonly reported negative social consequences included judgment from others as a result of use and “stoner” or “pothead” stereotypes (20, 32). Some patients reported that stigma affected the way they asked healthcare providers about cannabis as a treatment option, the ability to seek out medical cannabis as a treatment option, the location at which they purchased cannabis, and their ability to use cannabis in public. Patients who reported these factors tended to take longer to seek out cannabis as a treatment option, conceal their use, and would not speak to healthcare providers about cannabis (32).

The cost, legal status, and accessibility of medical cannabis influenced patients’ decisions to use medical cannabis.

Some patients were concerned about the cost of medical cannabis and some were concerned about the legal status and accessibility of medical cannabis (31). Some patients reported that they would use medical cannabis if they had access to it (24). When making decisions about medical cannabis, the majority of patients relied on information from doctors, followed by the internet and friends or family (31, 34).

Some patients who were legal members of medical cannabis dispensaries were
Some patients felt that the cost of medical cannabis was too high, potentially limiting their access (20), while some reported that the legalization of medical cannabis improved access and influenced their decisions to purchase medical cannabis for symptom relief (20). Other patients found changes in policies related to medical cannabis difficult to navigate and wanted assistance to access medical cannabis (23).

2.2 Factors influencing the choice of different preparations of medical cannabis
Patients chose medical cannabis products mainly based on cannabinoid content, recommendations from dispensary employees, described effects, and cannabis variety (i.e. indica vs. sativa). A minority of patients selected cannabis based on visual properties and smell, and some patients were guided by recommendations from a friend, or name of the product. Recommendations from a medical professional was the least common factor that patients would consider when selecting medical cannabis (21).

When selecting medical cannabis products, patients consider the following factors: the most commonly factors were smell, delta 9-tetrahydrocannabinol (THC) content, hybrid indica/sativa species, indica species, how the flower looks (size, density of the flower, and/or trichome and shape, cannabidiol (CBD) content, and sativa species. Some patients reported varietal name as important factor for medical cannabis selection. (30)
One study reported that long lasting effect of medical cannabis positively influenced patients' choice of medical cannabis product (22). Another two studies reported that patients' uncertainty about how they could determine which species of cannabis might work best to manage their pain and side effects of medical cannabis (e.g. headaches, disorientation or the sensation of feeling “stoned,” coughing) negatively influence patients' choice of medical cannabis product (23, 28).
Gender, reason for use, and level of use experience influenced the factors patients considered when selecting cannabis products. A higher proportion of males selected cannabis products based on cannabinoid content (i.e., THC or CBD potency, ratio of THC and CBD), cannabis variety (i.e., indica or sativa), visual properties, and smell. A higher proportion of females consulted with a medical professional when choosing cannabis products. Patients who use cannabis both medically and recreationally were more likely to select cannabis products based on THC or other cannabinoid content, cannabis variety, described effects, visual properties, smell, recommendation from friends, and the product name, while those who use cannabis medically were more likely use recommendations from dispensary employees or a medical professional. Novice users were more likely to select a cannabis product based on dispensary recommendation consult with a medical professional than experienced users, while experienced users chose products based on nearly all other selection factors including smell, visual properties, described effects, cannabinoid content (i.e., THC or CBD potency, ratio of THC and CBD), cannabis variety (i.e., indica or sativa) and name of medical cannabis product.
Abbreviations: CBD = cannabidiol; THC = delta-9-tetrahydrocannabinol.