

Prime Wellness of CT

5% off
for completing
this survey!
*Limit one per patient, expires
2/20/2020

How did you hear about Prime Wellness?

- ☐ Physician ☐ Online
☐ Friend/
Relative ☐ Other: _____

How likely are you to recommend Prime Wellness of CT to a friend or family member?



If there is a staff member who has made your experience with Prime Wellness exceptional, tell us here!

Did you transfer from another dispensary?

- ☐ Yes ☐ No

If yes, which one and why? _____

How is your experience with Prime Wellness?

What symptoms are you treating with medical marijuana?

- | | |
|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Difficulty Falling Asleep |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Difficulty Remaining Asleep |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Hyperactive Bowels |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Abdominal Pain/Cramping |
| <input type="checkbox"/> Poor Appetite | <input type="checkbox"/> Ocular Pressure |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tremors | |
| <input type="checkbox"/> Inflammation | |
| <input type="checkbox"/> Migraines | |
| <input type="checkbox"/> Pain | |

Do you feel your medical marijuana medication has helped alleviate these symptoms?

- ☐ No ☐ Somewhat ☐ Yes

Have you decreased or discontinued any prescription medications due to your use of medical marijuana?

- ☐ No ☐ Somewhat ☐ Yes

What is your qualifying condition for the palliative use of medical marijuana?

What topics would you be interested in at our monthly Patient Support Groups?

Are there any local groups or organizations you think we should be involved with? (Charities, Non-Profits, alternative medicine professionals etc)

What kind of events would you like us to plan? What kind of events would you participate in?

Thanks for sharing!