

# Prime Wellness of CT

## 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!

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## Did you transfer from another dispensary?

- Yes
- No

## If yes, which one and why? \_\_\_\_\_

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## How is your experience with Prime Wellness?

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## What symptoms are you treating with medical marijuana?

- Anxiety
- Depression
- Fatigue
- Nausea
- Poor Appetite
- Seizures
- Tremors
- Inflammation
- Migraines
- Pain
- Difficulty Falling Asleep
- Difficulty Remaining Asleep
- Hyperactive Bowels
- Abdominal Pain/Cramping
- Ocular Pressure
- Other: \_\_\_\_\_

## 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?

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

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5% off

for completing  
this survey!

\*Limit one per patient, expires  
2/20/2020

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

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

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Thanks for sharing!