Supplementary Online Content


eAppendix. Final Survey

This supplementary material has been provided by the authors to give readers additional information about their work.
INTRODUCTION.

In order to answer the questions, please carefully read the instructions and each question and response scale. Please keep in mind that we are interested in learning about what YOU think and, therefore, there are no right or wrong answers. We appreciate your seriousness and honesty.

If you do not understand any question, please ask the person in charge of this application. If there is some question that does not apply to you, do not answer it. It is possible that some questions make you feel uncomfortable. If any question makes you feel that way, you do not need to answer it if you do not want to. Also, remember that you might stop participating in this study at any time without any consequence.

Thank you for your cooperation.

PART I

First we are going to ask some general information about yourself and about your glaucoma condition. Please mark with an X the appropriate box or fill in the required information in each question.

1. Are you of Hispanic, Latino or Spanish origin?
   - ☐ No
   - ☐ Yes

2. What is your race?
   - ☐ White
   - ☐ Black/ African American
   - ☐ American Indian/ Alaskan Origin
   - ☐ Asian
   - ☐ Other: ______________________

3. Sex:
   - ☐ Male
   - ☐ Female

4. Age: _______ years old.
5. Please check the highest level of education achieved?
   - None
   - Less than high school
   - Completed high school (or have equivalent degree like GED)
   - Some college
   - Completed college
   - Some graduate study
   - Completed graduate study

6. What best describes your condition?
   - Diagnosis of glaucoma
   - Glaucoma suspect

7. If you are diagnosed with glaucoma, what do you think the degree of your glaucoma is?
   - Mild degree of glaucoma
   - Moderate degree of glaucoma
   - Severe degree of glaucoma
   - I am Glaucoma suspect
   - I don’t know

8. Are you currently taking any glaucoma medications?
   - No
   - Yes

9. Did you undergo surgery/ laser treatment for your glaucoma?
   - No
   - Yes

10. Do you have family or friends with glaucoma?
    - No
    - Yes

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The next questions are about marijuana. Marijuana is also called "pot," "grass," or "dope." Marijuana is usually smoked, either in cigarettes called joints, or in a pipe. It is sometimes cooked in food.

11. Before answering this survey, Have you ever heard about the possible use of Marijuana in glaucoma?
   - No
   - Yes. If answered Yes, Indicate how did you hear about it:
     - TV
     - Internet
     - Newspaper
     - Radio
     - A Friend
     - Family member

12. Do you have a family member or a friend with glaucoma who used Marijuana for their glaucoma?
   - No
   - Yes. If answered Yes, Did he/she recommend using Marijuana for you?
     - No
     - Yes

13. Have you ever used Marijuana as a treatment for your glaucoma condition?
   - No
   - Yes

14. Have you ever used Marijuana as a treatment for any other medical condition?
   - No
   - Yes. If answered Yes, Indicate the medical condition: _______________________

15. Have you ever, even once, used Marijuana for recreational purposes?
   - No
   - Yes

16. How old were you the very first time you actually used Marijuana?
   - ____ years old
   - I have never used Marijuana

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17. Altogether, on how many days in your life have you used Marijuana?
   ☐ I have never used Marijuana
   ☐ I to 2 days
   ☐ 3 to 10 days
   ☐ 11 to 49 days
   ☐ 50 to 99 days
   ☐ 100 to 199 days
   ☐ 200 to 299 days
   ☐ 300 or more days

18. How long has it been since you last used marijuana?
   ☐ I have never used marijuana
   ☐ Within the past 30 days
   ☐ More than 30 days but less than 6 months ago
   ☐ 6 months or more but less than 1 year ago
   ☐ 1 year or more but less than 3 years ago
   ☐ 3 years or more ago
PART II

This part has several components that will be used to assess your attitude toward using Marijuana as a treatment for glaucoma. Please use the following scale to guide you through this part.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
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Please go to the next page to start this part.

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<tbody>
<tr>
<td>1. I think Marijuana is an effective treatment for glaucoma.</td>
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<td>2. The use of marijuana for medical purposes is now legal in DC. Knowing this, I would be interested in using marijuana as a treatment for my glaucoma condition.</td>
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<td>3. The cost of medical marijuana for glaucoma would influence my decision towards using marijuana to treat my glaucoma condition.</td>
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<td>4. The cost of conventional glaucoma therapies would influence my decision towards using medical marijuana to treat my glaucoma condition.</td>
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<td>5. Using marijuana can lead to a decrease in intraocular pressure.</td>
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<td>6. The use of marijuana for glaucoma can have negative effects on the heart, lungs, and brain.</td>
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<td>7. The use of marijuana for glaucoma can have negative effects on mental health.</td>
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<td>8. I think marijuana has fewer side effects than conventional glaucoma therapies.</td>
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<td>9. I believe marijuana is a safe alternative to glaucoma medications.</td>
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<td>10. I believe marijuana is a safe alternative to glaucoma surgery.</td>
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<td>11. I believe marijuana use for medical purposes, including glaucoma, should be legal in all states.</td>
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<td>12. I believe marijuana use for recreational purposes should be legal in all states.</td>
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<td>13. I believe the use of marijuana to treat glaucoma is more effective than other glaucoma treatment options.</td>
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<td>14. I think using marijuana can help prevent glaucoma.</td>
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<td>15. I would be interested in using marijuana for my glaucoma condition even if it is less effective than my regular glaucoma medications.</td>
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<td>16. I would be interested in using medical marijuana for my glaucoma condition even if it costs more than regular glaucoma medicines.</td>
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<td>17. I have trouble paying for my current glaucoma medications.</td>
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<td>18. I am satisfied with the way my doctor is treating my glaucoma condition.</td>
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<td>19. I am satisfied with my current glaucoma medications.</td>
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<td>20. I believe my current glaucoma medications effectively control my glaucoma condition.</td>
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<td>21. If my doctor won’t prescribe medical marijuana for my glaucoma, I will seek other doctors who will.</td>
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<td>22. It is acceptable for me to get “high” from the use of marijuana in treating glaucoma.</td>
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<td>23. Marijuana is the <strong>only</strong> effective treatment for glaucoma.</td>
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<td>24. I have considered traveling to other states in order to get marijuana for my glaucoma condition.</td>
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<td>25. Marijuana can cure my glaucoma condition.</td>
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