
COVID-19 CANNABIS HEALTH QUESTIONNAIRE
UNIVERSITY OF MIAMI
COVID-19 SYMPTOMS, DIAGNOSES & TESTING

1. Have you had any pain in your throat, chest, or lungs after using cannabis?
 - a. Yes
 - b. No

2. Do you currently have COVID-19 symptoms?
 - a. Yes
 - b. No

3. If yes, select all that apply.
 - a. Runny nose
 - b. Sore throat
 - c. Cough
 - d. Fever
 - e. Difficulty breathing

4. Have you been tested for COVID-19?
 - a. Yes
 - b. No

5. Have you tested positive for COVID-19?
 - a. Yes
 - b. No

Document contains items 19-23 from full PDF survey