Medical patient access and impact

Document access barriers without requesting diagnoses or medical records.

REVIEW COPY. Do not collect responses until this form and its privacy notice are approved.

Digital questionnaire https://findank.co.za/cannabis-reform/forms/patient English - adults 18+ only

Instructions: tick one listed answer per choice question. Questions marked * are required. Leave optional questions blank if you prefer. Use general terms and do not identify other people. Participation cannot guarantee regulatory change.

Privacy review notice: participation is voluntary and adult-only (18+). Answers are for restricted campaign evidence review and de-identified reporting. Do not include identity numbers, exact addresses, diagnoses, criminal admissions or names of third parties. Expert/volunteer contact details serve only the stated purpose. Draft retention proposal: 180 days after entry; the approved notice must confirm the responsible party, privacy contact, storage, transfers, rights and backup deletion before collection. Keep the response reference and private receipt supplied after secure entry to access or withdraw your response. Petition and email consent are separate.

Optional anonymous paper response code (64 characters; assigned by authorised administrator before entry):

Do not enter diagnoses, prescriptions, identity documents, exact addresses or another person's identifying details. This is not medical advice or an emergency service.

1. Province *

[ ] Eastern Cape

[ ] Free State

[ ] Gauteng

[ ] KwaZulu-Natal

[ ] Limpopo

[ ] Mpumalanga

[ ] Northern Cape

[ ] North West

[ ] Western Cape

2. Age bracket *

[ ] 18-24

[ ] 25-34

[ ] 35-44

[ ] 45-54

[ ] 55-64

[ ] 65+

[ ] Adult; prefer not to specify

3. You are responding as *

[ ] Patient

[ ] Caregiver

[ ] Authorised representative

4. Main access difficulty *

[ ] No difficulty

[ ] Application delay

[ ] Application outcome unclear

[ ] Availability

[ ] Affordability

[ ] Finding professional support

[ ] Other

[ ] Unsure

5. Was access interrupted? *

[ ] Yes

[ ] No

[ ] Unsure

[ ] Prefer not to say

6. Approximate duration * - answer only if interrupted = Yes

[ ] Less than a week

[ ] 1-4 weeks

[ ] 1-3 months

[ ] More than 3 months

[ ] Ongoing; duration uncertain

7. Effect of costs *

[ ] No difficulty

[ ] Some difficulty

[ ] Significant difficulty

[ ] Unable to afford

[ ] Unsure

[ ] Prefer not to say

8. Were lawful alternatives available? *

[ ] Yes

[ ] No

[ ] Unsure

[ ] Prefer not to say

9. Reported impact on daily life (general terms only) (optional)

10. Did you seek professional medical assistance? *

[ ] Yes

[ ] No

[ ] Unsure

[ ] Prefer not to say

11. Suggestions for improving access (optional)

Consent - read before submitting

I am 18 or older. I have read the purpose and privacy notice. I voluntarily agree to the processing of this response for this initiative, including restricted review and de-identified reporting. This is not agreement to a petition or marketing.

[ ] I agree to the statement above. [ ] I do not agree (do not enter this form).

Consent mark (no printed name required): _____ Date: _____

Administrator-only: confirm approved version, signed/marked consent and paper code. Store securely; do not photograph or upload this paper to public storage. Record secure entry and confidential receipt handover.