National public participation survey

Understand experiences, priorities and differing views on regulation.

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

Digital questionnaire https://findank.co.za/cannabis-reform/forms/survey 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):

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. Municipality or general area (optional) (optional)

---

4. Which perspective best describes your response? *

[ ] Member of the public

[ ] Patient or caregiver

[ ] Worker

[ ] Business owner

[ ] Health professional

[ ] Researcher

[ ] Legal professional

[ ] Community representative

[ ] Other

5. How familiar are you with current cannabis rules? *

[ ] Very familiar

[ ] Somewhat familiar

[ ] Not familiar

[ ] Unsure

6. How, if at all, have existing regulations affected you? (optional)

7. Your view on enabling regulated medical access *

[ ] Strongly support

[ ] Somewhat support

[ ] Neither support nor oppose

[ ] Somewhat oppose

[ ] Strongly oppose

[ ] Unsure

[ ] No opinion

8. Your view on a regulated adult-use supply system *

[ ] Strongly support

[ ] Somewhat support

[ ] Neither support nor oppose

[ ] Somewhat oppose

[ ] Strongly oppose

[ ] Unsure

[ ] No opinion

9. Your view on licensing opportunities for small businesses *

[ ] Strongly support

[ ] Somewhat support

[ ] Neither support nor oppose

[ ] Somewhat oppose

[ ] Strongly oppose

[ ] Unsure

[ ] No opinion

10. Which concern is your highest priority? *

[ ] Youth protection

[ ] Impaired driving

[ ] Product safety

[ ] Dependence and harmful use

[ ] Access to care

[ ] Enforcement fairness

[ ] No particular concern

[ ] Other

[ ] Unsure

11. Which safeguard should receive the most attention? *

[ ] Age restrictions

[ ] Quality testing and labelling

[ ] Advertising restrictions

[ ] Professional oversight

[ ] Public education

[ ] Traceability

[ ] None of these

[ ] Other

[ ] Unsure

12. What changes, if any, would you prioritise? (optional)

13. Other suggestions or reasons for retaining current rules (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.