1. **Do you treat children with epilepsy?**
	1. Yes
	2. No
	*The rest of the questionnaire will not appear if the answer to question #1 Is no*
2. **How many children with epilepsy are you following in total (estimate)? \_\_\_\_\_**
3. **How many of your pediatric epilepsy patients are *currently* treated with cannabinoids (estimate)?**

n = \_\_\_\_\_
*Q4 & 5 will not appear if participants answer 0*

1. **In your experience, what percentage of children with epilepsy, treated with cannabinoids, had a reduction in seizure frequency?**
	1. 66-100%
	2. 33-65%
	3. 1-32%
	4. None
	5. Unsure
2. **In your experience, what percentage of children with epilepsy, treated with cannabinoids, suffered side effects?**
	1. 66-100%
	2. 33-65%
	3. 1-32%
	4. None
	5. Unsure
3. **What makes you hesitant to use cannabinoids in children with epilepsy**? *Select all that apply.*
	1. Difficulties authorizing it or finding an outside authorizer
	2. Medical-legal concerns
	3. Cost
	4. Poor quality control
	5. Risk of addiction
	6. Side effects
	7. Young age
	8. Non-drug-resistant epilepsy
	9. Poor evidence
	10. Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	11. None – no hesitations
4. **How do you authorize cannabinoids in children with epilepsy?**
	1. I authorize cannabinoids myself
	2. I refer for authorization:
		1. To a hospital-based neurologist
		2. To a community-based neurologist
		3. To a hospital-based non-neurologist
		4. To a community-based non-neurologist
	3. I do not authorize or refer for authorization:
		1. I plan to do so in the near future
		2. I do not plan to do so in the near future

Questions 8 and 9 will appear if the answer to #7 is B

1. **On average, how many months does it take a patient to get an appointment with a medical cannabis authorizer?** \_\_
2. **Following the outside physician’s authorization, do you modify the cannabinoid dosage**?
	1. Yes
	2. No, dose adjustments are only done by the medical cannabis authorizer
	3. Varies from patient to patient

Questions 10-15 will appear if the answer to #7 is A or B

1. **Which type of medical cannabis are your pediatric patients taking**? *(select all that apply)*
	1. CBD (cannabidiol) without THC (tetrahydrocannabinol)
	2. THC and CBD combined: ratio range:
		1. Please state the ratio of THC to CBD that your patients take in the form of a range: *Ex. “From 2 THC: 100 CBD up to 4 THC: 100 CBD”*
		2. I am unsure
	3. THC without CBD
	4. Unsure
2. **If readily available, which type of medical cannabis would you prefer as treatment for your pediatric patients with epilepsy**?
	1. CBD (cannabidiol) without THC (tetrahydrocannabinol)
	2. THC and CBD combined
	3. THC without CBD
	4. I have no preference

because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **For which diagnoses would you consider authorizing cannabinoids**? *(select all that apply)*
	1. Dravet syndrome
	2. Lennox-Gastaut syndrome
	3. Idiopathic generalized epilepsy
	4. Focal epilepsy
	5. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **When would you consider authorizing cannabinoids as a treatment of epilepsy**?
 a. As a first-line treatment

 b. After \_\_\_ failed anticonvulsants

1. **How are your pediatric epilepsy patients using cannabinoids?** *(select all that apply)*
	1. As an anticonvulsant
	2. As a PRN for seizure abortion
2. **Starting at what age would you typically consider cannabinoids as a treatment for epilepsy**?
	1. \_\_\_ years

All participants will receive the rest of the questions regardless of their previous answers

1. **How confident are you in the quality control of medical cannabis in Canada**?
	1. Confident
	2. Not confident
	3. Unsure
2. **In your opinion, is there evidence to treat selected children with epilepsy with cannabinoids**?
	1. Sufficient evidence
	2. Insufficient evidence
	3. Unsure

DEMOGRAPHIC QUESTIONS *(all optional)*

1. **How many years have you been practicing for**? \_\_\_\_\_\_
2. **Have you completed a fellowship in epileptology or equivalent training**?
	1. Yes
	2. No
3. **How many pediatric neurologists work at your institution**? \_\_\_\_\_\_\_\_\_\_\_
4. **Please select your city and institution**:
	1. My institution does not appear here
	2. Calgary, AB: Alberta Children’s Hospital
	3. Edmonton, AB: Stollery Children’s Hospital
	4. Halifax, NS: IWK Health Centre
	5. Hamilton, ON: McMaster Children’s Hospital
	6. Kingston, ON: Kingston General Hospital
	7. London, ON: Children’s Hospital at London Health Sciences Centre
	8. Montreal, QC: Centre Hospitalier Universitaire Sainte-Justine
	9. Montreal, QC: Montreal Children’s Hospital
	10. Ottawa, ON: Children’s Hospital of Eastern Ontario
	11. Quebec City, QC: Centre Hospitalier de L'Université Laval
	12. Saint John, NB: Saint John Regional Hospital
	13. Saskatoon, SK: Royal University Hospital
	14. Sherbrooke, QC: Centre Hospitalier Universitaire de Sherbrooke
	15. St. John’s, NL: Janeway Children’s Health and Rehabilitation Centre
	16. Toronto, ON: SickKids (The Hospital for Sick Children)
	17. Vancouver, BC: BC Children’s Hospital
	18. Winnipeg, MB: Health Sciences Centre (Winnipeg Children’s Hospital)
	19. Private practice

***if the participant selected “private practice”:* If you feel comfortable, please name your institution: \_\_\_\_\_\_**

Questions 7 and 8 will appear on a separate secure page, not linked to the above survey results

1. **Would you consent to being contacted by e-mail in order to discuss the current practice of CBD treatment at your center, and future collaborations**?
	1. No
	2. Yes: e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Would you like to be contacted with the results of this study**?
	1. No
	2. Yes, via e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or via: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_