

Global Psychedelic Survey 2025

Start of Block: Consent Form



Q1

Welcome to the Global Psychedelic Survey 2025!

اختيار اللغة المفضلة لديك من أعلى يمين الصفحة

نظر خود را در گوشه سمت راست بالای صفحه انتخاب کنید

את השפה המועדפת עליך בפינה הימנית העליונה של הדף

disponível em português do Brasil. Seleccione o idioma de sua preferência no canto superior

direito da página.

本次调查提供简体中文版本。请在页面右上角选择您的语言

。

此调查提供繁体中文版本。请在页面右上角选择您想要的语言。

Deze enquête is beschikbaar in het Nederlands. Selecteer uw taal in de rechterbovenhoek van de pagina.

This survey is available in English. Please select your language of choice in the top right corner of the page.

Tämä kysely on saatavilla suomeksi. Valitse haluamasi kieli sivun oikeasta yläkulmasta.

Ce sondage est disponible en français. Veuillez sélectionner la langue de votre choix en haut à droite de la page.

Diese Umfrage ist auf Deutsch verfügbar. Bitte wählen Sie oben rechts auf der Seite Ihre gewünschte Sprache aus.

Αυτή η έρευνα είναι διαθέσιμη στα ελληνικά. Επιλέξτε τη γλώσσα της επιλογής σας στην επάνω δεξιά γωνία της σελίδας.

Questo sondaggio è disponibile in italiano. Seleziona la lingua desiderata nell'angolo in alto a destra della pagina.

このアンケートは日本語でご利用いただけます。ページの右上からご希望の言語を選択してください。

Этот опрос доступен на русском языке. Пожалуйста, выберите язык в правом верхнем углу страницы.

Esta encuesta está disponible en español. Seleccione su idioma en la esquina superior derecha de la página.

Bu anket Türkçe olarak mevcuttur. Lütfen sayfanın sağ üst köşesinden tercih ettiğiniz dili seçin.

Це опитування доступне українською мовою. Будь ласка, виберіть потрібну мову у верхньому правому куті сторінки.

Informed Consent Form Sponsor: University of Michigan Study Title: The Global Psychedelic Survey 2025 (GPS-2025) Protocol Number: HUM00268282 Principal Investigator: Jacob S. Aday Telephone: 313-403-7997 Address: Lobby M, Suite 3100, 24 Frank Lloyd Wright Dr, Ann Arbor, MI 48105 In our ongoing efforts to learn more about the experiences of adults with psychedelic substances, we are conducting a research study to get feedback about the use of psychedelics around the globe. The goal of this online survey is to gain a better understanding of psychedelic use in different international jurisdictions, and the associated impacts on physical and psychological health. We have designed an online survey that should take approximately 20 to 30 minutes to complete, and

approximately 10,000 participants will partake in this study. The information we gather may be analyzed by academic researchers, published in academic journals and presented at scientific conferences and other public meetings, and could be used for commercial purposes, but your identity will not be disclosed. The survey will be available for a fourteen-day period. **RISKS** Several survey items relate to personal health status, some of which you may consider sensitive in nature. There is a small risk that participating in this study may cause you emotional or psychological distress. Examples of the questions you will be asked include the illness(es) or symptoms for which you might use psychedelics, including mental health conditions like anxiety, depression and PTSD, how much you use, how often, which psychedelics you find most helpful, and details about your use of both regulated and unregulated drugs. There may be other risks that are unknown. **COSTS** There is no cost to you, your private medical insurance (if any), or the public health insurance plan, for taking this study survey. **BENEFITS** This study is for research purposes only. There is no direct benefit to you from your participation in the study. Information learned from the study may help other people in the future. **ALTERNATIVES** This research study is for research purposes only. The only alternative is to not participate in this study. **CONFIDENTIALITY** As a part of this research, we will collect the survey results as well as demographic information about you (such as age, gender, and ethnicity). All survey responses are confidential, and responses will be analyzed at the group level to maintain the anonymity of participants. Data shared with our academic partners will be anonymized by removing any identifying information. We may also share aggregate group level results with third parties. Some persons may need to see the data in order to monitor the research and verify the accuracy of the study data, including representatives from the sponsor, and government regulatory authorities. However, your confidentiality will be protected within the limits of the law, and researchers will break confidentiality if required to by court order. Your confidential information collected during the study will be kept in computer-based files available only to authorized study staff using access privileges and passwords. Data will be retained for seven years. As part of this study, some of your personal information will be transferred electronically via the Internet. While every effort will be made to protect the confidentiality of your information, electronic transmissions via the Internet are not necessarily secure from interception, and absolute confidentiality cannot be guaranteed. Please be advised that this research study includes data storage in the U.S.A. As such, there is a possibility that information about you that is gathered for this research study may be accessed without your knowledge or consent by the U.S. government in compliance with the U.S. Freedom Act. **VOLUNTARY PARTICIPATION** Your participation in this study is completely voluntary. You may take as long as you need to complete the survey. If you do not wish to answer a question, you may discontinue the survey at any time. There is no penalty of any kind for not proceeding with or completing this survey. **COMPENSATION FOR PARTICIPATION** As a thank you for your time, we are entering all participants who take this survey and provide an email address into a draw for one of fifteen \$100 USD Amazon gift certificates. Therefore, as part of the survey you will be asked if you'd like to provide an email address so that we can enter you in the draw and contact you should you win. In order to maintain your anonymity, your email address will not be linked to any of your other survey responses, and will be destroyed as soon as the draw is completed. There is no obligation to provide this contact information, but we will not be able to include you in the draw should you decide not to provide this information. The survey will be

Q2 How old are you in years ?

20 or under

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- 100+

Skip To: End of Survey If How old are you in years ? = 20 or under

Page Break



Q3 Have you ever taken a psychedelic substance (for example, psilocybin mushrooms, LSD, DMT, 5-MeO-DMT, ayahuasca, mescaline, ketamine, MDMA, 2C-B, ibogaine)?

Yes

No

Skip To: End of Survey If Have you ever taken a psychedelic substance (for example, psilocybin mushrooms, LSD, DMT, 5-MeO-D... = No

Page Break



Q4 Would you be interested in participating in future psychedelic research projects?

Yes

No

Display this question:

If Would you be interested in participating in future psychedelic research projects? = Yes

Q5 Please enter the following information so we can generate a code to link your data to future research projects while keeping your responses anonymous:

What are the last two letters of your mother's first name?

In what year were you born? (Four digits)

What are the last two letters of your father's first name?

Display this question:

If Would you be interested in participating in future psychedelic research projects? = Yes

Q6 Please click [here](#) to enter your email address in a separate survey.

Page Break



Q7 Demographic characteristics Which of the following best describes your gender?

- Man
 - Woman
 - Non-binary
 - Trans-woman
 - Trans-man
 - Other gender identity
 - Prefer not to say
-



Q8 We acknowledge and support gender-diversity and would like to ask several questions regarding psychedelics and reproductive health. For many individuals, biological sex may be assigned 'female' at the time of their birth based on the presence of reproductive anatomy, which can include a uterus, cervix, fallopian tubes, and ovaries. Were you assigned 'female' sex at birth?

- Yes
 - No
-



Q9 Do you have any children?

- Yes
 - No
-



Q10 Which of the following best describes your current relationship status?

- Single, never married
- Single, but cohabiting with a significant other
- In a domestic partnership or civil union
- Married
- Divorced / separated
- Widowed



Q11 Which of the following best describes your racial or ethnic background? (You may choose more than one)

- African (e.g., Central / West, South / East)
- Black / African diaspora (e.g., African-American, Caribbean)
- Caucasian / European
- East Asian (e.g., Chinese, Japanese, Korean)
- Indigenous (e.g., Native American, First Nations)
- Latin, Hispanic, Central and South American (e.g., Mexican, Colombian, Peruvian)
- Oceanian (e.g., Australia, New Zealand, surrounding islands)
- South Asian (e.g., Indian, Pakistani, Bangladeshi)
- South East Asian (e.g., Filipino, Indonesian, Malaysian)
- West Central Asian, Middle Eastern, and North African (e.g., Armenian, Iranian, Lebanese, Egyptian, Moroccan)
- Prefer not to say



Q12 In which country do you currently reside?

- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda
- Argentina
- Armenia
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bhutan
- Bolivia

- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Central African Republic
- Chad
- Chile
- China
- Colombia
- Comoros
- Congo, Republic of the...
- Costa Rica
- Côte d'Ivoire
- Croatia

- Cuba
- Cyprus
- Czech Republic
- Democratic Republic of the Congo
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Fiji
- Finland
- France
- Gabon
- Gambia
- Georgia

- Germany
- Ghana
- Greece
- Grenada
- Guatemala
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Honduras
- Hong Kong (S.A.R.)
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Israel
- Italy
- Jamaica

- Japan
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kuwait
- Kyrgyzstan
- Lao People's Democratic Republic
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Liechtenstein
- Lithuania
- Luxembourg
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali

- Malta
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Micronesia, Federated States of...
- Monaco
- Mongolia
- Montenegro
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Netherlands
- New Zealand
- Nicaragua
- Niger
- Nigeria
- North Korea

- Norway
- Oman
- Pakistan
- Palau
- Palestine
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland
- Portugal
- Qatar
- Republic of Moldova
- Romania
- Russian Federation
- Rwanda
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa

- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Korea
- Spain
- Sri Lanka
- Sudan
- Suriname
- Swaziland
- Sweden
- Switzerland

- Syrian Arab Republic
- Taiwan
- Tajikistan
- Thailand
- The former Yugoslav Republic of Macedonia
- Timor-Leste
- Togo
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom of Great Britain and Northern Ireland
- United Republic of Tanzania
- United States of America
- Uruguay
- Uzbekistan

- Vanuatu
 - Venezuela, Bolivarian Republic of...
 - Viet Nam
 - Yemen
 - Zambia
 - Zimbabwe
 - Prefer not to say
-



Q13 In which country were you born?

- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda
- Argentina
- Armenia
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bhutan
- Bolivia

- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Central African Republic
- Chad
- Chile
- China
- Colombia
- Comoros
- Congo, Republic of the...
- Costa Rica
- Côte d'Ivoire
- Croatia

- Cuba
- Cyprus
- Czech Republic
- Democratic Republic of the Congo
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Fiji
- Finland
- France
- Gabon
- Gambia
- Georgia

- Germany
- Ghana
- Greece
- Grenada
- Guatemala
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Honduras
- Hong Kong (S.A.R.)
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Israel
- Italy
- Jamaica

- Japan
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kuwait
- Kyrgyzstan
- Lao People's Democratic Republic
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Liechtenstein
- Lithuania
- Luxembourg
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali

- Malta
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Micronesia, Federated States of...
- Monaco
- Mongolia
- Montenegro
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Netherlands
- New Zealand
- Nicaragua
- Niger
- Nigeria
- North Korea

- Norway
- Oman
- Pakistan
- Palau
- Palestine
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland
- Portugal
- Qatar
- Republic of Moldova
- Romania
- Russian Federation
- Rwanda
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa

- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Korea
- Spain
- Sri Lanka
- Sudan
- Suriname
- Swaziland
- Sweden
- Switzerland

- Syrian Arab Republic
- Tajikistan
- Taiwan
- Thailand
- The former Yugoslav Republic of Macedonia
- Timor-Leste
- Togo
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom of Great Britain and Northern Ireland
- United Republic of Tanzania
- United States of America
- Uruguay
- Uzbekistan

- Vanuatu
- Venezuela, Bolivarian Republic of...
- Viet Nam
- Yemen
- Zambia
- Zimbabwe
- Prefer not to say

Page Break

Display this question:

If List of Countries = United States of America



Q14 In which State do you currently reside?

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland

- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina

- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- I do not reside in the United States

Display this question:

If List of Countries = Canada



Q15 In which Province or Territory do you currently reside?

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon



Q16 Do you currently live in a:

- Rural or remote area
- Suburban area
- Urban area



Q17 Is there decriminalization of psychedelics in the area where you live? (Including deprioritization of law enforcement)

- Yes
 - No
 - Don't know
-



Q18 What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
 - High school degree or equivalent
 - Technical and non-university degree (college in UK; CEGEP)
 - University degree (Bachelors' degree or equivalent)
 - Graduate degree (MA, MSc, etc.)
 - Doctorate or professional degree (JD, MD, PhD, etc.)
-



Q19 Which of the following categories best describes your employment status?

- Employed, working full-time
 - Employed, working part-time
 - Student
 - Not employed, looking for work
 - Not employed, NOT looking for work
 - Retired
 - Disabled, not able to work
-



Q20 Would you consider your household income (the total for you and your spouse / partner, if applicable) to be:

- Very low income / well below average
 - Low income / below average
 - Middle income / about average
 - High income / above average
 - Very high income / well above average
-

Page Break



Q21 We'd like to start by asking you about your use of psychoactive substances OTHER than psychedelics. **IN YOUR LIFETIME**, have you ever used any of the following substances?

| | Yes | No |
|--|-----------------------|-----------------------|
| Alcohol | <input type="radio"/> | <input type="radio"/> |
| Antidepressants (e.g., SSRIs, SNRIs, MAO inhibitors, bupropion) | <input type="radio"/> | <input type="radio"/> |
| Antipsychotics (e.g., Clozaril/clozapine, Haldol/haloperidol, Zyprexa/olanzapine) | <input type="radio"/> | <input type="radio"/> |
| Benzodiazepines (e.g., Valium/diazepam, Ativan/lorazepam, Klonopin/clonazepam, Xanax/alprazolam) | <input type="radio"/> | <input type="radio"/> |
| Cannabis | <input type="radio"/> | <input type="radio"/> |
| Cocaine / crack | <input type="radio"/> | <input type="radio"/> |
| Inhalants (huffing solvents e.g., gasoline, glue, toluene, aerosol) NOT counting nitrous oxide | <input type="radio"/> | <input type="radio"/> |
| Mood stabilizers (e.g., Lamotrigine, lithium) | <input type="radio"/> | <input type="radio"/> |
| Opioids - regulated (e.g., hydrocodone, fentanyl, oxycodone, morphine, etc.) | <input type="radio"/> | <input type="radio"/> |
| Opioids - unregulated (e.g., heroin, fentanyl, oxycodone, morphine, etc.) | <input type="radio"/> | <input type="radio"/> |
| Sleep aids or depressants (e.g., Ambien/zolpidem, GHB, GBL) | <input type="radio"/> | <input type="radio"/> |
| Tobacco / nicotine (cigarettes, e-cigarettes; vapes, chew, snuffs, cigarillos, pouches) | <input type="radio"/> | <input type="radio"/> |

Stimulant medications -
regulated (e.g., Ritalin,
Adderall)



Stimulants - unregulated (e.g.,
crystal meth, speed, ice)



Page Break

Display this question:

If We'd like to start by asking you about your use of psychoactive substances OTHER than psychedelic... [Yes] (Count) > 0

Carry Forward Selected Choices from "We'd like to start by asking you about your use of psychoactive substances OTHER than psychedelics. IN YOUR LIFETIME, have you ever used any of the following substances?"



Q22 IN THE PAST 12 MONTHS, have you used any of the following substances?

| | Yes | No |
|--|-----------------------|-----------------------|
| Alcohol | <input type="radio"/> | <input type="radio"/> |
| Antidepressants (e.g., SSRIs, SNRIs, MAO inhibitors, bupropion) | <input type="radio"/> | <input type="radio"/> |
| Antipsychotics (e.g., Clozaril/clozapine, Haldol/haloperidol, Zyprexa/olanzapine) | <input type="radio"/> | <input type="radio"/> |
| Benzodiazepines (e.g., Valium/diazepam, Ativan/lorazepam, Klonopin/clonazepam, Xanax/alprazolam) | <input type="radio"/> | <input type="radio"/> |
| Cannabis | <input type="radio"/> | <input type="radio"/> |
| Cocaine / crack | <input type="radio"/> | <input type="radio"/> |
| Inhalants (huffing solvents e.g., gasoline, glue, toluene, aerosol) NOT counting nitrous oxide | <input type="radio"/> | <input type="radio"/> |
| Mood stabilizers (e.g., Lamotrigine, lithium) | <input type="radio"/> | <input type="radio"/> |
| Opioids - regulated (e.g., hydrocodone, fentanyl, oxycodone, morphine, etc.) | <input type="radio"/> | <input type="radio"/> |
| Opioids - unregulated (e.g., heroin, fentanyl, oxycodone, morphine, etc.) | <input type="radio"/> | <input type="radio"/> |
| Sleep aids or depressants (e.g., Ambien/zolpidem, GHB, GBL) | <input type="radio"/> | <input type="radio"/> |
| Tobacco / nicotine (cigarettes, e-cigarettes; vapes, chew, snuffs, cigarillos, pouches) | <input type="radio"/> | <input type="radio"/> |
| Stimulant medications - regulated (e.g., Ritalin, | <input type="radio"/> | <input type="radio"/> |

Adderall)

Stimulants - unregulated (e.g.,
crystal meth, speed, ice)



End of Block: Participant Characteristics

Start of Block: Psychedelic use



Q23 Psychedelics We'd now like to ask you questions about your use of psychedelics.

How old were you when you first tried psychedelic substances (e.g., ketamine, psilocybin, MDMA, LSD, etc.)?

Under 10

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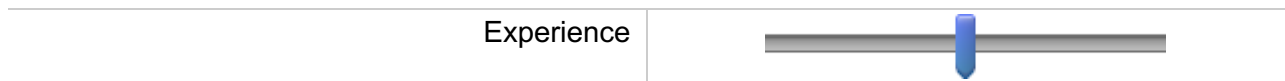
Q24 Please rate your current level of **knowledge** of psychedelic substances from 0 - 10, with...
 0 = No knowledge at all 5 = Moderately knowledgeable 10 = Extremely knowledgeable

0 1 2 3 4 5 6 7 8 9 10



Q25 Please rank your current level of **experience** with psychedelic substances from 0-10,
 with... 0 = No experience at all 5 = Moderately experienced 10 = Extremely experienced

0 1 2 3 4 5 6 7 8 9 10



Q26 What are the reasons you use psychedelic substances? Please check all that apply.

- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in
- Avoid boredom

I don't know / no reason

Other reason



Q27 Ideally, what would be your preferred way(s) to purchase and / or access psychedelic substances? Check all that apply.

Friend / acquaintance

Dealer in-person

Dealer on social media

Legal online store / website

In-person at a retail dispensary

Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)

Pharmacy

Underground therapist / practitioner

Shaman, curandero, or spiritual leader

Produce and / or harvest them myself

Page Break



Q28 Which of the following psychedelic substances have you used **IN YOUR LIFETIME?**

| | Yes | No |
|---|-----------------------|-----------------------|
| Ayahuasca | <input type="radio"/> | <input type="radio"/> |
| DMT (N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> |
| 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> |
| Iboga / Ibogaine | <input type="radio"/> | <input type="radio"/> |
| Ketamine (K) | <input type="radio"/> | <input type="radio"/> |
| LSD / Acid | <input type="radio"/> | <input type="radio"/> |
| MDMA / MDA (Ecstasy / Molly) | <input type="radio"/> | <input type="radio"/> |
| Mescaline (San Pedro, Peyote, etc.) | <input type="radio"/> | <input type="radio"/> |
| Nitrous Oxide (non-dental/surgical, e.g., whippets) | <input type="radio"/> | <input type="radio"/> |
| Psilocybin (mushrooms or synthetic) | <input type="radio"/> | <input type="radio"/> |
| Salvia divinorum | <input type="radio"/> | <input type="radio"/> |
| Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) | <input type="radio"/> | <input type="radio"/> |
| Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MIPT, etc.) | <input type="radio"/> | <input type="radio"/> |
| Other psychedelic drug(s): | <input type="radio"/> | <input type="radio"/> |

Page Break

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? [Yes] (Count) > 0

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q29 What was the first psychedelic that you tried?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break



Q30 Approximately how frequently have you taken psychedelic substances in the **PAST YEAR / 12 MONTHS?**

- Not in the past 12 months
- Once
- Once every 6 months
- Once every 2-5 months
- Once every month
- Once every week
- 2-3 times per week
- Daily

Page Break

Display this question:

If Approximately how frequently have you taken psychedelic substances in the PAST YEAR / 12 MONTHS? = Once

Or Approximately how frequently have you taken psychedelic substances in the PAST YEAR / 12 MONTHS? = Once every 6 months

Or Approximately how frequently have you taken psychedelic substances in the PAST YEAR / 12 MONTHS? = Once every 2-5 months

Or Approximately how frequently have you taken psychedelic substances in the PAST YEAR / 12 MONTHS? = Once every month

Or Approximately how frequently have you taken psychedelic substances in the PAST YEAR / 12 MONTHS? = Once every week

Or Approximately how frequently have you taken psychedelic substances in the PAST YEAR / 12 MONTHS? = 2-3 times per week

Or Approximately how frequently have you taken psychedelic substances in the PAST YEAR / 12 MONTHS? = Daily



Q31 How have you purchased or accessed psychedelic substances in the **PAST YEAR / 12 MONTHS**? Please check all that apply.

- Friend / acquaintance
- Dealer in-person
- Dealer on social media
- Legal online store / website
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produced and / or harvested them myself

Page Break

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Ayahuasca [Yes]



Q32 Where do you obtain your AYAHUASCA? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = DMT (N,N-Dimethyltryptamine) [Yes]



Q33 Where do you obtain your DMT (N,N-Dimethyltryptamine)? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) [Yes]



Q34 Where do you obtain your 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Iboga / Ibogaine [Yes]



Q35 Where do you obtain your IBOGA / IBOGAINE? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Ketamine (K) [Yes]



Q36 Where do you obtain your KETAMINE (K)? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = LSD / Acid [Yes]



Q37 Where do you obtain your LSD / ACID? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = MDMA / MDA (Ecstasy / Molly) [Yes]

X→

Q38 Where do you obtain your MDMA / MDA (Ecstasy / Molly)? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Mescaline (San Pedro, Peyote, etc.) [Yes]

X→

Q39 Where do you obtain your Mescaline (San Pedro, Peyote, etc.)? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q40 Where do you obtain your NITROUS OXIDE (non-dental, e.g., whippets)? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Psilocybin (mushrooms or synthetic) [Yes]

X→

Q41 Where do you obtain your PSILOCYBIN (mushrooms or synthetic)? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Salvia divinorum [Yes]

X→

Q42 Where do you obtain your SALVIA DIVINORUM? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) [Yes]

X→

Q43 Where do you obtain your SYNTHETIC PHENETHYLAMINES (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.) [Yes]



Q44 Where do you obtain your SYNTHETIC TRYPTAMINES (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Other psychedelic drug(s): [Yes]



Q45 Where do you obtain your $\{Q28/ChoiceTextEntryValue/12\}$? Please select all that apply.

- Friend / acquaintance
- Dealer (in-person or online)
- Online store / retailer
- In-person at a retail dispensary
- Clinic and / or a healthcare professional (e.g., regulated ketamine clinic)
- Pharmacy
- Underground therapist / practitioner
- Shaman, curandero, or spiritual leader
- I produce and / or harvest it myself
- Other, please specify:

End of Block: Psychedelic use

Start of Block: Dosing Levels

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? [Yes] (Count > 0

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q46 **Dosing levels** The next series of questions will ask you about both **REGULAR DOSING** and **MICRODOSING** of psychedelic substances. We define a **REGULAR DOSE** as leading to psychedelic effects (i.e., a “trip”), whereas a **MICRODOSE** is typically a small fraction (approximately 10% or less) of a “regular dose” and is too low to produce a “trip,” or to

noticeably impair your ability to conduct daily activities (such as driving or working). **IN YOUR LIFETIME**, have you ever used the following substances in **REGULAR DOSES**?

| | Yes | No |
|---|-----------------------|-----------------------|
| Ayahuasca | <input type="radio"/> | <input type="radio"/> |
| DMT (N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> |
| 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> |
| Iboga / Ibogaine | <input type="radio"/> | <input type="radio"/> |
| Ketamine (K) | <input type="radio"/> | <input type="radio"/> |
| LSD / Acid | <input type="radio"/> | <input type="radio"/> |
| MDMA / MDA (Ecstasy / Molly) | <input type="radio"/> | <input type="radio"/> |
| Mescaline (San Pedro, Peyote, etc.) | <input type="radio"/> | <input type="radio"/> |
| Nitrous Oxide (non-dental/surgical, e.g., whippets) | <input type="radio"/> | <input type="radio"/> |
| Psilocybin (mushrooms or synthetic) | <input type="radio"/> | <input type="radio"/> |
| Salvia divinorum | <input type="radio"/> | <input type="radio"/> |
| Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) | <input type="radio"/> | <input type="radio"/> |
| Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.) | <input type="radio"/> | <input type="radio"/> |
| Other psychedelic drug(s): | <input type="radio"/> | <input type="radio"/> |

Display this question:

If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... [Yes] (Count) > 0

Carry Forward Selected Choices from "Dosing levelsThe next series of questions will ask you about both REGULAR DOSING and MICRODOSING of psychedelic substances. We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip"), whereas a MICRODOSE is typically a small fraction (approximately 10% or less) of a "regular dose" and is too low to produce a "trip," or to noticeably impair your ability to conduct daily activities (such as driving or working). IN YOUR LIFETIME, have you ever used the following substances in REGULAR DOSES? "



Q47 **IN YOUR LIFETIME**, approximately how many times have you used a **REGULAR DOSE** of the following substances? (Please enter a number in the box next to each substance)

Ayahuasca _____

DMT (N,N-Dimethyltryptamine)

5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)

Iboga / Ibogaine _____

Ketamine (K) _____

LSD / Acid _____

MDMA / MDA (Ecstasy / Molly)

Mescaline (San Pedro, Peyote, etc.)

Nitrous Oxide (non-dental/surgical, e.g., whippets)

Psilocybin (mushrooms or synthetic)

Salvia divinorum _____

Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)

Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)

Other psychedelic drug(s):

Display this question:

If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... [Yes] (Count) > 0

Carry Forward Selected Choices from "Dosing levelsThe next series of questions will ask you about both REGULAR DOSING and MICRODOSING of psychedelic substances. We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip"), whereas a MICRODOSE is typically a small fraction (approximately 10% or less) of a "regular dose" and is too low to produce a "trip," or to noticeably impair your ability to conduct daily activities (such as driving or working). IN YOUR LIFETIME, have you ever used the following substances in REGULAR DOSES? "



Q48 Have you used **REGULAR DOSES** of the following **IN THE PAST 12 MONTHS?**

| | Yes | No |
|---|-----------------------|-----------------------|
| Ayahuasca | <input type="radio"/> | <input type="radio"/> |
| DMT (N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> |
| 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> |
| Iboga / Ibogaine | <input type="radio"/> | <input type="radio"/> |
| Ketamine (K) | <input type="radio"/> | <input type="radio"/> |
| LSD / Acid | <input type="radio"/> | <input type="radio"/> |
| MDMA / MDA (Ecstasy / Molly) | <input type="radio"/> | <input type="radio"/> |
| Mescaline (San Pedro, Peyote, etc.) | <input type="radio"/> | <input type="radio"/> |
| Nitrous Oxide (non-dental/surgical, e.g., whippets) | <input type="radio"/> | <input type="radio"/> |
| Psilocybin (mushrooms or synthetic) | <input type="radio"/> | <input type="radio"/> |
| Salvia divinorum | <input type="radio"/> | <input type="radio"/> |
| Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) | <input type="radio"/> | <input type="radio"/> |
| Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.) | <input type="radio"/> | <input type="radio"/> |
| Other psychedelic drug(s): | <input type="radio"/> | <input type="radio"/> |

Display this question:

If If Dosing levels The next series of questions will ask you about both **REGULAR DOSING** and **MICRODOSING... Ayahuasca** - Yes Is Selected



Q49 How often do you use a **REGULAR DOSE** of AYAHUASCA?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If If Dosing levels The next series of questions will ask you about both **REGULAR DOSING** and **MICRODOSING... DMT (N,N-Dimethyltryptamine)** - Yes Is Selected



Q50 How often do you use a **REGULAR DOSE** of DMT (N,N-Dimethyltryptamine)?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) - Yes Is Selected



Q51 How often do you use a **REGULAR DOSE** of 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Iboga / Ibogaine - Yes Is Selected



Q52 How often do you use a **REGULAR DOSE** of IBOGA / IBOGAINE?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Ketamine (K) - Yes Is Selected



Q53 How often do you use a **REGULAR DOSE** of KETAMINE (K)?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... LSD / Acid - Yes Is Selected



Q54 How often do you use a **REGULAR DOSE** of LSD / ACID?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... MDMA / MDA (Ecstasy / Molly) - Yes Is Selected



Q55 How often do you use a **REGULAR DOSE** of MDMA / MDA (Ecstasy / Molly)?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

*If If Dosing levels The next series of questions will ask you about both **REGULAR DOSING** and **MICRODOSING**... Mescaline (San Pedro, Peyote, etc.) - Yes Is Selected*



Q56 How often do you use a **REGULAR DOSE** of MESCALINE (San Pedro, Peyote, etc.)?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If Dosing levels The next series of questions will ask you about both **REGULAR DOSING** and **MICRODOSING...** Nitrous Oxide (non-dental/surgical, e.g., whippets) - Yes Is Selected

X→

Q57 How often do you use a **REGULAR DOSE** of NITROUS OXIDE (non-dental, e.g., whippets)?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If Dosing levels The next series of questions will ask you about both **REGULAR DOSING** and **MICRODOSING...** Psilocybin (mushrooms or synthetic) - Yes Is Selected

X→

Q58 How often do you use a **REGULAR DOSE** of PSILOCYBIN (mushrooms or synthetic)?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Salvia divinorum - Yes Is Selected



Q59 How often do you use a **REGULAR DOSE** of SALVIA DIVINORUM?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) - Yes Is Selected

X→

Q60 How often do you use a **REGULAR DOSE** of SYNTHETIC PHENETHYLAMINES (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.) - Yes Is Selected

X→

Q61 How often do you use a **REGULAR DOSE** of SYNTHETIC TRYPTAMINES (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Other psychedelic drug(s): - Yes Is Selected



Q62 How often do you use a **REGULAR DOSE** of $\{\text{Q28/ChoiceTextEntryValue}/12\}$?

- Less than once per year
- Once or twice per year
- Less than once per month
- 1 or 2 times per month
- Once per week
- 2 - 3 times per week
- Every 2 days
- Every day

Page Break

Display this question:

If If Dosing levels The next series of questions will ask you about both **REGULAR DOSING** and **MICRODOSING...** Ayahuasca - Yes Is Selected

X→

Q63 With whom do you use **REGULAR DOSES** of AYAHUASCA? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both **REGULAR DOSING** and **MICRODOSING...** DMT (N,N-Dimethyltryptamine) - Yes Is Selected

X→

Q64 With whom do you use **REGULAR DOSES** of DMT (N,N-Dimethyltryptamine)? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

*If If Dosing levels The next series of questions will ask you about both **REGULAR DOSING** and **MICRODOSING**... 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) - Yes Is Selected*



Q65 With whom do you use **REGULAR DOSES** of 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Iboga / Ibogaine - Yes Is Selected



Q66 With whom do you use **REGULAR DOSES** of IBOGA / IBOGAINE? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Ketamine (K) - Yes Is Selected



Q67 With whom do you use **REGULAR DOSES** of KETAMINE (K)? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... LSD / Acid - Yes Is Selected



Q68 With whom do you use **REGULAR DOSES** of LSD / ACID? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... MDMA / MDA (Ecstasy / Molly) - Yes Is Selected



Q69 With whom do you use **REGULAR DOSES** of MDMA / MDA (Ecstasy / Molly)? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Mescaline (San Pedro, Peyote, etc.) - Yes Is Selected



Q70 With whom do you use **REGULAR DOSES** of Mescaline (San Pedro, Peyote, etc.)? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Nitrous Oxide (non-dental/surgical, e.g., whippets) - Yes Is Selected



Q71 With whom do you use **REGULAR DOSES** of NITROUS OXIDE (non-dental, e.g., whippets)? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Psilocybin (mushrooms or synthetic) - Yes Is Selected

X→

Q72 With whom do you use **REGULAR DOSES** of PSILOCYBIN (mushrooms or synthetic)? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Salvia divinorum - Yes Is Selected



Q73 With whom do you use **REGULAR DOSES** of SALVIA DIVINORUM? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) - Yes Is Selected



Q74 With whom do you use **REGULAR DOSES** of SYNTHETIC PHENETHYLAMINES (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.) - Yes Is Selected



Q75 With whom do you use **REGULAR DOSES** of SYNTHETIC TRYPTAMINES (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Other psychedelic drug(s): - Yes Is Selected



Q76 With whom do you use **REGULAR DOSES** of $\{Q28/ChoiceTextEntryValue/12\}$? Please select all that apply.

- No one (I use it alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- Other, please specify:

Page Break

Display this question:

If If Dosing levels The next series of questions will ask you about both **REGULAR DOSING** and **MICRODOSING...** Ayahuasca - Yes Is Selected



Q77 In which settings do you use **REGULAR DOSES** of AYAHUASCA? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both **REGULAR DOSING** and **MICRODOSING...** DMT (N,N-Dimethyltryptamine) - Yes Is Selected



Q78 In which settings do you use **REGULAR DOSES** of DMT (N,N-Dimethyltryptamine)? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) - Yes Is Selected



Q79 In which settings do you use **REGULAR DOSES** of 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Iboga / Ibogaine - Yes Is Selected



Q80 In which settings do you use **REGULAR DOSES** of IBOGA / IBOGAINE? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Ketamine (K) - Yes Is Selected



Q81 In which settings do you use **REGULAR DOSES** of KETAMINE (K)? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... LSD / Acid - Yes Is Selected



Q82 In which settings do you use **REGULAR DOSES** of LSD / ACID? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... MDMA / MDA (Ecstasy / Molly) - Yes Is Selected



Q83 In which settings do you use **REGULAR DOSES** of MDMA / MDA (Ecstasy / Molly)? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Mescaline (San Pedro, Peyote, etc.) - Yes Is Selected



Q84 In which settings do you use **REGULAR DOSES** of Mescaline(San Pedro, Peyote, etc.)? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Nitrous Oxide (non-dental/surgical, e.g., whippets) - Yes Is Selected



Q85 In which settings do you use **REGULAR DOSES** of NITROUS OXIDE (non-dental, e.g., whippets)? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Psilocybin (mushrooms or synthetic) - Yes Is Selected



Q86 In which settings do you use **REGULAR DOSES** of PSILOCYBIN (mushrooms or synthetic)? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Salvia divinorum - Yes Is Selected



Q87 In which settings do you use **REGULAR DOSES** of SALVIA DIVINORUM? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) - Yes Is Selected

X→

Q88 In which settings do you use **REGULAR DOSES** of SYNTHETIC PHENETHYLAMINES (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.) - Yes Is Selected



Q89 In which settings do you use **REGULAR DOSES** of SYNTHETIC TRYPTAMINES (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Other psychedelic drug(s): - Yes Is Selected



Q90 In which settings do you use **REGULAR DOSES** of [\\${Q28/ChoiceTextEntryValue/12}](#)? Please select all that apply.

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre, or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- Other, please specify:

Page Break

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Ayahuasca - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q91 For what purposes do you use **REGULAR DOSES** of AYAHUASCA? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... DMT (N,N-Dimethyltryptamine) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q92 For what purposes do you use **REGULAR DOSES** of DMT (N,N-Dimethyltryptamine)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q93 For what purposes do you use **REGULAR DOSES** of 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Iboga / Ibogaine - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q94 For what purposes do you use **REGULAR DOSES** of IBOGA / IBOGAINE? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING... Ketamine (K) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q95 For what purposes do you use **REGULAR DOSES** of KETAMINE (K)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

- Avoid boredom
- I don't know / no reason
- Other reason

Display this question:

If If Dosing levelsThe next series of questions will ask you about both REGULAR DOSING and MICRODOSING of psychedelic substances. We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip... LSD / Acid - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q96 For what purposes do you use **REGULAR DOSES** of LSD / ACID? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING of psychedelic substances. We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip... MDMA / MDA (Ecstasy / Molly) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q97 For what purposes do you use **REGULAR DOSES** of MDMA / MDA (Ecstasy / Molly)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING of psychedelic substances. We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip... Mescaline (San Pedro, Peyote, etc.) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q98 For what purposes do you use **REGULAR DOSES** of Mescaline (San Pedro, Peyote, etc.)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

- Avoid boredom
- I don't know / no reason
- Other reason

Display this question:

If If Dosing levelsThe next series of questions will ask you about both REGULAR DOSING and MICRODOSING of psychedelic substances. We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip... Nitrous Oxide (non-dental/surgical, e.g., whippets) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q99 For what purposes do you use **REGULAR DOSES** of NITROUS OXIDE (non-dental, e.g., whippets)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If Dosing levelsThe next series of questions will ask you about both REGULAR DOSING and MICRODOSING of psychedelic substances. We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip... Psilocybin (mushrooms or synthetic) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q100 For what purposes do you use **REGULAR DOSES** of PSILOCYBIN (mushrooms or synthetic)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

- Avoid boredom
- I don't know / no reason
- Other reason

Display this question:

If If Dosing levelsThe next series of questions will ask you about both REGULAR DOSING and MICRODOSING of psychedelic substances. We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip... Salvia divinorum - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q101 For what purposes do you use **REGULAR DOSES** of SALVIA DIVINORUM? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

- Avoid boredom
- I don't know / no reason
- Other reason

Display this question:

If If Dosing levelsThe next series of questions will ask you about both REGULAR DOSING and MICRODOSING of psychedelic substances. We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip... Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q102 For what purposes do you use **REGULAR DOSES** of SYNTHETIC PHENETHYLAMINES (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If Dosing levelsThe next series of questions will ask you about both REGULAR DOSING and MICRODOSING of psychedelic substances. We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip... Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q103 For what purposes do you use **REGULAR DOSES** of SYNTHETIC TRYPTAMINES (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If Dosing levels The next series of questions will ask you about both REGULAR DOSING and MICRODOSING of psychedelic substances. We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip... Other psychedelic drug(s): - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q104 For what purposes do you use **REGULAR DOSES** of [\\${Q28/ChoiceTextEntryValue/12}](#)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Page Break

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? [Yes] (Count) > 0

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q105 We'd now like to ask you a few questions about **MICRODOSING** psychedelics. A **MICRODOSE** is typically a small fraction (approximately 10% or less) of a "regular dose" and is too low to produce a "trip," or to noticeably impair your ability to conduct daily activities (such as driving or working). **IN YOUR LIFETIME**, have you ever used the following substances in **MICRODOSES**?

| | Yes | No |
|---|-----------------------|-----------------------|
| Ayahuasca | <input type="radio"/> | <input type="radio"/> |
| DMT (N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> |
| 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> |
| Iboga / Ibogaine | <input type="radio"/> | <input type="radio"/> |
| Ketamine (K) | <input type="radio"/> | <input type="radio"/> |
| LSD / Acid | <input type="radio"/> | <input type="radio"/> |
| MDMA / MDA (Ecstasy / Molly) | <input type="radio"/> | <input type="radio"/> |
| Mescaline (San Pedro, Peyote, etc.) | <input type="radio"/> | <input type="radio"/> |
| Nitrous Oxide (non-dental/surgical, e.g., whippets) | <input type="radio"/> | <input type="radio"/> |
| Psilocybin (mushrooms or synthetic) | <input type="radio"/> | <input type="radio"/> |
| Salvia divinorum | <input type="radio"/> | <input type="radio"/> |
| Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) | <input type="radio"/> | <input type="radio"/> |
| Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.) | <input type="radio"/> | <input type="radio"/> |
| Other psychedelic drug(s): | <input type="radio"/> | <input type="radio"/> |

Page Break

Display this question:

If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... [Yes] (Count) > 0

Carry Forward Selected Choices from "We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically a small fraction (approximately 10% or less) of a "regular dose" and is too low to produce a "trip," or to noticeably impair your ability to conduct daily activities (such as driving or working). IN YOUR LIFETIME, have you ever used the following substances in MICRODOSES? "



Q106 Have you used **MICRODOSES** of the following **IN THE PAST 12 MONTHS?**

| | Yes | No |
|---|-----------------------|-----------------------|
| Ayahuasca | <input type="radio"/> | <input type="radio"/> |
| DMT (N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> |
| 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> |
| Iboga / Ibogaine | <input type="radio"/> | <input type="radio"/> |
| Ketamine (K) | <input type="radio"/> | <input type="radio"/> |
| LSD / Acid | <input type="radio"/> | <input type="radio"/> |
| MDMA / MDA (Ecstasy / Molly) | <input type="radio"/> | <input type="radio"/> |
| Mescaline (San Pedro, Peyote, etc.) | <input type="radio"/> | <input type="radio"/> |
| Nitrous Oxide (non-dental/surgical, e.g., whippets) | <input type="radio"/> | <input type="radio"/> |
| Psilocybin (mushrooms or synthetic) | <input type="radio"/> | <input type="radio"/> |
| Salvia divinorum | <input type="radio"/> | <input type="radio"/> |
| Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) | <input type="radio"/> | <input type="radio"/> |
| Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.) | <input type="radio"/> | <input type="radio"/> |
| Other psychedelic drug(s): | <input type="radio"/> | <input type="radio"/> |

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Ayahuasca - Yes Is Selected



Q107 How frequently do you **microdose** AYAHUASCA? (How many days do you typically space between microdoses?)

- I microdose every single day
 - Every other day
 - One day on, two days off
 - One day on, three days off
 - One day on, four days off
 - One day on, five days off
 - One day on, six days off
 - One day on, seven days off
 - Once every week and a half
 - Once every two weeks
 - Once every three weeks
 - Once every month
 - Once every two months
 - Less than once every two months
 - Other _____
-

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... DMT (N,N-Dimethyltryptamine) - Yes Is Selected



Q108 How frequently do you **microdose** DMT? (How many days do you typically space between microdoses?)

- I microdose every single day
- Every other day
- One day on, two days off
- One day on, three days off
- One day on, four days off
- One day on, five days off
- One day on, six days off
- One day on, seven days off
- Once every week and a half
- Once every two weeks
- Once every three weeks
- Once every month
- Once every two months
- Less than once every two months
- Other _____



Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) - Yes Is Selected



Q109 How frequently do you **microdose** 5-MeO-DMT? (How many days do you typically space between microdoses?)

- I microdose every single day
- Every other day
- One day on, two days off
- One day on, three days off
- One day on, four days off
- One day on, five days off
- One day on, six days off
- One day on, seven days off
- Once every week and a half
- Once every two weeks
- Once every three weeks
- Once every month
- Once every two months
- Less than once every two months
- Other _____

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Iboga / Ibogaine - Yes Is Selected



Q110 How frequently do you **microdose** IBOGA / IBOGAINE? (How many days do you typically space between microdoses?)

- I microdose every single day
 - Every other day
 - One day on, two days off
 - One day on, three days off
 - One day on, four days off
 - One day on, five days off
 - One day on, six days off
 - One day on, seven days off
 - Once every week and a half
 - Once every two weeks
 - Once every three weeks
 - Once every month
 - Once every two months
 - Less than once every two months
 - Other _____
-

Display this question:

If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Ketamine (K) - Yes Is Selected



Q111 How frequently do you **microdose** KETAMINE (K)? (How many days do you typically space between microdoses?)

- I microdose every single day
- Every other day
- One day on, two days off
- One day on, three days off
- One day on, four days off
- One day on, five days off
- One day on, six days off
- One day on, seven days off
- Once every week and a half
- Once every two weeks
- Once every three weeks
- Once every month
- Once every two months
- Less than once every two months
- Other _____



Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... LSD / Acid - Yes Is Selected



Q112 How frequently do you **microdose** LSD / ACID? (How many days do you typically space between microdoses?)

- I microdose every single day
- Every other day
- One day on, two days off
- One day on, three days off
- One day on, four days off
- One day on, five days off
- One day on, six days off
- One day on, seven days off
- Once every week and a half
- Once every two weeks
- Once every three weeks
- Once every month
- Once every two months
- Less than once every two months
- Other _____



Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... MDMA / MDA (Ecstasy / Molly) - Yes Is Selected



Q113 How frequently do you **microdose** MDMA / MDA (Ecstasy / Molly)? (How many days do you typically space between microdoses?)

- I microdose every single day
 - Every other day
 - One day on, two days off
 - One day on, three days off
 - One day on, four days off
 - One day on, five days off
 - One day on, six days off
 - One day on, seven days off
 - Once every week and a half
 - Once every two weeks
 - Once every three weeks
 - Once every month
 - Once every two months
 - Less than once every two months
 - Other _____
-

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Mescaline (San Pedro, Peyote, etc.) - Yes Is Selected



Q114 How frequently do you **microdose** Mescaline (San Pedro, Peyote, etc.)? (How many days do you typically space between microdoses?)

- I microdose every single day
- Every other day
- One day on, two days off
- One day on, three days off
- One day on, four days off
- One day on, five days off
- One day on, six days off
- One day on, seven days off
- Once every week and a half
- Once every two weeks
- Once every three weeks
- Once every month
- Once every two months
- Less than once every two months
- Other _____

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Nitrous Oxide (non-dental/surgical, e.g., whippets) - Yes Is Selected



Q115 How frequently do you **microdose** NITROUS OXIDE (non-dental, e.g., whippets)? (How many days do you typically space between microdoses?)

- I microdose every single day
 - Every other day
 - One day on, two days off
 - One day on, three days off
 - One day on, four days off
 - One day on, five days off
 - One day on, six days off
 - One day on, seven days off
 - Once every week and a half
 - Once every two weeks
 - Once every three weeks
 - Once every month
 - Once every two months
 - Less than once every two months
 - Other _____
-

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Psilocybin (mushrooms or synthetic) - Yes Is Selected



Q116 How frequently do you **microdose** PSILOCYBIN (mushrooms or synthetic)? (How many days do you typically space between microdoses?)

- I microdose every single day
- Every other day
- One day on, two days off
- One day on, three days off
- One day on, four days off
- One day on, five days off
- One day on, six days off
- One day on, seven days off
- Once every week and a half
- Once every two weeks
- Once every three weeks
- Once every month
- Once every two months
- Less than once every two months
- Other _____

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Salvia divinorum - Yes Is Selected



Q117 How frequently do you **microdose** SALVIA DIVINORUM? (How many days do you typically space between microdoses?)

- I microdose every single day
 - Every other day
 - One day on, two days off
 - One day on, three days off
 - One day on, four days off
 - One day on, five days off
 - One day on, six days off
 - One day on, seven days off
 - Once every week and a half
 - Once every two weeks
 - Once every three weeks
 - Once every month
 - Once every two months
 - Less than once every two months
 - Other _____
-

Display this question:

If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) - Yes Is Selected



Q118 How frequently do you **microdose** SYNTHETIC PHENETHYLAMINES (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)? (How many days do you typically space between microdoses?)

- I microdose every single day
- Every other day
- One day on, two days off
- One day on, three days off
- One day on, four days off
- One day on, five days off
- One day on, six days off
- One day on, seven days off
- Once every week and a half
- Once every two weeks
- Once every three weeks
- Once every month
- Once every two months
- Less than once every two months
- Other _____

Display this question:

If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.) - Yes Is Selected



Q119 How frequently do you **microdose** SYNTHETIC TRYPTAMINES (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)? (How many days do you typically space between microdoses?)

- I microdose every single day
- Every other day
- One day on, two days off
- One day on, three days off
- One day on, four days off
- One day on, five days off
- One day on, six days off
- One day on, seven days off
- Once every week and a half
- Once every two weeks
- Once every three weeks
- Once every month
- Once every two months
- Less than once every two months
- Other _____

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Other psychedelic drug(s): - Yes Is Selected



Q120 How frequently do you **microdose** $\{Q28/ChoiceTextEntryValue/12\}$? (How many days do you typically space between microdoses?)

- I microdose every single day
- Every other day
- One day on, two days off
- One day on, three days off
- One day on, four days off
- One day on, five days off
- One day on, six days off
- One day on, seven days off
- Once every week and a half
- Once every two weeks
- Once every three weeks
- Once every month
- Once every two months
- Less than once every two months
- Other _____

Page Break

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Ayahuasca - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q121 For what purposes do you **MICRODOSE** AYAHUASCA? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... DMT (N,N-Dimethyltryptamine) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q122 For what purposes do you **MICRODOSE** DMT (N,N-Dimethyltryptamine)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q123 For what purposes do you **MICRODOSE** 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Iboga / Ibogaine - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q124 For what purposes do you **MICRODOSE** IBOGA / IBOGAINE? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Ketamine (K) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q125 For what purposes do you **MICRODOSE** KETAMINE (K)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... LSD / Acid - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q126 For what purposes do you **MICRODOSE** LSD / ACID? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... MDMA / MDA (Ecstasy / Molly) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q127 For what purposes do you **MICRODOSE** MDMA / MDA (Ecstasy / Molly)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Mescaline (San Pedro, Peyote, etc.) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q128 For what purposes do you **MICRODOSE** Mescaline (San Pedro, Peyote, etc.)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Nitrous Oxide (non-dental/surgical, e.g., whippets) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q129 For what purposes do you **MICRODOSE** NITROUS OXIDE (non-dental, e.g., whippets)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Psilocybin (mushrooms or synthetic) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q130 For what purposes do you **MICRODOSE** PSILOCYBIN (mushrooms or synthetic)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Salvia divinorum - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q131 For what purposes do you **MICRODOSE** SALVIA DIVINORUM? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q132 For what purposes do you **MICRODOSE** SYNTHETIC PHENETHYLAMINES (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.) - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q133 For what purposes do you **MICRODOSE** SYNTHETIC TRYPTAMINES (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Display this question:

If If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... Other psychedelic drug(s): - Yes Is Selected

Carry Forward Selected Choices from "What are the reasons you use psychedelic substances? Please check all that apply."



Q134 For what purposes do you **MICRODOSE** $\{Q28/ChoiceTextEntryValue/12\}$? Please select all that apply.

- Other: _____
- Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)
- Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)
- Reduce my use of another substance (prescription or non-prescription)
- Reduce a problematic behavior not related to substance use
- Increase general well-being (not a specific disease or symptoms)
- Personal growth / self-exploration
- Religious / spiritual development
- Increase productivity / motivation / creativity
- Increase mindfulness
- Enhance the effects of another substance
- Improve relationships
- Recreational purposes (e.g., for fun, social connectedness, euphoria)
- Curiosity
- Others around me are doing it and I want to fit in

Avoid boredom

I don't know / no reason

Other reason

Page Break

Display this question:

If We'd now like to ask you a few questions about MICRODOSING psychedelics. A MICRODOSE is typically... [Yes] (Count) > 0



Q135 When I **microdose**, I often: (Select all that apply)

- Work
- Spend leisure time
- Socialize
- Prefer to be alone
- Engage in physical activity
- Rest
- Focus inward (e.g., meditate)
- Focus outward (e.g., do activities)
- Spend time in nature
- Spend time in cities/urban centers
- Enjoy art
- Create art

End of Block: Dosing Levels

Start of Block: Social Context of Psychedelics



Q136 Social Context of Psychedelics The purpose of this section is to assess the attitudes you and others around you have regarding psychedelic substances. Which of the following do you consider to be psychedelic substances?

| | Yes | No | I don't know |
|-------------------------------------|-----------------------|-----------------------|-----------------------|
| 2C-B | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ayahuasca | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cannabis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DMT | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5-MEO-DMT | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dextromethorphan (DXM) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ibogaine/iboga | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ketamine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LSD | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| MDMA | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mescaline (peyote, san pedro, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nitrous Oxide | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psilocybin mushrooms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Salvia Divinorum | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q137 Please rate the following regarding your preferred psychedelics in the area where you live.

| | Poor | Fair | Good | Very Good | Excellent | Don't Know |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Availability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cost | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quality | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reliability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diversity of products available | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social acceptance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance safety (e.g. no contaminants) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Legal risks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q138 How do the following people feel about psychedelics in general?

| | Strongly opposed | Somewhat opposed | Neutral | Somewhat supportive | Strongly supportive | I don't know how they feel | Not applicable |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|
| Your partner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your employer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q139 How do the following people feel about your personal use of psychedelics?

| | Strongly opposed | Somewhat opposed | Neutral | Somewhat supportive | Strongly supportive | I don't know how they feel | They don't know about it | Not applicable |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|--------------------------|-----------------------|
| Your partner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your employer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q140 How has social stigma around psychedelics in your country been changing in the past two years?

- Increasing
 - No change
 - Decreasing
 - I don't know
-



Q141 Does social stigma around psychedelics impact your own use of psychedelics?

- Not at all
 - Somewhat
 - Moderately
 - Very much
 - Completely
-



Q142 Under what circumstances do you feel psychedelic use should be available (please check all that apply):

- Legal for medical use, when prescribed by a health care practitioner.
- Legal for religious/spiritual use - official churches and religious/spiritual use should be permitted.
- Legal for cultural use, by groups with a historical lineage of use.
- Legal for all adults over a certain age, like tobacco, etc.
- Decriminalized/enforcement deprioritized - technically prohibited but laws are rarely enforced
- None of the above; I don't feel that psychedelic use should be legalized/regulated.



Q143 How do you think your use of psychedelics has affected your ability to relate to people who have not used psychedelics?

- Negatively affected
- No effect
- Positively affected

Page Break

Display this question:

If How do you think your use of psychedelics has affected your ability to relate to people who have...
= Negatively affected



Q144 Why do you think your use of psychedelics has negatively affected your ability to relate to people who have not used psychedelics? (Select all that apply)

- I don't feel understood by those who haven't had psychedelic experiences.
- I feel judged by those who don't use psychedelics.
- Don't know
- Other _____

Display this question:

If How do you think your use of psychedelics has affected your ability to relate to people who have...
= Positively affected



Q145 Why do you think your use of psychedelics has positively affected your ability to relate to people who have not used psychedelics? (Select all that apply)

- Greater social connectedness to and belongingness with others
- Improved mental health (anxiety, depression, stress, etc.)
- Insights on others
- Insights on yourself
- Oneness with other people
- Don't know
- Other _____

Page Break



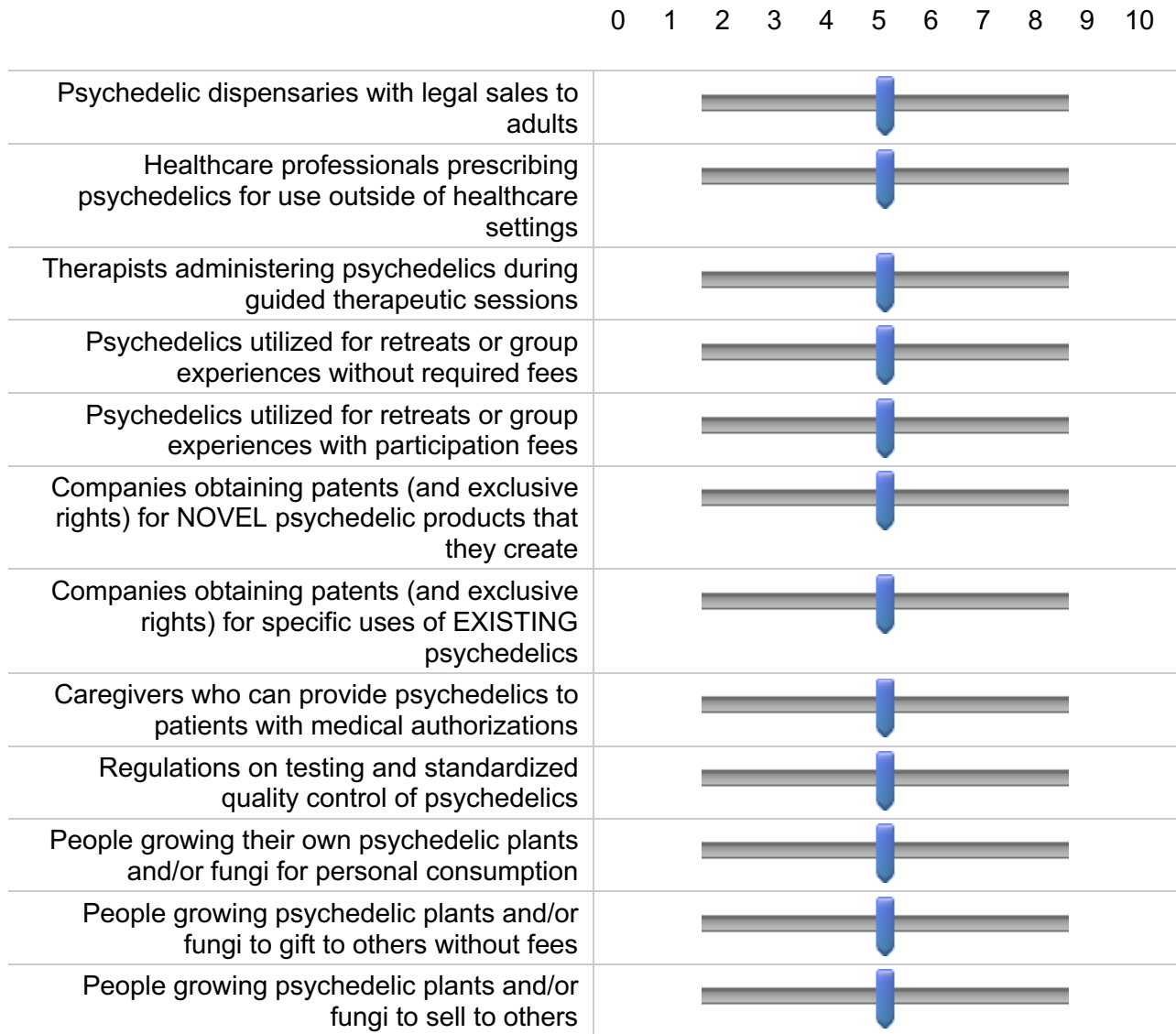
Q146 Attitudes regarding psychedelics We'd now like to ask you a few questions about your personal attitudes regarding psychedelics. Do you prefer the clinical/medical/therapeutic model or religious/ceremonial model for interacting with psychedelics?

- Clinical/medical/therapeutic model
- Religious/ceremonial model
- Both equally
- Neither of these

Page Break



Q147 Please rate your level of support for the following. 0 = Strongly Oppose 5 = Neutral 10 = Strongly Support



Page Break



Q148 Please rate your agreement with the following statements. 0 = Strongly Disagree 5 = Neutral 10 = Strongly Agree

0 1 2 3 4 5 6 7 8 9 10

| | |
|---|--|
| I am excited about the psychedelic movement | |
| I am concerned about the psychedelic movement | |
| I support the legalization of SYNTHETIC psychedelic medicines | |
| I support the legalization of religious ceremonies with psychedelic medicines | |
| I am concerned about the sustainability and conservation of natural psychedelic medicines | |
| I support the protection of natural psychedelic medicines | |
| I think Indigenous Peoples are being left out of the psychedelic movement | |
| I think Indigenous Peoples are being harmed by the psychedelic movement | |

Page Break



Q149 Does your country have any government protections for Indigenous Peoples' use of their traditional medicines?

- Yes
- No
- Not sure

Page Break

Display this question:

If Which of the following best describes your racial or ethnic background? (You may choose more than... = Indigenous (e.g., Native American, First Nations)

Q150 Questions for Indigenous respondents

What is your Indigenous heritage? (what are your tribal people called?)

Where are your Indigenous homelands?

Display this question:

If Which of the following best describes your racial or ethnic background? (You may choose more than... = Indigenous (e.g., Native American, First Nations)



Q151 Do you speak your Indigenous language?

Yes, fluently

Yes, conversational/intermediate

Yes, beginner

No

Display this question:

If Which of the following best describes your racial or ethnic background? (You may choose more than... = Indigenous (e.g., Native American, First Nations)



Q152 Does your ancestral culture have a medicine tradition of psychedelic use?

Yes

No

I don't know

Page Break

Display this question:

If Does your ancestral culture have a medicine tradition of psychedelic use? = Yes

X→

Q153 What is that medicine tradition/what medicine(s) do they practice with?

- Ayahuasca
- Bufo frog
- Iboga
- Kambo
- Peyote
- Psilocybin mushrooms
- Rapé
- San Pedro/Huachuma
- Other _____

Display this question:

If Does your ancestral culture have a medicine tradition of psychedelic use? = Yes

X→

Q154 What is the relationship between your psychedelic use and medicine traditions?

- I personally have a family/generational lineage with traditional medicines
- I have come to my culture's medicine tradition more recently in my lifetime
- I do not practice it

Page Break

Display this question:

If What is the relationship between your psychedelic use and medicine traditions? = I have come to my culture's medicine tradition more recently in my lifetime

Q155 What is that tradition and how did you come to it?

Page Break

Display this question:

If Which of the following best describes your racial or ethnic background? (You may choose more than... = Indigenous (e.g., Native American, First Nations)



Q156 Do you practice a medicine tradition from a different culture (one that is not your ancestral culture)?

Yes, please describe: _____

No

Display this question:

If What is the relationship between your psychedelic use and medicine traditions? = I personally have a family/generational lineage with traditional medicines

Q157 What changes to your tradition or to the medicine have you noticed in recent years?

Page Break

Q158 Is there anything else you would like to add about Indigenous Peoples and the psychedelic movement?

Page Break



Q159 Are you employed or volunteer in the psychedelic field?

Yes

No

Page Break

Display this question:

If Are you employed or volunteer in the psychedelic field? = Yes



Q160 What is your involvement? (Check all that apply)

- I grow/harvest/sell medicine
- I work at a retreat center
- I am a psychedelic therapist
- I work with a psychedelic church
- I am an entrepreneur
- I advocate for Indigenous rights
- I work at an NGO/non-profit organization
- I work for the government
- I am a researcher at an academic institution
- I work at a company developing pharmaceuticals
- Other _____

End of Block: Indigenous

Start of Block: Natural vs. Synthetic



Q161 Natural and synthetic sources We'd now like to ask you a few questions about the use of natural and synthetic (lab-derived) sources of psychedelics. Considering the following psychedelics, do you have a preference for natural or synthetic sources:

| | Natural | Synthetic | No preference | N/A - I have no interest in ever using this substance |
|--|-----------------------|-----------------------|-----------------------|---|
| 5-MeO-DMT (natural source: bufo toad) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DMT (natural source: ayahuasca, chacruna, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Iboga / Ibogaine (natural source: iboga root) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mescaline (natural source: San Pedro, Peyote, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psilocybin / psilocin (natural source: mushrooms) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

X→

Q162 How strongly do you agree or disagree with the following statement: Despite being chemically identical, the source (i.e., natural vs. synthetic/lab-derived) of a psychedelic substance can impact its psychological/physiological effects.

- Strongly disagree
 - Somewhat disagree
 - Neutral / undecided
 - Somewhat agree
 - Strongly agree
-

X→

Q163 How strongly do you agree or disagree with the following statement: If it would lessen our impacts on the environment and on plant and animal species like the Bufo toad (5-MeO-DMT), peyote cactus (mescaline), iboga plant (iboga) and ayahuasca vine (DMT), I would consider using synthetic/lab-derived alternatives instead of naturally-sourced versions of these substances if they were available.

- Strongly disagree
- Somewhat disagree
- Neutral / undecided
- Somewhat agree
- Strongly agree

End of Block: Natural vs. Synthetic

Start of Block: Scale items

X→

Q164 **Personality traits** We'd now like to ask you a few questions about personality traits. Here are a number of personality traits that may or may not apply to you. Please indicate

the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other. I see myself as:

| | Disagree Strongly | Disagree Moderately | Disagree a little | Neither agree nor disagree | Agree a little | Agree moderately | Agree Strongly |
|----------------------------------|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| Extraverted, enthusiastic | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Critical, quarrelsome | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dependable, self-disciplined | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Anxious, easily upset | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Open to new experiences, complex | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reserved, quiet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sympathetic, warm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Disorganized, careless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Calm, emotionally stable | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Conventional, uncreative | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break



Q165 Over the **LAST 2 WEEKS**, how often have you been bothered by any of the following problems?

| | Not at all | Several days | Over half the days | Nearly every day |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Feeling nervous, anxious, or on edge. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not being able to stop or control worrying. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Worrying too much about different things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trouble relaxing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Being so restless that it's hard to sit still. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Becoming easily annoyed or irritable. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling afraid as if something awful might happen. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

X→

Q166 Over the **LAST 2 WEEKS**, how often have you been bothered by any of the following problems?

| | Not at all | Several days | More than half the days | Nearly every day |
|---|-----------------------|-----------------------|-------------------------|-----------------------|
| Little interest or pleasure in doing things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling down, depressed, or hopeless. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trouble falling / staying asleep or sleeping too much. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling tired or having little energy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Poor appetite or overeating. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling bad about yourself, or that you are a failure or have let yourself or your family down. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trouble concentrating on things, such as reading the newspaper or watching television. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

usual.

End of Block: Scale items

Start of Block: Co-use

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? [Yes] (Count)
> 0

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q167 Do you ever use cannabis, alcohol, other psychedelics or psychoactive substances in the 2hrs before, during, or 2hrs after a psychedelic journey with the following substances? Please select all that apply.

| | No, I never co-use with this substance | Yes, within 2hrs before | Yes, during | Yes, within 2hrs after. |
|---|--|--------------------------|--------------------------|--------------------------|
| Ayahuasca | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DMT (N,N-Dimethyltryptamine) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Iboga / Ibogaine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ketamine (K) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| LSD / Acid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MDMA / MDA (Ecstasy / Molly) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mescaline (San Pedro, Peyote, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nitrous Oxide (non-dental/surgical, e.g., whippets) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Psilocybin (mushrooms or synthetic) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Salvia divinorum | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Synthetic phenethylamines (2C-B, 2C-I, DOM, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DOI, 25B-NBOMe,
etc.)

Synthetic
tryptamines (AL-
LAD, ETH-LAD, 4-
HO-MET, 5-MeO-
MIPT, etc.)

Other psychedelic
drug(s):

Page Break

Display this question:

If Do you ever use cannabis, alcohol, other psychedelics or psychoactive substances in the 2hrs befo... [Yes, within 2hrs before] (Count) > 0

Or Do you ever use cannabis, alcohol, other psychedelics or psychoactive substances in the 2hrs befo... [Yes, during] (Count) > 0

Or Do you ever use cannabis, alcohol, other psychedelics or psychoactive substances in the 2hrs befo... [Yes, within 2hrs after.] (Count) > 0



Q168 For what purposes do you combine other substances with psychedelics? (Please select all that apply)

- Intensify psychedelic experiences
- Extend the duration of psychedelic experiences
- Reduce anxiety
- Conserve serotonin
- Stabilize mood
- Ease conditions on the next day
- Reduce nausea
- Enhance visuals
- Ease come down when effects are waning
- Other: _____

Page Break



Q169 Please click the button to move to the next page. Please DO NOT select any of the scale options. This question is designed to screen out random clicking and bots.

| | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| I strongly agree with this item | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I neither agree nor disagree with this item | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I strongly agree with this item | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

End of Block: Co-use

Start of Block: Nitrous Oxide

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q170 **Nitrous Oxide** For the following questions, please think back to the time in your life **when you were using nitrous oxide most frequently**. This does not include dental/obstetric/surgical use. During this time, which method/modality did you prefer to use nitrous oxide?

Cartridges/canisters

Tanks

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q171 Around what year were you most using nitrous oxide?

- 2025
- 2024
- 2023
- 2022
- 2021
- 2020
- 2019
- 2018
- 2017
- 2016
- 2015
- 2014
- 2013
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- 1963

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- 1954
- 1953
- 1952
- 1951
- 1950

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q172 How often did you use nitrous oxide at this time?

- Several times a day
- Several times a week
- Several times a month
- More than 10 times in a year
- 1-10 times a year

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q173 Typically, for how many times or “trips” did you inhale nitrous oxide in one sitting (session)?

- 1
- 2
- 3
- 4
- 5-10
- 11+

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q174 Typically, how long did your nitrous oxide sessions last in minutes?

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q175 How long did this period of more frequent nitrous oxide use last?

- More than a year
- Six months to a one year
- Less than six months

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q176 What were your reasons for using nitrous oxide (non-dental/obstetric/surgical use) when you were using nitrous oxide most frequently? (Check all that apply)

- Recreational
- Medicinal

Page Break

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]

And What were your reasons for using nitrous oxide (non-dental/obstetric/surgical use) when you were... = Recreational



Q177 For recreational use of nitrous oxide when you were using it most frequently, did you use it... (Check all that apply)

Alone

In a group

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]

And What were your reasons for using nitrous oxide (non-dental/obstetric/surgical use) when you were... = Medicinal



Q178 For medicinal use of nitrous oxide when you were using it most frequently, did you use it for... (Check all that apply)

Physical (i.e. chronic pain, etc.)

Psychological/Mental Health (i.e. anxiety, depression, trauma, etc.)

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q179 Please think back to the time in your life when you were using nitrous oxide most frequently. Typically, how meaningful were those experiences?

- No more than routine, everyday experiences
- Similar to meaningful experiences that occur on average once or more a week
- Similar to meaningful experiences that occur on average once a month
- Similar to meaningful experiences that occur on average once a year
- Similar to meaningful experiences that occur on average once every 5 years
- Among the 10 most meaningful experiences of my life
- Among the 5 most meaningful experiences of my life
- The single most meaningful experience of my life

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q180 Indicate the degree to which the experience was spiritually significant to you:

- Not at all
 - Slightly
 - Moderately
 - Very much
 - Among the 5 most spiritually significant experiences of my life
 - The single most spiritually significant experience of my life
-

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q181 Do you believe that the experience and your contemplation of that experience have led to changes in...

| | Increased very much | Increased moderately | Increased slightly | No | Decreased slightly | Decreased moderately | Decreased very much |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Your current sense of personal well-being or life satisfaction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The quality of your current social relationships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your spirituality | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q182 Do you think (non-dental/obstetric/surgical) nitrous oxide use is stigmatized in your community (friends, family, co-workers)?

Yes

No

Display this question:

If Which of the following psychedelic substances have you used IN YOUR LIFETIME? = Nitrous Oxide (non-dental/surgical, e.g., whippets) [Yes]



Q183 Do you discuss your (non-dental/obstetric/surgical) nitrous oxide use with others? If so, with whom?

| | Yes | No | Not Applicable |
|---|-----------------------|-----------------------|-----------------------|
| Spouse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parents | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parents-in-law | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other close family members | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Close neighbors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Workmates/co-workers/colleagues | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Schoolmates | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fellow volunteers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Members of groups without religious affiliation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Religious groups | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Nitrous Oxide

Start of Block: Intense psychedelic experiences



Q184 Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity of psychedelic experiences and associated outcomes. An "intense" psychedelic experience may mean encountering significantly heightened positive emotions and thoughts, negative or challenging emotions and thoughts, or a mix of both, while using a psychedelic substance. Have you ever had what you would describe as an "INTENSE" experience while using psychedelics?

Yes

No

Display this question:

If Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity... = Yes

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q185 What psychedelic substance(s) were you using when you had your **MOST INTENSE PSYCHEDELIC EXPERIENCE?**

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity...
= Yes



Q186 Please indicate your level of agreement with the following statements about your MOST INTENSE EXPERIENCE with psychedelics.

| | Strongly Disagree | Moderately Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Moderately Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I sensed things momentarily slow down. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I noticed time slowing. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt my sense of self was diminished. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt my sense of self shrink. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I had the sense of being connected to everything. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt a sense of communion with all living things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that I was in the presence of something grand. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I experienced something greater than myself. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt my jaw drop. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I had goosebumps. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

I felt challenged to mentally process what I was experiencing.

I found it hard to comprehend the experience in full.

Display this question:

If Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity... = Yes



Q187 At the time of your **MOST INTENSE EXPERIENCE**, did you consider it to be:

- Positive / pleasurable / desirable
- Negative / challenging / detrimental
- A mix of both positive / pleasurable / desirable AND negative / challenging / detrimental

Display this question:

If Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity... = Yes

And At the time of your MOST INTENSE EXPERIENCE, did you consider it to be: = Negative / challenging / detrimental

Or At the time of your MOST INTENSE EXPERIENCE, did you consider it to be: = A mix of both positive / pleasurable / desirable AND negative / challenging / detrimental



Q188 Do you believe that your **MOST INTENSE EXPERIENCE** and your contemplation of that experience led to a **POSITIVE** or **NEGATIVE** change in your **CURRENT** sense of personal well-being?

- Strong positive change that I consider desirable
- Moderate positive change that I consider desirable
- Slight positive change that I consider desirable
- No change
- Slight negative change that I consider detrimental
- Moderate negative change that I consider detrimental
- Strong negative change that I consider detrimental

Display this question:

If Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity... = Yes

Q189 On a scale of 0 to 10, with 0 being "worst experience of my life" (equal to the death of a loved one or other traumatic loss, etc.), 5 being a neutral experience, and 10 being "best experience of my life" (equal to marriage, birth of a child, etc.), how would you rate your **MOST INTENSE** psychedelic experience?

0 1 2 3 4 5 6 7 8 9 10

Rating:

Display this question:

*If Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity...
= Yes*

*And At the time of your MOST INTENSE EXPERIENCE, did you consider it to be: = Negative /
challenging / detrimental*

*Or At the time of your MOST INTENSE EXPERIENCE, did you consider it to be: = A mix of both
positive / pleasurable / desirable AND negative / challenging / detrimental*



Q190 Did you experience any of the following during your **MOST INTENSE CHALLENGING psychedelic experience**? Check all that apply.

- I had to confront challenging personal life issues (e.g., loss, past physical or psychological trauma, addiction, etc.)
- I felt social paranoia (felt as if the world was hostile or malicious)
- I experienced troubling or menacing visions
- I experienced mental or sensory overload
- I experienced ego death / dissolution of the self
- I experienced physical, emotional or sexual abuse
- I worried about my mental or physical health
- I worried that I would never be the same after the experience
- I worried that I might be arrested
- I worried that I might be assaulted
- I worried that I might be hospitalized
- I worried that I might die

Display this question:

If Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity...
= Yes



Q191 Who were you with during your **MOST INTENSE** psychedelic experience?

- No one (I was alone)
- A trip-sitter (an abstaining companion who monitors your safety)
- A licensed therapist or health professional
- An unlicensed therapist, shaman, trip guide, and/or spiritual group
- A spouse, companion, or a few friends
- A larger social group (e.g., friends, acquaintances, and/or strangers)
- None of the above

Display this question:

If Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity...
= Yes



Q192 What was the setting of your **MOST INTENSE** psychedelic experience?

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness centre or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- None of the above

Page Break

Display this question:

If Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity...
= Yes



Q193 Looking back on your **MOST INTENSE CHALLENGING psychedelic experience**, which of the following statements best characterizes the outcome of that experience?

- No good came from this challenging experience; it was all bad
- Very little good came from this challenging experience; it was mostly bad
- A balance of good and bad came from this challenging experience
- Some significant good came from this challenging experience; the good largely outweighed the bad
- A great deal of good came from this challenging experience; the good strongly outweighed the bad

Page Break

Display this question:

If Looking back on your MOST INTENSE CHALLENGING psychedelic experience, which of the following stat... = Very little good came from this challenging experience; it was mostly bad

Or Looking back on your MOST INTENSE CHALLENGING psychedelic experience, which of the following stat... = A balance of good and bad came from this challenging experience

Or Looking back on your MOST INTENSE CHALLENGING psychedelic experience, which of the following stat... = Some significant good came from this challenging experience; the good largely outweighed the bad

Or Looking back on your MOST INTENSE CHALLENGING psychedelic experience, which of the following stat... = A great deal of good came from this challenging experience; the good strongly outweighed the bad



Q194 What specific good came from this **INTENSE CHALLENGING** psychedelic experience?
Check all that apply.



- Resolved a challenging situation or emotion
- Gained insight into a very difficult problem or life issue
- Overcame some of my personal fears
- Addressed long-standing physical or psychological trauma(s)
- Experienced "ego death" (a dissolution of the self, and feeling of oneness with the world / universe)
- Other: _____

Display this question:

If Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity... = Yes

Q195 Overall, in considering ALL OF YOUR PSYCHEDELIC EXPERIENCES, what % would you consider positive vs. negative?

0 10 20 30 40 50 60 70 80 90 100

| | |
|-------------|--|
| Positive %: |  |
| Negative %: |  |

Display this question:

*If Intense psychedelic experiences We'd now like to ask you a few questions related to the intensity...
= Yes*



Q196 Have you ever received external support or assistance (from a therapist, organization, etc.) for a difficult/challenging experience with psychedelics?

- Yes
- No

Page Break

Display this question:

If Have you ever received external support or assistance (from a therapist, organization, etc.) for... =
Yes



Q197 Was the person/organization providing psychedelic support effective in helping you navigate the experience?

Yes

No

End of Block: Intense psychedelic experiences

Start of Block: Ongoing difficulties (> 24 hour harms; after intense psychedelic experiences)



Q198 Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted **MORE THAN 24 HOURS AFTER** the psychedelic drug effect has subsided, **WHICH YOU BELIEVE WERE RELATED TO TAKING A PSYCHEDELIC SUBSTANCE**. The following questions refer to your **OVERALL** psychedelic experiences, rather than just one specific intense experience. Have you **EVER** experienced the following **MORE THAN 24 HOURS AFTER** the psychedelic drug effect has subsided? If so, how long did they last?

| | No | Yes - Less than one week | Yes - One week to one month | Yes - More than a month but less than one year | Yes - More than one year |
|---|-----------------------|--------------------------|-----------------------------|--|--------------------------|
| A sense of disconnection from other people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Anxiety and/or panic attacks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Existential struggle: A sense of struggle to come to terms with the meaning of life or the nature of existence after the psychedelic experience | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Derealization: A sense that the reality around you appears to be unreal, distant, or distorted | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

detached observer
of oneself

Lowered self-
esteem or
diminished sense
of self, including a
sense of being
broken or
damaged

Sleep problems
(including
nightmares)

Cognitive issues
such as confusion
or memory
problems

Continued visual
distortions

Disappointment
with events (e.g.
nature, art,
concerts)
experienced
WITHOUT
psychedelics

Page Break

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = A sense of disconnection from other people [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = A sense of disconnection from other people [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = A sense of disconnection from other people [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = A sense of disconnection from other people [Yes - More than one year]



Q199 How severe was your sense of disconnection from other people?

- Not at all severe
- Somewhat severe
- Moderately severe
- Very severe
- Extremely severe

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = A sense of disconnection from other people [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = A sense of disconnection from other people [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = A sense of disconnection from other people [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = A sense of disconnection from other people [Yes - More than one year]



Q200 Did your sense of disconnection from other people interfere with your daily life such as work or personal relationships?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

*If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
A sense of disconnection from other people [Yes - Less than one week]*

*Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
A sense of disconnection from other people [Yes - One week to one month]*

*Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
A sense of disconnection from other people [Yes - More than a month but less than one year]*

*Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
A sense of disconnection from other people [Yes - More than one year]*



Q201 To what extent do you feel your sense of disconnection from other people was part of an extended healing process?

- Not at all
 - Somewhat
 - Moderately
 - Very much
 - Completely
-

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - More than one year]



Q202 How severe were your anxiety and/or panic attacks?

- Not at all severe
- Somewhat severe
- Moderately severe
- Very severe
- Extremely severe

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - More than one year]



Q203 Did your anxiety and/or panic attacks interfere with your daily life such as work or personal relationships?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Anxiety and/or panic attacks [Yes - More than one year]



Q204 To what extent do you feel your anxiety and/or panic attacks were part of an extended healing process?

- Not at all
 - Somewhat
 - Moderately
 - Very much
 - Completely
-

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - More than one year]



Q205 How severe were your feelings of depression?

- Not at all severe
- Somewhat severe
- Moderately severe
- Very severe
- Extremely severe

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - More than one year]



Q206 Did your feelings of depression interfere with your daily life, such as work or personal relationships?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Feelings of depression (feelings of sadness, tearfulness, emptiness or hopelessness) [Yes - More than one year]



Q207 To what extent do you feel your feelings of depression were part of an extended healing process?

- Not at all
 - Somewhat
 - Moderately
 - Very much
 - Completely
-

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - More than one year]



Q208 How severe was your existential struggle?

- Not at all severe
- Somewhat severe
- Moderately severe
- Very severe
- Extremely severe

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - More than one year]



Q209 Did your existential struggle interfere with your daily life such as work or personal relationships?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Existential struggle: A sense of struggle to comes to terms with the meaning of life or the nature of existence after the psychedelic experience [Yes - More than one year]



Q210 To what extent do you feel your existential struggle was part of an extended healing process?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - Less
than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - One
week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - More
than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - More
than one year]



Q211 How severe was your derealization?

- Not at all severe
- Somewhat severe
- Moderately severe
- Very severe
- Extremely severe

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - Less
than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - One
week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - More
than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... =
Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - More
than one year]



Q212 Did your derealization interfere with your daily life such as work or personal relationships?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Derealization: A sense that the reality around you appears to be unreal, distant, or distorted [Yes - More than one year]



Q213 To what extent do you feel your derealization was part of an extended healing process?

- Not at all
 - Somewhat
 - Moderately
 - Very much
 - Completely
-

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - More than one year]



Q214 How severe was your depersonalization?

- Not at all severe
- Somewhat severe
- Moderately severe
- Very severe
- Extremely severe

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - More than one year]



Q215 Did your depersonalization interfere with your daily life such as work or personal relationships?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Depersonalization: A sense of detachment from yourself, regarding one's mind or body, or the feeling of being a detached observer of oneself [Yes - More than one year]



Q216 To what extent do you feel your depersonalization was part of an extended healing process?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - More than one year]



Q217 How severe was your lowered self-esteem or diminished sense of self?

- Not at all severe
- Somewhat severe
- Moderately severe
- Very severe
- Extremely severe

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - More than one year]



Q218 Did your lowered self-esteem or diminished sense of self interfere with your daily life such as work or personal relationships?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Lowered self-esteem or diminished sense of self, including a sense of being broken or damaged [Yes - More than one year]



Q219 To what extent do you feel your lowered self-esteem or diminished sense of self was part of an extended healing process?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - More than one year]



Q220 How severe were your sleep problems?

- Not at all severe
- Somewhat severe
- Moderately severe
- Very severe
- Extremely severe

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - More than one year]



Q221 Did your sleep problems interfere with your daily life such as work or personal relationships?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Sleep problems (including nightmares) [Yes - More than one year]



Q222 To what extent do you feel your sleep problems were part of an extended healing process?

- Not at all
 - Somewhat
 - Moderately
 - Very much
 - Completely
-

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - More than one year]



Q223 How severe were your cognitive issues?

- Not at all severe
- Somewhat severe
- Moderately severe
- Very severe
- Extremely severe

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - More than one year]



Q224 Did your cognitive issues interfere with your daily life such as work or personal relationships?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Cognitive issues such as confusion or memory problems [Yes - More than one year]



Q225 To what extent do you feel your cognitive issues were part of an extended healing process?

- Not at all
 - Somewhat
 - Moderately
 - Very much
 - Completely
-

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - More than one year]



Q226 How severe were your continued visual distortions?

- Not at all severe
- Somewhat severe
- Moderately severe
- Very severe
- Extremely severe

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - More than one year]



Q227 Did your continued visual distortions interfere with your daily life such as work or personal relationships?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Continued visual distortions [Yes - More than one year]



Q228 To what extent do you feel your continued visual distortions were part of an extended healing process?

- Not at all
 - Somewhat
 - Moderately
 - Very much
 - Completely
-

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - More than one year]



Q229 How severe was your disappointment or dissatisfaction with life experiences?

- Not at all severe
- Somewhat severe
- Moderately severe
- Very severe
- Extremely severe

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - More than one year]



Q230 Did your disappointment or dissatisfaction with life experiences interfere with your daily life such as work or personal relationships?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - Less than one week]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - One week to one month]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - More than a month but less than one year]

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... = Disappointment with events (e.g. nature, art, concerts) experienced WITHOUT psychedelics [Yes - More than one year]



Q231 To what extent do you feel your disappointment or dissatisfaction with life experiences was part of an extended healing process?

- Not at all
- Somewhat
- Moderately
- Very much
- Completely

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... [Yes - Less than one week] (Count) > 0

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... [Yes - One week to one month] (Count) > 0

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... [Yes - More than a month but less than one year] (Count) > 0

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... [Yes - More than one year] (Count) > 0

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q232 Is there a specific psychedelic TYPICALLY associated with ongoing difficulties in your personal experience?

- No, none specifically
- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... [Yes - Less than one week] (Count) > 0

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... [Yes - One week to one month] (Count) > 0

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... [Yes - More than a month but less than one year] (Count) > 0

Or Ongoing difficulties We'd now like to ask you about potential harms or difficulties that lasted M... [Yes - More than one year] (Count) > 0



Q233 Is there a specific setting TYPICALLY associated with ongoing difficulties in your personal direct experience?

- Indoors in a familiar setting (e.g., my home or a friend's house)
- In a licensed clinic, wellness center or hospital
- At an underground therapist / practitioner's office or clinic
- At a small gathering / retreat
- At a large public gathering / party / rave / event
- Outdoors in a natural environment (e.g., in a park or forest)
- None of the above

End of Block: Ongoing difficulties (> 24 hour harms; after intense psychedelic experiences)

Start of Block: Major Life Changes



Q234 Psychedelics and major life changes We'd now like to ask you about psychedelics and major life changes. Has a psychedelic experience ever influenced you to make a major life change regarding your: (Select all that apply).

- Occupation/Line of work
- Sexual orientation
- Gender identity
- Marital status or a non-marital partner change
- Social activities (e.g., clubs, movies, visiting friends)
- Hobbies
- Values
- Goals
- Religion/spirituality
- Political views
- Eating habits/diet
- Substance use
- None of the above

Page Break

Display this question:

If Psychedelics and major life changes We'd now like to ask you about psychedelics and major life ch... != None of the above

Carry Forward Selected Choices from "Psychedelics and major life changesWe'd now like to ask you about psychedelics and major life changes. Has a psychedelic experience ever influenced you to make a major life change regarding your: (Select all that apply)."



Q235 How do you feel about your life change in your...

| | Very negatively | Somewhat negatively | Neutral | Somewhat positively | Very positively |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Occupation/Line of work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sexual orientation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gender identity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Marital status or a non-marital partner change | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social activities (e.g., clubs, movies, visiting friends) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hobbies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Values | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Goals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Religion/spirituality | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Political views | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eating habits/diet | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Substance use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="radio"/> None of the above | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Major Life Changes

Start of Block: Preparation for psychedelic experiences



Q236 Preparation for psychedelic experiences We'd now like to ask you a few questions about preparation for psychedelic experiences. During the month BEFORE TAKING PSYCHEDELICS, do you usually change any of the following? (please check all that apply)

- Eating habits/diet
- Sexual practices
- Socialization
- Other: _____
- None of the above

Page Break

Display this question:

If Preparation for psychedelic experiences We'd now like to ask you a few questions about preparatio... = Eating habits/diet



Q237 What foods do you increase or avoid in preparation for psychedelic experiences? Please select all that apply.

| | Increase | Avoid | N/A |
|-----------------|-----------------------|-----------------------|-----------------------|
| Processed Foods | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Dairy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| White Meat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Red Meat | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vegetables | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fruit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fish | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sugar | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spices | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display this question:

If Preparation for psychedelic experiences We'd now like to ask you a few questions about preparatio... = Sexual practices



Q238 How do you change your sexual practices in preparation for psychedelic experiences?

- Increase
- Decrease
- Other _____

Display this question:

If Preparation for psychedelic experiences We'd now like to ask you a few questions about preparatio... = Socialization



Q239 How do you change your socialization in preparation for psychedelic experiences?

- Increase
- Decrease
- Other _____

End of Block: Preparation for psychedelic experiences










Start of Block: Relative importance of psychedelics



Q240 Importance of experiences We would now like to ask you a few questions about the importance of your personal relationships, spiritual and psychedelic practices, and other life experiences. How important are the following experiences, relationships, and practices IN YOUR LIFE? 0 = Not important at all 5 = Moderately important 10 = Extremely Important

Not Applicable

0 1 2 3 4 5 6 7 8 9 10

| | |
|--|--|
| The birth of your child/children |  |
| Your relationship with your partner/spouse |  |
| Your job/employment |  |
| Your relationship with your parents |  |
| Your spiritual or religious practices |  |
| Your relationship with your friends |  |
| Living a healthy lifestyle (eating healthy foods, exercising, etc.) |  |
| Working to make the world a better place (i.e., volunteer work or community service) |  |
| Your personal experiences or practices with psychedelics |  |

End of Block: Relative importance of psychedelics

Start of Block: Physical and mental health



Q241 Physical and mental health We'd now like to ask you a few questions about **psychedelics and your psychological and physical health.** Do you regularly see a primary healthcare provider (i.e. medical doctor, general practitioner, community healer, etc.)?

Yes

No

Page Break

Display this question:

If Physical and mental health We'd now like to ask you a few questions about psychedelics and your p... = Yes



Q242 Have you ever discussed psychedelics with your primary healthcare provider?

Yes

No

Display this question:

If Have you ever discussed psychedelics with your primary healthcare provider? = No



Q243 Why haven't you discussed psychedelics with your primary healthcare provider? Check all that apply.

- Concerns about stigma associated with psychedelic use
- I prefer to keep my psychedelic use private
- Legal concerns
- To avoid contradicting my healthcare provider's advice
- I do not trust my primary healthcare provider
- My primary healthcare provider is not adequately knowledgeable about psychedelics
- I do not believe my primary healthcare provider would be able to integrate psychedelic use into my treatment
- I do not feel there's any reason to discuss my psychedelic use with my healthcare provider
- Other: _____

Display this question:

If Physical and mental health We'd now like to ask you a few questions about psychedelics and your p... = Yes

Q244 How comfortable are you sharing details about the consequences of your psychedelic use (such as changes in symptoms or changes in use of medication) with your primary healthcare provider? 0 = Very uncomfortable 5 = Neither comfortable nor uncomfortable 10 = Very comfortable

0 1 2 3 4 5 6 7 8 9 10

Comfort level:



Display this question:

If Physical and mental health We'd now like to ask you a few questions about psychedelics and your p... = Yes

Q245 How would you rate your primary healthcare provider's knowledge of psychedelics? 0 = Poor 5 = Good 10 = Excellent

Don't Know

0 1 2 3 4 5 6 7 8 9 10

Knowledge:



Display this question:

If What are the reasons you use psychedelic substances? Please check all that apply. = Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)

Or What are the reasons you use psychedelic substances? Please check all that apply. = Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)



Q246 What led to you trying psychedelics for a **PHYSICAL OR MENTAL HEALTH** symptom or condition? Check all that apply.

- Traditional treatments had failed or been ineffective
- I didn't like the idea of traditional treatments
- It fits in with my beliefs or cultural practices
- It was recommended by friends
- I saw positive media coverage
- Other: _____

Display this question:

If What are the reasons you use psychedelic substances? Please check all that apply. = Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)



Q247 Which **PHYSICAL HEALTH** condition or symptom have you treated with psychedelics?
Check all that apply.

- Cancer
- Cardiovascular condition (e.g., heart disease)
- Chronic pain (e.g., fibromyalgia)
- Covid-19
- Diabetes
- Gastrointestinal disorder (e.g., Crohn's disease, colitis)
- Headache / migraines
- Neurological disorder (e.g., epilepsy)
- Sleeping disorder (e.g., insomnia)
- Traumatic Brain Injury / head trauma
- Other: _____

Display this question:

If What are the reasons you use psychedelic substances? Please check all that apply. = Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)



Q248 Have you found the use of psychedelic substances to be helpful in treating your **PHYSICAL HEALTH** condition(s)?

Yes

No

Page Break

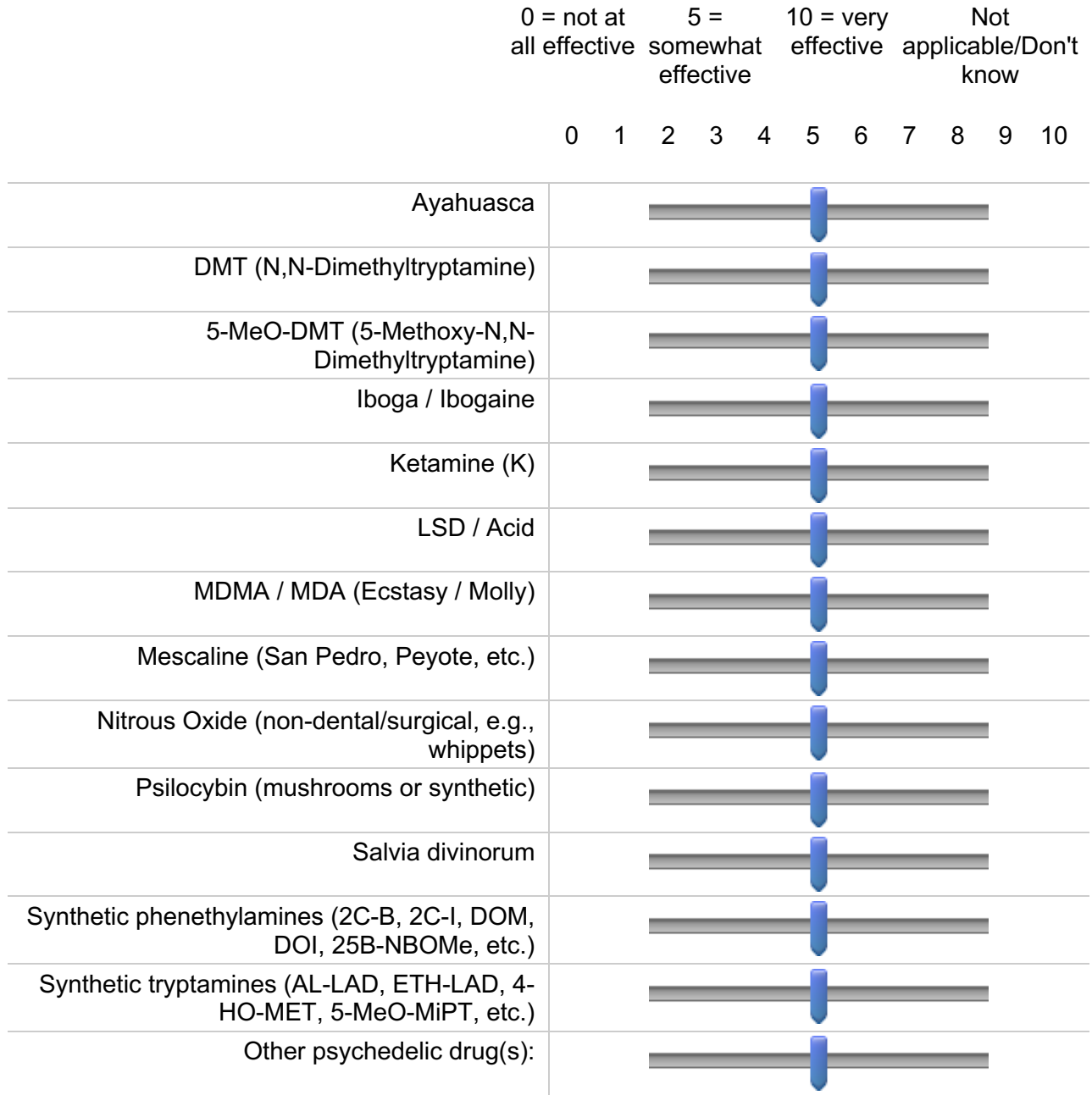
Display this question:

If Have you found the use of psychedelic substances to be helpful in treating your **PHYSICAL HEALTH** c... = Yes

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q249 How effective are the following psychedelics in relieving your **PHYSICAL HEALTH** symptoms / conditions?



Display this question:

If Have you found the use of psychedelic substances to be helpful in treating your **PHYSICAL HEALTH** c... = Yes



Q250 How long do the benefits of psychedelic use on your **PHYSICAL HEALTH** condition **TYPICALLY** last?

- Less than 1 week
- 1 week
- Several weeks but less than a month
- 1 month
- Several months but less than a year
- A year or two
- More than two years

Page Break

Display this question:

If What are the reasons you use psychedelic substances? Please check all that apply. = Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)



Q251 Which **MENTAL HEALTH** condition or symptom have you treated with psychedelics?
Check all that apply.

- Addiction / withdrawal / substance use disorder
 - Anxiety
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Autism spectrum disorder
 - Bipolar disorder
 - Depression / low mood
 - Eating disorder (e.g., anorexia)
 - Obsessive Compulsive Disorder (OCD)
 - Personality disorder (e.g., Borderline Personality Disorder)
 - Post-Traumatic Stress Disorder (PTSD)
 - Psychotic disorder (e.g., schizophrenia)
 - Other: _____
-

Display this question:

If What are the reasons you use psychedelic substances? Please check all that apply. = Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)



Q252 Have you found the use of psychedelic substances to be helpful in treating your **MENTAL HEALTH** condition(s)?

Yes

No

Page Break

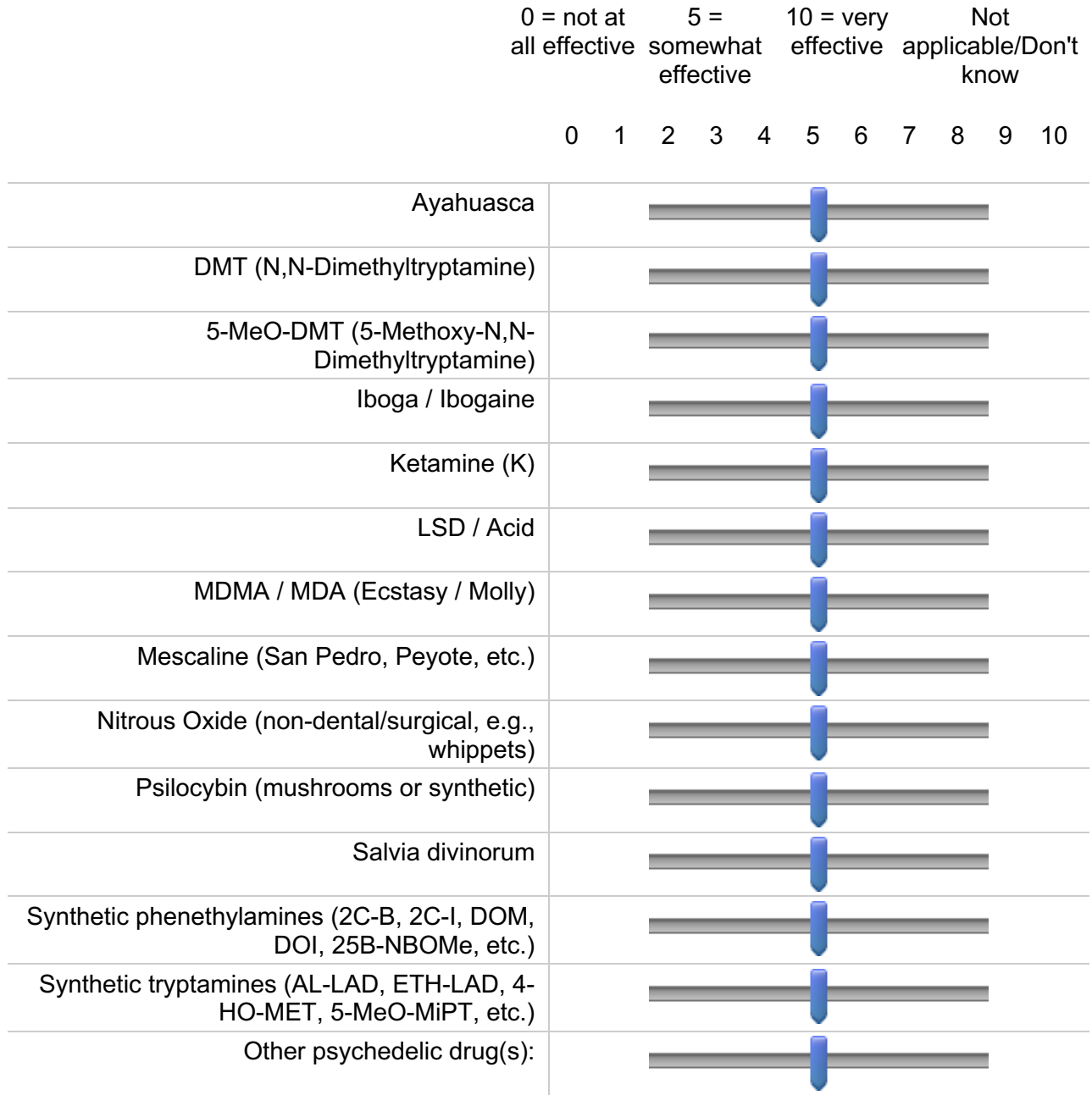
Display this question:

If Have you found the use of psychedelic substances to be helpful in treating your MENTAL HEALTH con... = Yes

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q253 How effective are the following psychedelics in relieving your **MENTAL HEALTH** symptoms / conditions?



Page Break

Display this question:

If Have you found the use of psychedelic substances to be helpful in treating your MENTAL HEALTH condition... = Yes



Q254 How long do the benefits of psychedelic use on your **MENTAL HEALTH** condition **TYPICALLY** last?

- Less than 1 week
- 1 week
- Several weeks but less than a month
- 1 month
- Several months but less than a year
- A year or two
- More than two years

Page Break

Display this question:

If What are the reasons you use psychedelic substances? Please check all that apply. = Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)

Or What are the reasons you use psychedelic substances? Please check all that apply. = Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)



Q255 We are interested in how your relationship with your condition changed following psychedelic use. Using the following scale and figures, how would you rate the overlap between your sense of self (blue circle) and the specific condition (red circle) before and after using psychedelics to treat your primary condition? **Before psychedelic use**, how much did the condition (red) overlap with your sense of self or identity (blue):

1

2

3

4

5

6

7

Page Break

Display this question:

If What are the reasons you use psychedelic substances? Please check all that apply. = Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)

Or What are the reasons you use psychedelic substances? Please check all that apply. = Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)



Q256 **After psychedelic use**, how much did the condition (red) overlap with your sense of self or identity (blue)(s):

- 1
- 2
- 3
- 4
- 5
- 6
- 7

Page Break

Display this question:

If What are the reasons you use psychedelic substances? Please check all that apply. = Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)

Or What are the reasons you use psychedelic substances? Please check all that apply. = Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)



Q257 What aspect of life was most affected by the condition for which you used psychedelics therapeutically?

- Positive Emotions and Motivation (e.g., difficulties with feelings of pleasure, happiness, motivation, reward, enjoyment in day-to-day activities, habits, etc.)
- Negative Emotions and Stress (e.g., challenges with feelings of fear, anxiety, stress, sadness, responses to negative situations, loss and grief, etc.)
- Cognitive Abilities (e.g., issues with thinking, problem-solving, memory, attention, decision-making, planning, and perception (visual, auditory and other senses, etc.)
- Perception of self, others, and social interactions (e.g., challenges with relationships, perceptions of self, social interactions, understanding others' feelings, social communication, and perception and understanding of self, etc.)
- Energy, Sleep, and Self-Regulation (e.g., difficulties with energy levels, self-control, sleep-wake cycles, managing emotions, stress reactivity, etc.)
- Physical Sensations and Movement (e.g., issues with physical sensations, movement, coordination, motor skills, perception of bodily sensations, etc.)
- None of the above

Page Break

Display this question:

If What are the reasons you use psychedelic substances? Please check all that apply. = Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)

Or What are the reasons you use psychedelic substances? Please check all that apply. = Treat a physical health condition (e.g., pain, traumatic brain injury, irritable bowel disease)



Q258 Please rate the level of change, if any, in the following areas that lasted beyond two weeks after using psychedelics to treat your primary health condition.

| | Major negative change | Minor negative change | No change | Minor positive change | Major positive change |
|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Attitudes about life | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Attitudes about self | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Socialization | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Behavior | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Spirituality | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

Display this question:

If What are the reasons you use psychedelic substances? Please check all that apply. = Treat a mental health condition (e.g., depression, anxiety, obsessive-compulsive disorder)



Q259 Prior to using psychedelics for **MENTAL HEALTH** did you pursue any of these treatment options? Check all that apply.

- Talk therapy / counseling
- Mindfulness / Meditation
- Yoga / Tai Chi / Qigong
- Prescription medications (e.g., antidepressants, antianxiety, mood stabilizers, antipsychotics, sedatives)
- Herbal remedies (e.g., St. John's Wort, Kava Kava, Chamomile Extract, Valeria)
- Physical activity
- None of the above

Page Break

Display this question:

If Prior to using psychedelics for MENTAL HEALTH did you pursue any of these treatment options?
Chec... = Talk therapy / counseling



Q260 From what type(s) of practitioner(s) have you received **MENTAL HEALTH** treatment?
Check all that apply.

- A mental health counsellor
- A psychotherapist
- A family doctor / general practitioner
- A psychologist
- A social worker
- A psychiatrist
- A religious / spiritual healer
- Unsure
- Other: _____

Display this question:

If Prior to using psychedelics for MENTAL HEALTH did you pursue any of these treatment options?
Chec... = Talk therapy / counseling



Q261 Have you let your mental health counsellor, psychotherapist, psychologist, psychiatrist or therapist know you are using psychedelics?

Yes

No

Page Break

Display this question:

If Have you let your mental health counsellor, psychotherapist, psychologist, psychiatrist or therap...
= No



Q262 What are the reasons that you have not disclosed this information to mental health counsellor, psychotherapist, psychologist, psychiatrist or therapist? Check all that apply.

- Concerns about stigma associated with psychedelic use
- I prefer to keep my psychedelic use private
- Legal concerns
- To avoid contradicting my therapist's advice
- I do not trust my therapist
- My therapist is not adequately knowledgeable about psychedelics
- I do not believe my therapist would be able to integrate psychedelic use into my treatment
- I don't feel there's any reason to discuss my psychedelic use with my therapist
- Other: _____



Q263 Have you ever used psychedelics under the care and guidance of a therapist or health care professional?

- Yes
- No

Page Break

Display this question:

If Have you ever used psychedelics under the care and guidance of a therapist or health care profess... = Yes



Q264 How important was the presence of the therapist or health care professional to the overall outcome of your psychedelic experience?

- Very important
- Important
- Moderately important
- A little important
- Not important

Display this question:

If Have you ever used psychedelics under the care and guidance of a therapist or health care profess... = No



Q265 How likely is it that you would consume psychedelics under the guidance or support of a trained therapist or health care professional if these services were legal and available to you?

- Very likely
 - Likely
 - Neutral
 - Unlikely
 - Very unlikely
-

Display this question:

If Prior to using psychedelics for MENTAL HEALTH did you pursue any of these treatment options?
Chec... = Talk therapy / counseling

Or Prior to using psychedelics for MENTAL HEALTH did you pursue any of these treatment options?
Chec... = Mindfulness / Meditation

Or Prior to using psychedelics for MENTAL HEALTH did you pursue any of these treatment options?
Chec... = Yoga / Tai Chi / Qigong

Or Prior to using psychedelics for MENTAL HEALTH did you pursue any of these treatment options?
Chec... = Prescription medications (e.g., antidepressants, antianxiety, mood stabilizers, antipsychotics, sedatives)

Or Prior to using psychedelics for MENTAL HEALTH did you pursue any of these treatment options?
Chec... = Herbal remedies (e.g., St. John's Wort, Kava Kava, Chamomile Extract, Valeria)

Or Prior to using psychedelics for MENTAL HEALTH did you pursue any of these treatment options?
Chec... = Physical activity

Carry Forward Selected Choices from "Prior to using psychedelics for MENTAL HEALTH did you pursue any of these treatment options? Check all that apply."



Q266 Has your use of any of the following therapies changed as a result of your use of psychedelics in the treatment of mental health? Check all that apply.

| | Increased | No change | Decreased | Ceased |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Talk therapy / counseling | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mindfulness / Meditation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Yoga / Tai Chi / Qigong | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prescription medications (e.g., antidepressants, antianxiety, mood stabilizers, antipsychotics, sedatives) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Herbal remedies (e.g., St. John's Wort, Kava Kava, Chamomile Extract, Valeria) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical activity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input checked="" type="checkbox"/> None of the above | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Physical and mental health

Start of Block: Reproductive Health

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q267 Reproductive health We would like to ask you about reproductive health and psychedelic substance use. Please consider various aspects of your menstrual cycle (such

as cycle regularity, frequency, pain level, and/or bleeding/flow amount) when responding to the following questions. Do you currently experience menstrual cycles?

Yes

No

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q268 In your opinion, does use of psychedelic substances impact any part of the menstrual cycle?

Yes

No

Don't know

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q269 Would you feel comfortable discussing psychedelic substance use and its effects on your menstrual cycle with your healthcare provider?

Yes

No

Page Break

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q270 We would like to ask you about contraception and psychedelic substance use. Although some forms of contraception may be used for other reasons than preventing pregnancy, these questions focus on contraception when it is used to prevent pregnancy (e.g., birth control). The following are considered birth control methods to consider when thinking about the following questions: intrauterine contraception (i.e., intrauterine devices (IUD)), implants, injectables, combined hormonal and progestin-only contraceptives (i.e., pills), and emergency contraception (e.g., any of the above methods that are used after intercourse for the intention of preventing pregnancy). Have you ever used any form of contraception/birth control?

Yes

No

Page Break

Display this question:

If We would like to ask you about contraception and psychedelic substance use. Although some forms o... = Yes



Q271 Are you currently using hormonal contraception/birth control? (e.g., pills, IUD, implants, etc.)

Yes

No

Page Break

Display this question:

If Are you currently using hormonal contraception/birth control? (e.g., pills, IUD, implants, etc.) = Yes



Q272 Which form of birth control are you currently using?

- Intrauterine devices (IUD)
- Implants
- Injectables
- Combined hormonal contraceptive pills
- Progestin-only contraceptive pills

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q273 In your opinion, is it safe to use psychedelic substances while on birth control?

- Very safe
 - Somewhat safe
 - Neutral
 - Somewhat unsafe
 - Very unsafe
 - Don't know
-

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q274 Do you think psychedelic substances impact the effectiveness of birth control in preventing pregnancy?

- Yes
- No
- Don't know

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q275 Would you feel comfortable discussing psychedelic substance use and birth control with your healthcare provider?

- Yes
- No

Page Break

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q276 We would like to ask you about fertility and psychedelic substance use. Here, “fertility” refers to the ability to become pregnant. Are you currently trying to become pregnant?

Yes

No

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q277 Do you think psychedelic substance use impacts your ability to become pregnant?

It makes it harder to become pregnant

It makes it easier to become pregnant

No impact

Don't know

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q278 Do you think psychedelic substances are safe to use if you are trying to become pregnant within the next 6–12 months?

- Yes
- No
- Don't know

Page Break

Display this question:

If Do you think psychedelic substances are safe to use if you are trying to become pregnant within t...
= No



Q279 How long should you wait before trying to become pregnant after your last use of psychedelics?

- No need to wait, it's safe to try anytime
- Less than 1 month
- 2 to 6 months
- 6 months to 1 year
- More than 1 year
- Don't know

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q280 Would you feel comfortable discussing psychedelic substance use and its effects on your fertility with your healthcare provider?

- Yes
- No

Page Break

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q281 We would like to ask you about pregnancy and psychedelic substance use. When thinking about the questions below, pregnancy is referring to the time when a fertilized egg grows and develops in a person's uterus. Have you ever been pregnant?

Yes

No

Page Break

Display this question:

If We would like to ask you about pregnancy and psychedelic substance use. When thinking about the q... = Yes



Q282 Are you currently pregnant?

- Yes
- No
- Unsure

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q283 In your opinion, is it safe to use psychedelic substances while pregnant?

- Very safe
- Somewhat safe
- Neutral
- Somewhat unsafe
- Very unsafe
- Don't know

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q284 Would you continue to use psychedelic substances if you found out you were pregnant?

Yes

No

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q285 If you were pregnant, would recent psychedelic substance use impact your decision on continuing the pregnancy?

Yes

No

Display this question:

If We acknowledge and support gender-diversity and would like to ask several questions regarding psy... = Yes



Q286 Would you feel comfortable discussing psychedelic substance use during pregnancy with your healthcare provider?

Yes

No

Page Break

End of Block: Reproductive Health

Start of Block: Headaches and migraines

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Headache / migraines



Q287 Headaches and migraines We'd now like to ask you a few questions about your use of psychedelics to treat headaches and migraines. Do you have a formal medical diagnosis for your headache type?

- Migraine
- Cluster headache
- No formal diagnosis

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Headache / migraines



Q288 Have your headaches interfered with your ability to work, study, or do what you needed to do?

- Yes
- No

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Headache / migraines



Q289 Have you felt nauseated or sick to your stomach when you have a headache?

Yes

No

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Headache / migraines



Q290 Does light bother you when you have a headache (a lot more than when you don't have a headache)?

Yes

No

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Headache / migraines

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q291 Which of the following psychedelics have you used to treat headaches / migraines?
Check all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Headache / migraines

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat headaches / migraines? Check all that apply."



Q292 Which of the following psychedelics have been effective in treating your headaches / migraines? Check all that apply.

- None
 - Ayahuasca
 - DMT (N,N-Dimethyltryptamine)
 - 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
 - Iboga / Ibogaine
 - Ketamine (K)
 - LSD / Acid
 - MDMA / MDA (Ecstasy / Molly)
 - Mescaline (San Pedro, Peyote, etc.)
 - Nitrous Oxide (non-dental/surgical, e.g., whippets)
 - Psilocybin (mushrooms or synthetic)
 - Salvia divinorum
 - Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
 - Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
 - Other psychedelic drug(s):
-

Page Break

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Headache / migraines

Carry Forward Selected Choices from "Which of the following psychedelics have been effective in treating your headaches / migraines? Check all that apply."



Q293 Which of the following psychedelics has been the MOST effective in treating your headaches / migraines?

- None
- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Headache / migraines



Q294 Do you use psychedelics as an abortive (as needed) treatment for your headaches, or as a preventive treatment?

- Abortive
- Preventive
- Both abortive and preventive treatment

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Headache / migraines



Q295 Do you use "regular" dosing, "microdosing," or both to treat headaches / migraines? We define a REGULAR DOSE as leading to psychedelic effects (i.e., a "trip"), while a MICRODOSE is typically a small fraction (approximately 10% or less) of a "regular dose" and is too low to produce a "trip," or to noticeably impair your ability to conduct daily activities (such as driving or working).

- Regular dosing
- Microdosing
- Both regular and microdosing

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Headache / migraines

Q296 How much relief does $\{Q293/ChoiceGroup/SelectedChoices\}$ provide you for your headaches / migraines? 0 = No relief 5 = 50% relief 10 = Complete relief

0 (No Relief) 10 (Complete Relief)

0 1 2 3 4 5 6 7 8 9 10



End of Block: Headaches and migraines

Start of Block: TBI

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q297 Traumatic Brain Injury We'd now like to ask you a few questions about your use of psychedelics to treat traumatic brain injury (TBI). How many traumatic brain injuries (TBIs) have you sustained?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 +

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q298 For the purpose of the following questions, we are asking about the brain injury for which you have indicated using psychedelics to manage your symptoms. If you have experienced multiple TBIs, please focus on the TBI most relevant to your psychedelic use—this could be your most recent or most severe TBI, for example. When did your TBI occur? (month + year if possible) Month:

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q299 Year:

- 2025
- 2024
- 2023
- 2022
- 2021
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- 1951
- 1950

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q300 What was the primary cause of your traumatic brain injury?

- Sport / recreational activities
- Fall
- Motor vehicle accident
- Medical condition (e.g., stroke, tumor, aneurysm)
- Blast or explosive injury
- Substance use
- Military combat-related
- Intimate partner violence
- Overdose-related
- Other

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"

X→

Q301 Which psychedelics have you tried for treating your TBI-related symptoms? Check all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma

Carry Forward Selected Choices from "Which psychedelics have you tried for treating your TBI-related symptoms? Check all that apply."



Q302 Which psychedelics have been effective in treating your TBI-related symptoms? Check all that apply.

- None
 - Ayahuasca
 - DMT (N,N-Dimethyltryptamine)
 - 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
 - Iboga / Ibogaine
 - Ketamine (K)
 - LSD / Acid
 - MDMA / MDA (Ecstasy / Molly)
 - Mescaline (San Pedro, Peyote, etc.)
 - Nitrous Oxide (non-dental/surgical, e.g., whippets)
 - Psilocybin (mushrooms or synthetic)
 - Salvia divinorum
 - Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
 - Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
 - Other psychedelic drug(s):
-

Page Break

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma

Carry Forward Selected Choices from "Which psychedelics have been effective in treating your TBI-related symptoms? Check all that apply."



Q303 Which psychedelic has been MOST effective in treating your TBI-related symptoms?

- None
- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma

X→

Q304 What dosage made a notable impact on your TBI-related symptoms? We define a REGULAR DOSE as leading to psychedelic effects (i.e., a “trip”), while a MICRODOSE is typically a small fraction (approximately 10% or less) of a “regular dose” and is too low to produce a “trip,” or to noticeably impair your ability to conduct daily activities (such as driving or working).

- Microdose
 - Regular dose
 - Both microdose and regular dose
-

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma

X→

Q305 What frequency of psychedelic use made a notable impact on your TBI-related symptoms?

- Once
 - Once every 6 months
 - Once every 2-5 months
 - Once every month
 - Once every week
 - 2-3 times per week
 - Daily
-

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q306 For how many months have you used this substance to treat TBI? (Please enter a number)

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma

Q307 How much change have you noticed in your TBI-related symptoms after your psychedelic use? 0 = Significant worsening 5 = No improvement 10 = Complete improvement

0 = Significant worsening 5 = No improvement 10 = Complete improvement

0 1 2 3 4 5 6 7 8 9 10

Change:

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q308 Have you noticed any changes in the effectiveness of your psychedelic use over time?

- Reduced/diminishing effectiveness over time
- No changes
- Better effectiveness over time

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q309 Was your TBI diagnosed by a health professional?

Yes

No

Page Break

Display this question:

If Was your TBI diagnosed by a health professional? = Yes



Q310 What type of health professional?

- Nurse practitioner
- Medical doctor
- Occupational therapist
- Clinical neuropsychologist

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q311 Did you lose consciousness after your TBI?

- Yes
- No

Page Break

Display this question:

If Did you lose consciousness after your TBI? = Yes



Q312 How long did you lose consciousness? Please estimate if you are unsure.

- Less than one minute
- 1-10 minutes
- 10-30 minutes
- 30-60 minutes
- More than one hour

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q313 Following your TBI, did you lose past memories (e.g., memories of events which had already occurred) or experience difficulty with new memories (e.g., memories of events after your TBI)? Please check all that apply.

- I have difficulties with PAST memories.
- I have difficulties with NEW memories.
- No difficulties with memories

Page Break

Display this question:

If Following your TBI, did you lose past memories (e.g., memories of events which had already occurred... = I have difficulties with PAST memories.



Q314 For how long in months did your difficulties with PAST memories persist? (Please enter a number)

Display this question:

If Following your TBI, did you lose past memories (e.g., memories of events which had already occurred... = I have difficulties with NEW memories.



Q315 For how long in months did your difficulties with NEW memories persist? (Please enter a number)

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q316 What level of severity was assigned to your TBI?

- Mild
- Moderate
- Severe
- Unsure

Page Break

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q317 Which TBI-related symptoms were you intending to manage with psychedelics and how severe were these symptoms? Please select all symptoms that apply. Somatic Symptoms (e.g., pertaining to symptoms related to your body)

| | N/A | Mild | Moderate | Severe |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Headache | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Body pain | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nausea | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fatigue | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Visual Disturbances | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hearing Disturbances | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sleep Disturbances | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Motor Difficulties (e.g., muscle weakness, difficulty walking) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Seizures | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q318 Which TBI-related symptoms were you intending to manage with psychedelics and how severe were these symptoms? Please select all symptoms that apply. Cognitive Symptoms (e.g., pertaining to symptoms related to your thinking)

| | N/A | Mild | Moderate | Severe |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Attention or Concentration | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Memory | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Confusion | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Impulsivity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Decision-making | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Processing Speed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problem Solving | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mental Fatigue | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q319 Which TBI-related symptoms were you intending to manage with psychedelics and how severe were these symptoms? Please select all symptoms that apply. Emotional symptoms (e.g., pertaining to symptoms related to your mood)

| | N/A | Mild | Moderate | Severe |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Irritability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Anxiety | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Depression | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stress | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Anger | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shame/Embarrassment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Post-traumatic stress symptoms (e.g., re-experiencing the event which caused your TBI) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Frustration | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reduced interest in activities you used to enjoy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Page Break

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma



Q320 Have you tried other methods for managing your TBI symptoms? Please click all that apply.

- Cannabis
- Therapy (e.g., cognitive behavioural therapy, mindfulness meditation therapy)
- Exercise (e.g., yoga, pilates, weight training)
- Acupuncture
- Chiropractic
- Herbal supplements
- Vitamin/Mineral supplements
- Other
- No, I have not tried any non-psychedelic methods

Page Break

Display this question:

If Which **PHYSICAL HEALTH** condition or symptom have you treated with psychedelics? Check all that apply. = Traumatic Brain Injury / head trauma

And Have you tried other methods for managing your TBI symptoms? Please click all that apply. != No, I have not tried any non-psychedelic methods

Carry Forward Selected Choices from "Have you tried other methods for managing your TBI symptoms? Please click all that apply."



Q321 Please identify which was most effective:

- None of these
- Cannabis
- Therapy (e.g., cognitive behavioural therapy, mindfulness meditation therapy)
- Exercise (e.g., yoga, pilates, weight training)
- Acupuncture
- Chiropractic
- Herbal supplements
- Vitamin/Mineral supplements
- Other
- No, I have not tried any non-psychedelic methods

End of Block: TBI

Start of Block: ADHD

Display this question:

If Which **MENTAL HEALTH** condition or symptom have you treated with psychedelics? Check all that apply. = Attention Deficit Hyperactivity Disorder (ADHD)

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q322 Attention Deficit Hyperactivity Disorder We'd now like to ask you a few questions about your use of psychedelics to treat ADHD. Which of the following psychedelics have you used to treat your Attention Deficit Hyperactivity Disorder (ADHD)? Check all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If Which MENTAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Attention Deficit Hyperactivity Disorder (ADHD)

Carry Forward Selected Choices from "Attention Deficit Hyperactivity Disorder We'd now like to ask you a few questions about your use of psychedelics to treat ADHD. Which of the following psychedelics have you used to treat your Attention Deficit Hyperactivity Disorder (ADHD)? Check all that apply."



Q323 Which of the following psychedelics have been effective in treating your ADHD? Check all that apply.

- None
 - Ayahuasca
 - DMT (N,N-Dimethyltryptamine)
 - 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
 - Iboga / Ibogaine
 - Ketamine (K)
 - LSD / Acid
 - MDMA / MDA (Ecstasy / Molly)
 - Mescaline (San Pedro, Peyote, etc.)
 - Nitrous Oxide (non-dental/surgical, e.g., whippets)
 - Psilocybin (mushrooms or synthetic)
 - Salvia divinorum
 - Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
 - Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
 - Other psychedelic drug(s):
-

Page Break

Display this question:

If Which MENTAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Attention Deficit Hyperactivity Disorder (ADHD)

Carry Forward Selected Choices from "Which of the following psychedelics have been effective in treating your ADHD? Check all that apply."



Q324 Which psychedelic has been most effective in treating your ADHD?

- None
- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Which MENTAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Attention Deficit Hyperactivity Disorder (ADHD)



Q325 What specific symptoms associated with Attention Deficit Hyperactivity Disorder (ADHD) are you treating with psychedelics? Check all that apply.

- Mood changes or mood swings
- Anxiety / depression
- Cognitive functioning (e.g., memory, attention, concentration, forgetfulness)
- Stress management
- Connection with others
- Fidgeting / excessive movement
- Excessive talking / interrupting conversations

Display this question:

If Which MENTAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Attention Deficit Hyperactivity Disorder (ADHD)

Q326 How effective were psychedelics in relieving your Attention Deficit Hyperactivity Disorder (ADHD) symptoms/conditions? 0 = Not at all effective 5 = Somewhat effective 10 = Very effective

0 = Not at all effective 5 = Somewhat effective 10 = Very effective

0 1 2 3 4 5 6 7 8 9 10



End of Block: ADHD

Start of Block: Long COVID



Q327 Did you get vaccinated for COVID-19?

Yes

No

Page Break

Display this question:

If Did you get vaccinated for COVID-19? = Yes



Q328 How many booster shots did you get?

- 0
- 1
- 2
- 3
- 4
- 5+



Q329 Were you ever diagnosed (by a health care provider or from a home-based test) with COVID?

- No
- Yes, 1 time
- Yes, 2 times
- Yes, 3 times
- Yes, 4 or more times

Page Break

Display this question:

If Were you ever diagnosed (by a health care provider or from a home-based test) with COVID? = Yes, 1 time

Or Were you ever diagnosed (by a health care provider or from a home-based test) with COVID? = Yes, 2 times

Or Were you ever diagnosed (by a health care provider or from a home-based test) with COVID? = Yes, 3 times

Or Were you ever diagnosed (by a health care provider or from a home-based test) with COVID? = Yes, 4 or more times



Q330 Did you have lasting symptoms that you attribute to COVID/Long-COVID, such as extreme tiredness; brain fog, or problems with memory; dizziness or lightheadedness; problems with taste or smell?

- Yes, diagnosed by a health care provider
- Yes, self-diagnosed
- No

Page Break

Display this question:

If Did you have lasting symptoms that you attribute to COVID/Long-COVID, such as extreme tiredness;... = Yes, self-diagnosed

Or Did you have lasting symptoms that you attribute to COVID/Long-COVID, such as extreme tiredness;... = Yes, diagnosed by a health care provider



Q331 What symptoms did you have? Please select all that apply.

- Extreme tiredness, especially after activity
- Problems with memory, often called brain fog
- A feeling of being lightheaded or dizzy
- Problems with taste or smell
- Sleep problems
- None of the above

Page Break

Display this question:

If Did you have lasting symptoms that you attribute to COVID/Long-COVID, such as extreme tiredness;... = Yes, self-diagnosed

Or Did you have lasting symptoms that you attribute to COVID/Long-COVID, such as extreme tiredness;... = Yes, diagnosed by a health care provider

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q332 Did you use any of the following psychedelics to treat COVID/Long-COVID?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If Did you have lasting symptoms that you attribute to COVID/Long-COVID, such as extreme tiredness;... = Yes, self-diagnosed

Or Did you have lasting symptoms that you attribute to COVID/Long-COVID, such as extreme tiredness;... = Yes, diagnosed by a health care provider

Carry Forward Selected Choices from "Did you use any of the following psychedelics to treat COVID/Long-COVID?"



Q333 Which of the following psychedelics were effective in treating the symptoms of COVID/Long-COVID?

- None
 - Ayahuasca
 - DMT (N,N-Dimethyltryptamine)
 - 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
 - Iboga / Ibogaine
 - Ketamine (K)
 - LSD / Acid
 - MDMA / MDA (Ecstasy / Molly)
 - Mescaline (San Pedro, Peyote, etc.)
 - Nitrous Oxide (non-dental/surgical, e.g., whippets)
 - Psilocybin (mushrooms or synthetic)
 - Salvia divinorum
 - Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
 - Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
 - Other psychedelic drug(s):
-

Page Break

Display this question:

If Did you have lasting symptoms that you attribute to COVID/Long-COVID, such as extreme tiredness;... = Yes, diagnosed by a health care provider

Or Did you have lasting symptoms that you attribute to COVID/Long-COVID, such as extreme tiredness;... = Yes, self-diagnosed

Carry Forward Selected Choices from "Which of the following psychedelics were effective in treating the symptoms of COVID/Long-COVID?"



Q334 Which psychedelic was most effective in treating the symptoms of COVID/Long-COVID?

- None
- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If If Which of the following psychedelics were effective in treating the symptoms of COVID/Long-COVID? q://QID708/SelectedChoicesCount Is Greater Than 0

Q335 How much relief did $\{Q334/ChoiceGroup/SelectedChoices\}$ provide in treating the symptoms of COVID/Long-COVID? 0 = No relief 5 = 50% relief 10 = Complete relief

0 (No Relief) 10 (Complete Relief)

0 1 2 3 4 5 6 7 8 9 10



End of Block: Long COVID

Start of Block: Substance Use Disorders



Q336 Substance use disorders and treatment We'd now like to ask you a few questions about substance use disorder and treatment. In your lifetime, have you ever been diagnosed with a substance use disorder or considered yourself to have a problematic relationship with a substance?

Yes

No

Page Break

Display this question:

If Substance use disorders and treatment We'd now like to ask you a few questions about substance us... = Yes

And We'd like to start by asking you about your use of psychoactive substances OTHER than psychedelic... [Yes] (Count) > 0

Carry Forward Selected Choices from "We'd like to start by asking you about your use of psychoactive substances OTHER than psychedelics. IN YOUR LIFETIME, have you ever used any of the following substances?"



Q337 Which of the following substances have you been diagnosed with a substance use disorder or considered yourself to have a problematic relationship with a substance? Please select all that apply.

| | No | Yes, for less than 1 year | Yes, for 1-5 years | Yes, for 6-10 years | Yes for over 10 years |
|--|-----------------------|---------------------------|-----------------------|-----------------------|-----------------------|
| Alcohol | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Antidepressants (e.g., SSRIs, SNRIs, MAO inhibitors, bupropion) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Antipsychotics (e.g., Clozaril/clozapine, Haldol/haloperidol, Zyprexa/olanzapine) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Benzodiazepines (e.g., Valium/diazepam, Ativan/lorazepam, Klonopin/clonazepam, Xanax/alprazolam) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cannabis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cocaine / crack | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inhalants (huffing solvents e.g., gasoline, glue, toluene, aerosol) NOT counting nitrous oxide | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mood stabilizers (e.g., Lamotrigine, lithium) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Opioids - regulated (e.g., hydrocodone, fentanyl, oxycodone, morphine, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Opioids - unregulated (e.g., heroin, fentanyl, oxycodone, morphine, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Sleep aids or depressants (e.g., Ambien/zolpidem, GHB, GBL)

Tobacco / nicotine (cigarettes, e-cigarettes; vapes, chew, snuffs, cigarillos, pouches)

Stimulant medications - regulated (e.g., Ritalin, Adderall)

Stimulants - unregulated (e.g., crystal meth, speed, ice)

Page Break

Display this question:

If If Which of the following substances have you been diagnosed with a substance use disorder or consid... Alcohol - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Alcohol - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Alcohol - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Alcohol - Yes for over 10 years Is Selected



Q338 Have you sought treatment for your use of ALCOHOL? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Page Break

Display this question:

If Have you sought treatment for your use of ALCOHOL? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q339 What kind of traditional treatment have you experienced for your use of ALCOHOL?
(please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of ALCOHOL? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q340 What was the impact of traditional treatment on your use of ALCOHOL?

- I completely ceased using.
 - My use decreased.
 - There was no change in my use.
 - My use increased somewhat.
 - My use increased significantly (more than doubled).
-

Display this question:

If Have you sought treatment for your use of ALCOHOL? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q341 Which of the following psychedelics have you used to treat your use of ALCOHOL?
Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of ALCOHOL? Please select all that apply. = Yes, I sought psychedelic therapy.



Q342 What was the impact of psychedelic treatment on your use of ALCOHOL?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If *What was the impact of psychedelic treatment on your use of ALCOHOL?* = *I completely ceased using.*

Or *What was the impact of psychedelic treatment on your use of ALCOHOL?* = *My use decreased.*

Carry Forward Selected Choices from "*Which of the following psychedelics have you used to treat your use of ALCOHOL? Please select all that apply.*"



Q343 Which psychedelic has been the most successful in treating your use of ALCOHOL?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If Have you sought treatment for your use of ALCOHOL? Please select all that apply. = Yes, I sought psychedelic therapy.

And What was the impact of psychedelic treatment on your use of ALCOHOL? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of ALCOHOL? = My use decreased.



Q344 When using $\{Q343/ChoiceGroup/SelectedChoices\}$ in treating your use of ALCOHOL, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If Which of the following substances have you been diagnosed with a substance use disorder or consid... Antidepressants (e.g., SSRIs, SNRIs, MAO inhibitors, bupropion) - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Antidepressants (e.g., SSRIs, SNRIs, MAO inhibitors, bupropion) - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Antidepressants (e.g., SSRIs, SNRIs, MAO inhibitors, bupropion) - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Antidepressants (e.g., SSRIs, SNRIs, MAO inhibitors, bupropion) - Yes for over 10 years Is Selected



Q345 Have you sought treatment for your use of ANTIDEPRESSANTS? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Page Break

Display this question:

If Have you sought treatment for your use of ANTIDEPRESSANTS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q346 What kind of traditional treatment have you experienced for your use of ANTIDEPRESSANTS? (please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of ANTIDEPRESSANTS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q347 What was the impact of traditional treatment on your use of ANTIDEPRESSANTS?

- I completely ceased using.
 - My use decreased.
 - There was no change in my use.
 - My use increased somewhat.
 - My use increased significantly (more than doubled).
-

Display this question:

If Have you sought treatment for your use of ANTIDEPRESSANTS? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q348 Which of the following psychedelics have you used to treat your use of ANTIDEPRESSANTS? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of ANTIDEPRESSANTS? Please select all that apply. = Yes, I sought psychedelic therapy.



Q349 What was the impact of psychedelic treatment on your use of ANTIDEPRESSANTS?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If What was the impact of psychedelic treatment on your use of ANTIDEPRESSANTS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of ANTIDEPRESSANTS? = My use decreased.

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your use of ANTIDEPRESSANTS? Please select all that apply."



Q350 Which psychedelic has been the most successful in treating your use of ANTIDEPRESSANTS?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of ANTIDEPRESSANTS? Please select all that apply. = Yes, I sought psychedelic therapy.

And What was the impact of psychedelic treatment on your use of ANTIDEPRESSANTS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of ANTIDEPRESSANTS? = My use decreased.



Q351 When using \${Q348/ChoiceGroup/SelectedChoices} in treating your use of ANTIDEPRESSANTS, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If If Which of the following substances have you been diagnosed with a substance use disorder or consid... Antipsychotics (e.g., Clozaril/clozapine, Haldol/haloperidol, Zyprexa/olanzapine) - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Antipsychotics (e.g., Clozaril/clozapine, Haldol/haloperidol, Zyprexa/olanzapine) - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Antipsychotics (e.g., Clozaril/clozapine, Haldol/haloperidol, Zyprexa/olanzapine) - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Antipsychotics (e.g., Clozaril/clozapine, Haldol/haloperidol, Zyprexa/olanzapine) - Yes for over 10 years Is Selected



Q352 Have you sought treatment for your use of ANTIPSYCHOTICS? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Page Break

Display this question:

If Have you sought treatment for your use of ANTIPSYCHOTICS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q353 What kind of traditional treatment have you experienced for your use of ANTIPSYCHOTICS? (please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of ANTIPSYCHOTICS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q354 What was the impact of traditional treatment on your use of ANTIPSYCHOTICS?

- I completely ceased using.
 - My use decreased.
 - There was no change in my use.
 - My use increased somewhat.
 - My use increased significantly (more than doubled).
-

Display this question:

If Have you sought treatment for your use of ANTIPSYCHOTICS? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q355 Which of the following psychedelics have you used to treat your use of ANTIPSYCHOTICS? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of ANTIPSYCHOTICS? Please select all that apply. = Yes, I sought psychedelic therapy.



Q356 What was the impact of psychedelic treatment on your use of ANTIPSYCHOTICS?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If What was the impact of psychedelic treatment on your use of ANTIPSYCHOTICS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of ANTIPSYCHOTICS? = My use decreased.

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your use of ANTIPSYCHOTICS? Please select all that apply."



Q357 Which psychedelic has been the most successful in treating your use of ANTIPSYCHOTICS?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If What was the impact of psychedelic treatment on your use of ANTIPSYCHOTICS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of ANTIPSYCHOTICS? = My use decreased.

And Have you sought treatment for your use of ANTIPSYCHOTICS? Please select all that apply. = Yes, I sought psychedelic therapy.



Q358 When using \${Q350/ChoiceGroup/SelectedChoices} in treating your use of ANTIPSYCHOTICS, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If Which of the following substances have you been diagnosed with a substance use disorder or consid... Benzodiazepines (e.g., Valium/diazepam, Ativan/lorazepam, Klonopin/clonazepam, Xanax/alprazolam) - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Benzodiazepines (e.g., Valium/diazepam, Ativan/lorazepam, Klonopin/clonazepam, Xanax/alprazolam) - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Benzodiazepines (e.g., Valium/diazepam, Ativan/lorazepam, Klonopin/clonazepam, Xanax/alprazolam) - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Benzodiazepines (e.g., Valium/diazepam, Ativan/lorazepam, Klonopin/clonazepam, Xanax/alprazolam) - Yes for over 10 years Is Selected



Q359 Have you sought treatment for your use of BENZODIAZEPINES? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Page Break

Display this question:

If Have you sought treatment for your use of BENZODIAZEPINES? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q360 What kind of traditional treatment have you experienced for your use of BENZODIAZEPINES? (please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of BENZODIAZEPINES? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q361 What was the impact of traditional treatment on your use of BENZODIAZEPINES?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Display this question:

If Have you sought treatment for your use of BENZODIAZEPINES? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q362 Which of the following psychedelics have you used to treat your use of BENZODIAZEPINES? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of BENZODIAZEPINES? Please select all that apply. = Yes, I sought psychedelic therapy.



Q363 What was the impact of psychedelic treatment on your use of BENZODIAZEPINES?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If What was the impact of psychedelic treatment on your use of BENZODIAZEPINES? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of BENZODIAZEPINES? = My use decreased.

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your use of BENZODIAZEPINES? Please select all that apply."



Q364 Which psychedelic has been the most successful in treating your use of BENZODIAZEPINES?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of BENZODIAZEPINES? Please select all that apply. = Yes, I sought psychedelic therapy.

And What was the impact of psychedelic treatment on your use of BENZODIAZEPINES? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of BENZODIAZEPINES? = My use decreased.



Q365 When using \${Q362/ChoiceGroup/SelectedChoices} in treating your use of BENZODIAZEPINES, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If If Which of the following substances have you been diagnosed with a substance use disorder or consid... Cannabis - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Cannabis - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Cannabis - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Cannabis - Yes for over 10 years Is Selected



Q366 Have you sought treatment for your use of CANNABIS? Please select all that apply.

- Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.
- Yes, I sought psychedelic therapy.
- No.

Page Break

Display this question:

If Have you sought treatment for your use of CANNABIS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q367 What kind of traditional treatment have you experienced for your use of CANNABIS?
(please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of CANNABIS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q368 What was the impact of traditional treatment on your use of CANNABIS?

- I completely ceased using.
 - My use decreased.
 - There was no change in my use.
 - My use increased somewhat.
 - My use increased significantly (more than doubled).
-

Display this question:

If Have you sought treatment for your use of CANNABIS? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q369 Which of the following psychedelics have you used to treat your use of CANNABIS?
Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of CANNABIS? Please select all that apply. = Yes, I sought psychedelic therapy.



Q370 What was the impact of psychedelic treatment on your use of CANNABIS?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If What was the impact of psychedelic treatment on your use of CANNABIS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of CANNABIS? = My use decreased.

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your use of CANNABIS? Please select all that apply."



Q371 Which psychedelic has been the most successful in treating your use of CANNABIS?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If Have you sought treatment for your use of CANNABIS? Please select all that apply. = Yes, I sought psychedelic therapy.

And What was the impact of psychedelic treatment on your use of CANNABIS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of CANNABIS? = My use decreased.



Q372 When using $\{Q369/ChoiceGroup/SelectedChoices\}$ in treating your use of cannabis CANNABIS, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If If Which of the following substances have you been diagnosed with a substance use disorder or consid... Cocaine / crack - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Cocaine / crack - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Cocaine / crack - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Cocaine / crack - Yes for over 10 years Is Selected



Q373 Have you sought treatment for your use of COCAINE / CRACK? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Page Break

Display this question:

If Have you sought treatment for your use of COCAINE / CRACK? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q374 What kind of traditional treatment have you experienced for your use of COCAINE / CRACK? (please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of COCAINE / CRACK? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q375 What was the impact of traditional treatment on your use of COCAINE / CRACK?

- I completely ceased using.
 - My use decreased.
 - There was no change in my use.
 - My use increased somewhat.
 - My use increased significantly (more than doubled).
-

Display this question:

If Have you sought treatment for your use of COCAINE / CRACK? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q376 Which of the following psychedelics have you used to treat your use of COCAINE / CRACK? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of COCAINE / CRACK? Please select all that apply. = Yes, I sought psychedelic therapy.



Q377 What was the impact of psychedelic treatment on your use of COCAINE / CRACK?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If What was the impact of psychedelic treatment on your use of COCAINE / CRACK? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of COCAINE / CRACK? = My use decreased.

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your use of COCAINE / CRACK? Please select all that apply."



Q378 Which psychedelic has been the most successful in treating your use of COCAINE / CRACK?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If Have you sought treatment for your use of COCAINE / CRACK? Please select all that apply. = Yes, I sought psychedelic therapy.

And What was the impact of psychedelic treatment on your use of COCAINE / CRACK? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of COCAINE / CRACK? = My use decreased.



Q379 When using $\{Q376/ChoiceGroup/SelectedChoices\}$ in treating your use of COCAINE / CRACK, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If If Which of the following substances have you been diagnosed with a substance use disorder or consid... Inhalants (huffing solvents e.g., gasoline, glue, toluene, aerosol) NOT counting nitrous oxide - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Inhalants (huffing solvents e.g., gasoline, glue, toluene, aerosol) NOT counting nitrous oxide - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Inhalants (huffing solvents e.g., gasoline, glue, toluene, aerosol) NOT counting nitrous oxide - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Inhalants (huffing solvents e.g., gasoline, glue, toluene, aerosol) NOT counting nitrous oxide - Yes for over 10 years Is Selected



Q380 Have you sought treatment for your use of INHALANTS? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Page Break

Display this question:

If Have you sought treatment for your use of INHALANTS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q381 What kind of traditional treatment have you experienced for your use of INHALANTS?
(please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of INHALANTS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q382 What was the impact of traditional treatment on your use of INHALANTS?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Display this question:

If Have you sought treatment for your use of INHALANTS? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q383 Which of the following psychedelics have you used to treat your use of INHALANTS?
Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of INHALANTS? Please select all that apply. = Yes, I sought psychedelic therapy.



Q384 What was the impact of psychedelic treatment on your use of INHALANTS?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If *What was the impact of psychedelic treatment on your use of INHALANTS?* = *I completely ceased using.*

Or *What was the impact of psychedelic treatment on your use of INHALANTS?* = *My use decreased.*

Carry Forward Selected Choices from "*Which of the following psychedelics have you used to treat your use of INHALANTS? Please select all that apply.*"



Q385 Which psychedelic has been the most successful in treating your use of INHALANTS?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If *What was the impact of psychedelic treatment on your use of INHALANTS?* = *I completely ceased using.*

Or *What was the impact of psychedelic treatment on your use of INHALANTS?* = *My use decreased.*

And *Have you sought treatment for your use of INHALANTS? Please select all that apply.* = *Yes, I sought psychedelic therapy.*



Q386 When using $\{Q383/ChoiceGroup/SelectedChoices\}$ in treating your use of INHALANTS, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If If Which of the following substances have you been diagnosed with a substance use disorder or consid... Mood stabilizers (e.g., Lamotrigine, lithium) - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Mood stabilizers (e.g., Lamotrigine, lithium) - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Mood stabilizers (e.g., Lamotrigine, lithium) - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Mood stabilizers (e.g., Lamotrigine, lithium) - Yes for over 10 years Is Selected



Q387 Have you sought treatment for your use of MOOD STABILIZERS? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Page Break

Display this question:

If Have you sought treatment for your use of MOOD STABILIZERS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q388 What kind of traditional treatment have you experienced for your use of MOOD STABILIZERS? (please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of MOOD STABILIZERS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q389 What was the impact of traditional treatment on your use of MOOD STABILIZERS?

- I completely ceased using.
 - My use decreased.
 - There was no change in my use.
 - My use increased somewhat.
 - My use increased significantly (more than doubled).
-

Display this question:

If Have you sought treatment for your use of MOOD STABILIZERS? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q390 Which of the following psychedelics have you used to treat your use of MOOD STABILIZERS? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of MOOD STABILIZERS? Please select all that apply. = Yes, I sought psychedelic therapy.



Q391 What was the impact of psychedelic treatment on your use of MOOD STABILIZERS?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If What was the impact of psychedelic treatment on your use of MOOD STABILIZERS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of MOOD STABILIZERS? = My use decreased.

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your use of MOOD STABILIZERS? Please select all that apply."



Q392 Which psychedelic has been the most successful in treating your use of MOOD STABILIZERS?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of MOOD STABILIZERS? Please select all that apply. = Yes, I sought psychedelic therapy.

And What was the impact of psychedelic treatment on your use of MOOD STABILIZERS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of MOOD STABILIZERS? = My use decreased.



Q393 When using $\{Q390/ChoiceGroup/SelectedChoices\}$ in treating your use of MOOD STABILIZERS, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If Which of the following substances have you been diagnosed with a substance use disorder or consid... Opioids - regulated (e.g., hydrocodone, fentanyl, oxycodone, morphine, etc.) - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Opioids - regulated (e.g., hydrocodone, fentanyl, oxycodone, morphine, etc.) - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Opioids - regulated (e.g., hydrocodone, fentanyl, oxycodone, morphine, etc.) - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Opioids - regulated (e.g., hydrocodone, fentanyl, oxycodone, morphine, etc.) - Yes for over 10 years Is Selected



Q394 Have you sought treatment for your use of REGULATED OPIOIDS? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Page Break

Display this question:

If Have you sought treatment for your use of REGULATED OPIOIDS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

X→

Q395 What kind of traditional treatment have you experienced for your use of REGULATED OPIOIDS? (please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of REGULATED OPIOIDS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

X→

Q396 What was the impact of traditional treatment on your use of REGULATED OPIOIDS?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Display this question:

If Have you sought treatment for your use of REGULATED OPIOIDS? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q397 Which of the following psychedelics have you used to treat your use of REGULATED OPIOIDS? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of REGULATED OPIOIDS? Please select all that apply. = Yes, I sought psychedelic therapy.



Q398 What was the impact of psychedelic treatment on your use of REGULATED OPIOIDS?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If What was the impact of psychedelic treatment on your use of REGULATED OPIOIDS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of REGULATED OPIOIDS? = My use decreased.

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your use of REGULATED OPIOIDS? Please select all that apply."



Q399 Which psychedelic has been the most successful in treating your use of REGULATED OPIOIDS?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of REGULATED OPIOIDS? Please select all that apply. = Yes, I sought psychedelic therapy.

And What was the impact of psychedelic treatment on your use of REGULATED OPIOIDS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of REGULATED OPIOIDS? = My use decreased.



Q400 When using $\{Q397/ChoiceGroup/SelectedChoices\}$ in treating your use of REGULATED OPIOIDS, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If If Which of the following substances have you been diagnosed with a substance use disorder or consid... Opioids - unregulated (e.g., heroin, fentanyl, oxycodone, morphine, etc.) - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Opioids - unregulated (e.g., heroin, fentanyl, oxycodone, morphine, etc.) - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Opioids - unregulated (e.g., heroin, fentanyl, oxycodone, morphine, etc.) - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Opioids - unregulated (e.g., heroin, fentanyl, oxycodone, morphine, etc.) - Yes for over 10 years Is Selected



Q401 Have you sought treatment for your use of opioids UNREGULATED OPIOIDS? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Page Break

Display this question:

If Have you sought treatment for your use of opioids UNREGULATED OPIOIDS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q402 What kind of traditional treatment have you experienced for your use of UNREGULATED OPIOIDS? (please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of opioids UNREGULATED OPIOIDS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q403 What was the impact of traditional treatment on your use of UNREGULATED OPIOIDS?

- I completely ceased using.
 - My use decreased.
 - There was no change in my use.
 - My use increased somewhat.
 - My use increased significantly (more than doubled).
-

Display this question:

If Have you sought treatment for your use of opioids UNREGULATED OPIOIDS? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q404 Which of the following psychedelics have you used to treat your use of UNREGULATED OPIOIDS? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of opioids UNREGULATED OPIOIDS? Please select all that apply. = Yes, I sought psychedelic therapy.



Q405 What was the impact of psychedelic treatment on your use of UNREGULATED OPIOIDS?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If What was the impact of psychedelic treatment on your use of UNREGULATED OPIOIDS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of UNREGULATED OPIOIDS? = My use decreased.

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your use of UNREGULATED OPIOIDS? Please select all that apply."



Q406 Which psychedelic do you find has been the most successful in treating your use of UNREGULATED OPIOIDS? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of opioids UNREGULATED OPIOIDS? Please select all that apply. = Yes, I sought psychedelic therapy.

And What was the impact of psychedelic treatment on your use of UNREGULATED OPIOIDS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of UNREGULATED OPIOIDS? = My use decreased.



Q407 When using $\{Q404/ChoiceGroup/SelectedChoices\}$ in treating your use of UNREGULATED OPIOIDS, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If Which of the following substances have you been diagnosed with a substance use disorder or consid... Sleep aids or depressants (e.g., Ambien/zolpidem, GHB, GBL) - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Sleep aids or depressants (e.g., Ambien/zolpidem, GHB, GBL) - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Sleep aids or depressants (e.g., Ambien/zolpidem, GHB, GBL) - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Sleep aids or depressants (e.g., Ambien/zolpidem, GHB, GBL) - Yes for over 10 years Is Selected



Q408 Have you sought treatment for your use of SLEEP AIDS OR DEPRESSANTS? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Display this question:

If Have you sought treatment for your use of SLEEP AIDS OR DEPRESSANTS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q409 What kind of traditional treatment have you experienced for your use of SLEEP AIDS OR DEPRESSANTS? (please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of SLEEP AIDS OR DEPRESSANTS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q410 What was the impact of traditional treatment on your use of SLEEP AIDS OR DEPRESSANTS?

- I completely ceased using.
 - My use decreased.
 - There was no change in my use.
 - My use increased somewhat.
 - My use increased significantly (more than doubled).
-

Display this question:

If Have you sought treatment for your use of SLEEP AIDS OR DEPRESSANTS? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q411 Which of the following psychedelics have you used to treat your use of SLEEP AIDS OR DEPRESSANTS? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of SLEEP AIDS OR DEPRESSANTS? Please select all that apply. = Yes, I sought psychedelic therapy.



Q412 What was the impact of psychedelic treatment on your use of SLEEP AIDS OR DEPRESSANTS?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If *What was the impact of psychedelic treatment on your use of SLEEP AIDS OR DEPRESSANTS?*
= *I completely ceased using.*

Or *What was the impact of psychedelic treatment on your use of SLEEP AIDS OR DEPRESSANTS?*
= *My use decreased.*

Carry Forward Selected Choices from "*Which of the following psychedelics have you used to treat your use of SLEEP AIDS OR DEPRESSANTS? Please select all that apply.*"



Q413 Which psychedelic has been the most successful in treating your use of SLEEP AIDS OR DEPRESSANTS?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of SLEEP AIDS OR DEPRESSANTS? Please select all that apply. = Yes, I sought psychedelic therapy.

And What was the impact of psychedelic treatment on your use of SLEEP AIDS OR DEPRESSANTS? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of SLEEP AIDS OR DEPRESSANTS? = My use decreased.



Q414 When using $\{Q411/ChoiceGroup/SelectedChoices\}$ in treating your use of SLEEP AIDS OR DEPRESSANTS, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If If Which of the following substances have you been diagnosed with a substance use disorder or consid... Stimulant medications - regulated (e.g., Ritalin, Adderall) - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Stimulant medications - regulated (e.g., Ritalin, Adderall) - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Stimulant medications - regulated (e.g., Ritalin, Adderall) - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Stimulant medications - regulated (e.g., Ritalin, Adderall) - Yes for over 10 years Is Selected



Q415 Have you sought treatment for your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderall)? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought to use psychedelics therapeutically.

No.

Page Break

Display this question:

If Have you sought treatment for your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderal... = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q416 What kind of traditional treatment have you experienced for your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderall)? (please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Display this question:

If Have you sought treatment for your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderal... = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q417 What was the impact of traditional treatment on your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderall)?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Display this question:

If Have you sought treatment for your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderal... = Yes, I sought to use psychedelics therapeutically.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q418 Which of the following psychedelics have you used to treat your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderall)? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If Have you sought treatment for your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderal... = Yes, I sought to use psychedelics therapeutically.



Q419 What was the impact of psychedelic treatment on your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderall)?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If What was the impact of psychedelic treatment on your use of regulated STIMULANT MEDICATIONS (e.g.... = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of regulated STIMULANT MEDICATIONS (e.g.... = My use decreased.

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderall)? Please select all that apply."



Q420 Which psychedelic has been the most successful in treating your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderall)?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If Have you sought treatment for your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderal... = Yes, I sought to use psychedelics therapeutically.

And What was the impact of psychedelic treatment on your use of regulated STIMULANT MEDICATIONS (e.g.... = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of regulated STIMULANT MEDICATIONS (e.g.... = My use decreased.



Q421 When using $\{Q418/ChoiceGroup/SelectedChoices\}$ in treating your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderall), did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If If Which of the following substances have you been diagnosed with a substance use disorder or consid... Stimulants - unregulated (e.g., crystal meth, speed, ice) - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Stimulants - unregulated (e.g., crystal meth, speed, ice) - Yes, for 1-5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Stimulants - unregulated (e.g., crystal meth, speed, ice) - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Stimulants - unregulated (e.g., crystal meth, speed, ice) - Yes for over 10 years Is Selected



Q422 Have you sought treatment for your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Page Break

Display this question:

If Have you sought treatment for your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)... = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q423 What kind of traditional treatment have you experienced for your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)? (please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Page Break

Display this question:

If Have you sought treatment for your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)... = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

X→

Q424 What was the impact of traditional treatment on your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Display this question:

If Have you sought treatment for your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)... = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"

X→

Q425 Which of the following psychedelics have you used to treat your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If Have you sought treatment for your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)... = Yes, I sought psychedelic therapy.



Q426 What was the impact of psychedelic treatment on your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If *What was the impact of psychedelic treatment on your use of unregulated STIMULANTS (e.g., crystal... = I completely ceased using.*

Or *What was the impact of psychedelic treatment on your use of unregulated STIMULANTS (e.g., crystal... = My use decreased.*

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)? Please select all that apply."



Q427 Which psychedelic has been the most successful in treating your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)... = Yes, I sought psychedelic therapy.

And What was the impact of psychedelic treatment on your use of unregulated STIMULANTS (e.g., crystal... = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of unregulated STIMULANTS (e.g., crystal... = My use decreased.



Q428 When using $\{Q425/ChoiceGroup/SelectedChoices\}$ in treating your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice), did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If If Which of the following substances have you been diagnosed with a substance use disorder or consid... Tobacco / nicotine (cigarettes, e-cigarettes; vapes, chew, snuffs, cigarillos, pouches) - Yes, for less than 1 year Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Tobacco / nicotine (cigarettes, e-cigarettes; vapes, chew, snuffs, cigarillos, pouches) - Yes, for 5 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Tobacco / nicotine (cigarettes, e-cigarettes; vapes, chew, snuffs, cigarillos, pouches) - Yes, for 6-10 years Is Selected

Or Or Which of the following substances have you been diagnosed with a substance use disorder or consid... Tobacco / nicotine (cigarettes, e-cigarettes; vapes, chew, snuffs, cigarillos, pouches) - Yes for over 10 years Is Selected



Q429 Have you sought treatment for your use of TOBACCO / NICOTINE? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No.

Page Break

Display this question:

If Have you sought treatment for your use of TOBACCO / NICOTINE? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q430 What kind of traditional treatment have you experienced for your use of TOBACCO / NICOTINE? (please select all that apply)

- Talk therapy/counselling.
- 12 step or other peer-based programs.
- Non-psychedelic pharmacological treatments.
- Residential treatment.
- Community-based out-patient treatment.

Page Break

Display this question:

If Have you sought treatment for your use of TOBACCO / NICOTINE? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.



Q431 What was the impact of traditional treatment on your use of TOBACCO / NICOTINE?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Display this question:

If Have you sought treatment for your use of TOBACCO / NICOTINE? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q432 Which of the following psychedelics have you used to treat your use of TOBACCO / NICOTINE? Please select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for your use of TOBACCO / NICOTINE? Please select all that apply. = Yes, I sought psychedelic therapy.



Q433 What was the impact of psychedelic treatment on your use of TOBACCO / NICOTINE?

- I completely ceased using.
- My use decreased.
- There was no change in my use.
- My use increased somewhat.
- My use increased significantly (more than doubled).

Page Break

Display this question:

If What was the impact of psychedelic treatment on your use of TOBACCO / NICOTINE? = I completely ceased using.

Or What was the impact of psychedelic treatment on your use of TOBACCO / NICOTINE? = My use decreased.

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your use of TOBACCO / NICOTINE? Please select all that apply."



Q434 Which psychedelic has been the most successful in treating your use of TOBACCO / NICOTINE?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

If Have you sought treatment for your use of TOBACCO / NICOTINE? Please select all that apply. = Yes, I sought psychedelic therapy.

And What was the impact of traditional treatment on your use of TOBACCO / NICOTINE? = I completely ceased using.

Or What was the impact of traditional treatment on your use of TOBACCO / NICOTINE? = My use decreased.



Q435 When using \${Q432/ChoiceGroup/SelectedChoices} in treating your use of TOBACCO / NICOTINE, did you use...

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If Have you sought treatment for your use of ALCOHOL? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderal... = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)... = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of ANTIDEPRESSANTS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of ANTIPSYCHOTICS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of BENZODIAZEPINES? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of CANNABIS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of COCAINE / CRACK? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of INHALANTS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of MOOD STABILIZERS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of REGULATED OPIOIDS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.











Or Have you sought treatment for your use of opioids UNREGULATED OPIOIDS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of TOBACCO / NICOTINE? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Or Have you sought treatment for your use of SLEEP AIDS OR DEPRESSANTS? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, non-psychedelic pharmacological treatments, residential or community-based treatment, etc.

Q436 Overall, what impact do you find traditional substance use treatment had on the following:
0 = Significantly Reduced 5 = No Change 10 = Significantly Increased

0 1 2 3 4 5 6 7 8 9 10

| | |
|------------------------------------|---|
| Cravings: |  |
| Withdrawal: |  |
| Past Trauma: |  |
| Anxiety: |  |
| Depression: |  |
| Connection to Self: |  |
| Connection to Others: |  |
| Connection to Nature: |  |
| Connection to Spirit: |  |
| Understanding of my substance use: |  |

Page Break

Display this question:

If Have you sought treatment for your use of ALCOHOL? Please select all that apply. = Yes, I sought psychedelic therapy.

Or Have you sought treatment for your use of regulated STIMULANT MEDICATIONS (e.g., Ritalin, Adderal... = Yes, I sought to use psychedelics therapeutically.

Or Have you sought treatment for your use of unregulated STIMULANTS (e.g., crystal meth, speed, ice)... = Yes, I sought psychedelic therapy.

Or Have you sought treatment for your use of ANTIDEPRESSANTS? Please select all that apply. = Yes, I sought psychedelic therapy.

Or Have you sought treatment for your use of ANTIPSYCHOTICS? Please select all that apply. = Yes, I sought psychedelic therapy.

Or Have you sought treatment for your use of BENZODIAZEPINES? Please select all that apply. = Yes, I sought psychedelic therapy.

Or Have you sought treatment for your use of CANNABIS? Please select all that apply. = Yes, I sought psychedelic therapy.

Or Have you sought treatment for your use of COCAINE / CRACK? Please select all that apply. = Yes, I sought psychedelic therapy.

Or Have you sought treatment for your use of INHALANTS? Please select all that apply. = Yes, I sought psychedelic therapy.

Or Have you sought treatment for your use of MOOD STABILIZERS? Please select all that apply. = Yes, I sought psychedelic therapy.

Or Have you sought treatment for your use of REGULATED OPIOIDS? Please select all that apply. = Yes, I sought psychedelic therapy.




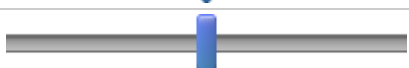


Or Have you sought treatment for your use of opioids UNREGULATED OPIOIDS? Please select all that apply. = Yes, I sought psychedelic therapy.

Or Have you sought treatment for your use of TOBACCO / NICOTINE? Please select all that apply. = Yes, I sought psychedelic therapy.

Or Have you sought treatment for your use of SLEEP AIDS OR DEPRESSANTS? Please select all that apply. = Yes, I sought psychedelic therapy.

Q437 Overall, what impact do you find psychedelics had on the following: 0 = Significantly Reduced 5 = No Change 10 = Significantly Increased

0 1 2 3 4 5 6 7 8 9 10

| | |
|------------------------------------|---|
| Cravings: |  |
| Withdrawal: |  |
| Past Trauma: |  |
| Anxiety: |  |
| Depression: |  |
| Connection to Self: |  |
| Connection to Others: |  |
| Connection to Nature: |  |
| Connection to Spirit: |  |
| Understanding of my substance use: |  |

Page Break



Q438 Please select "Strongly Agree" to show that you are paying attention. This question is designed to screen out random clicking and bots.

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Don't Know
- Not Applicable

End of Block: Substance Use Disorders

Start of Block: Substitution for other substances

Display this question:

If We'd like to start by asking you about your use of psychoactive substances OTHER than psychedelic... [Yes] (Count) > 0

Carry Forward Selected Choices from "We'd like to start by asking you about your use of psychoactive substances OTHER than psychedelics. IN YOUR LIFETIME, have you ever used any of the following substances?"



Q439 Impact on other substance use We'd now like to ask you a few questions about how your use of psychedelics has impacted your use of other substances. Did your use of any of the substances listed below **CHANGE** as a result of your use of psychedelics?

| | CEASED use of the substance completely | DECREASED use of substance | NO CHANGE in use of substance | INCREASED use of substance | INITIATED use of this substance | N/A - I don't use this substance |
|---|---|----------------------------------|--|----------------------------------|---------------------------------------|---|
| Alcohol | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Antidepressants (e.g., SSRIs, SNRIs, MAO inhibitors, bupropion) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Antipsychotics (e.g., Clozaril/clozapine, Haldol/haloperidol, Zyprexa/olanzapine) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Benzodiazepines (e.g., Valium/diazepam, Ativan/lorazepam, Klonopin/clonazepam, Xanax/alprazolam) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cannabis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cocaine / crack | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inhalants (huffing solvents e.g., gasoline, glue, toluene, aerosol) NOT counting nitrous oxide | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mood stabilizers (e.g., Lamotrigine, lithium) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Opioids - regulated (e.g., hydrocodone, fentanyl, oxycodone, morphine, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Opioids - unregulated (e.g., heroin, fentanyl, oxycodone, morphine, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Sleep aids or depressants (e.g., Ambien/zolpidem, GHB, GBL)

Tobacco / nicotine (cigarettes, e-cigarettes; vapes, chew, snuffs, cigarillos, pouches)

Stimulant medications - regulated (e.g., Ritalin, Adderall)

Stimulants - unregulated (e.g., crystal meth, speed, ice)

Page Break

Display this question:

If Impact on other substance use We'd now like to ask you a few questions about how your use of psyc... [CEASED use of the substance completely] (Count) > 0

Or Impact on other substance use We'd now like to ask you a few questions about how your use of psyc... [DECREASED use of substance] (Count) > 0

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q440 Which one of the following psychedelics did you find particularly impactful in **CEASING OR DECREASING** your use of other substances?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Impact on other substance use We'd now like to ask you a few questions about how your use of psyc... [CEASED use of the substance completely] (Count) > 0

Or Impact on other substance use We'd now like to ask you a few questions about how your use of psyc... [DECREASED use of substance] (Count) > 0



Q441 How long does the **DECREASE** in substance use **TYPICALLY** persist after using psychedelics?

- Less than one week
- 1 - 4 weeks
- 5 - 11 weeks
- 12 - 26 weeks
- >26 weeks
- No set pattern / depends on the substance and circumstances

End of Block: Substitution for other substances

Start of Block: Behavioral addiction



Q442 **Behavioral addiction** We'd now like to ask you a few questions about behavioral addiction, which is a dependence on behaviors such as gambling, eating, sex, pornography, etc. **BUT IS NOT A SUBSTANCE USE DISORDER.** IN YOUR LIFETIME, have you ever been diagnosed with a behavioral addiction or considered yourself to have a problematic relationship with a behavior? (e.g. dependence on gambling, eating, sex, shopping, internet use, video gaming, sugar, exercise, love and relationships (codependency, obsessive pursuit), work, hoarding, pornography, risky behavior, etc.?)

- Yes
- No

Page Break

Display this question:

If Behavioral addiction We'd now like to ask you a few questions about behavioral addiction, which i...
= Yes



Q443 Which of the following have you had a dependence on or problematic relationship with, and for how long? (please select all that apply)

| | No | Yes, for 1 year or less | Yes, for 2-5 years | Yes, for 6-10 years | Yes, for over 10 years |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Gambling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Video Gaming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sugar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Love and relationship (codependency, obsessive pursuit) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hoarding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pornography | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Risky behavior

Display this question:

*If Behavioral addiction We'd now like to ask you a few questions about behavioral addiction, which i...
= Yes*



Q444 Have you sought treatment for a behavioral addiction? Please select all that apply.

Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, residential or community-based treatment, etc.

Yes, I sought psychedelic therapy.

No

Page Break

Display this question:

If Have you sought treatment for a behavioral addiction? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, residential or community-based treatment, etc.



Q445 What was the impact of traditional treatment?

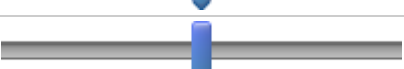
- My behavioral addiction(s) completely ceased.
- My behavioral addiction(s) decreased.
- There was no change in my behavioral addiction(s).
- My behavioral addiction(s) increased.
- My behavioral addiction(s) increased significantly (more than doubled).

Display this question:

If Have you sought treatment for a behavioral addiction? Please select all that apply. = Yes, I sought traditional addiction treatment such as talk therapy, 12 step or peer programs, residential or community-based treatment, etc.

Q446 Overall, what impact do you find traditional addiction treatment had on the following in the treatment of your behavioral addiction(s): 0 = Significantly Reduced 5 = No Change 10 = Significantly Increased

0 1 2 3 4 5 6 7 8 9 10

| | |
|--------------------------------|--|
| Cravings: |  |
| Withdrawal: |  |
| Past Trauma: |  |
| Anxiety: |  |
| Depression: |  |
| Connection to Self: |  |
| Connection to Others: |  |
| Connection to Nature: |  |
| Connection to Spirit: |  |
| Understanding of my Substance: |  |

Page Break

Display this question:

If Have you sought treatment for a behavioral addiction? Please select all that apply. = Yes, I sought psychedelic therapy.

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q447 Which of the following psychedelics have you used to treat your behavioral addiction(s)?
Please click all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Have you sought treatment for a behavioral addiction? Please select all that apply. = Yes, I sought psychedelic therapy.



Q448 What was the impact of psychedelic treatment?

- My behavioral addiction(s) completely ceased.
- My behavioral addiction(s) decreased.
- There was no change in my behavioral addiction(s).
- My behavioral addiction(s) increased.
- My behavioral addiction(s) increased significantly (more than doubled).

Page Break

Display this question:

If *What was the impact of psychedelic treatment?* = *My behavioral addiction(s) completely ceased.*
Or *What was the impact of psychedelic treatment?* = *My behavioral addiction(s) decreased.*

Carry Forward Selected Choices from "Which of the following psychedelics have you used to treat your behavioral addiction(s)? Please click all that apply."



Q449 Which psychedelic do you find has been the most successful in treating your behavioral addiction(s)?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Page Break

Display this question:

*If What was the impact of psychedelic treatment? = My behavioral addiction(s) completely ceased.
Or What was the impact of psychedelic treatment? = My behavioral addiction(s) decreased.*



Q450 When using $\{Q449/ChoiceGroup/SelectedChoices\}$ in the successful treatment of your behavioral addiction(s), did you use:

- Regular dosing
- Microdosing
- Both regular and microdosing

Page Break

Display this question:

If Have you sought treatment for a behavioral addiction? Please select all that apply. = Yes, I sought psychedelic therapy.

Q451 Overall, what impact do you find psychedelics had on the following in the treatment of your behavioral addiction(s): 0 = Significantly Reduced 5 = No Change 10 = Significantly Increased



End of Block: Behavioral addiction

Start of Block: Psychedelic Use Disorder



Q452 Problematic use of psychedelics We'd now like to ask you a few questions about the problematic use of psychedelics. In considering your overall use of psychedelic substances...

| | Yes | No |
|---|-----------------------|-----------------------|
| Have you ever felt you should "cut" down on your use? | <input type="radio"/> | <input type="radio"/> |
| Have people "annoyed" you by criticizing your use? | <input type="radio"/> | <input type="radio"/> |
| Have you felt bad or "guilty" about your use? | <input type="radio"/> | <input type="radio"/> |
| Have you ever used the first thing in the morning to steady your nerves or start the day? | <input type="radio"/> | <input type="radio"/> |

Page Break

Display this question:

If Problematic use of psychedelics We'd now like to ask you a few questions about the problematic us... [Yes] (Count) >= 2

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q453 In considering the previous questions, is there one or more of the following psychedelics which you feel may have resulted in problematic use? Please click all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

End of Block: Psychedelic Use Disorder

Start of Block: Multisensory Sensitivity

X→

Q454 We'd now like to ask you a few questions about multi-sensory sensitivity. Please read the following list of symptoms. If you have had any of these symptoms for at least three (3) months in the past year, please mark the appropriate box

- Sensitivity to sound
- Sensitivity to odors
- Frequent sensitivity to bright lights
- None of the above

X→

Q455 During your TYPICAL psychedelic experience, do you experience changes in the following? Please select all that apply:

| | More intense | No change | Less intense |
|-------|-----------------------|-----------------------|-----------------------|
| Light | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sound | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Smell | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Touch | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

X→

Q456 During your TYPICAL psychedelic experience, do you experience changes in the following? Please select all that apply:

| | More pleasant | No change | Became unpleasant |
|-------|-----------------------|-----------------------|-----------------------|
| Light | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sound | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Smell | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Touch | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Multisensory Sensitivity

Start of Block: Sleeping Disorders

Display this question:

If Which PHYSICAL HEALTH condition or symptom have you treated with psychedelics? Check all that apply. = Sleeping disorder (e.g., insomnia)



Q457 Sleeping disorders We'd now like to ask you questions about your use of psychedelics in the treatment of sleep disorder/insomnia. The following question refers to your overall sleep quality for the **majority** of nights in the **past 7 days ONLY**. Please think about the quality of your sleep **overall**, such as how many hours of sleep you got, how easily you fell asleep, how often you woke up during the night (except to go to the bathroom), how often you woke up earlier than you had to in the morning, and how refreshing your sleep was.

0

1

2

3

4

5

6

7

8

9

10

Page Break

Display this question:

If Which **PHYSICAL HEALTH** condition or symptom have you treated with psychedelics? Check all that apply. = Sleeping disorder (e.g., insomnia)



Q458 The following question refers to your overall sleep quality in the 7 days **prior to using psychedelics** to treat your sleep issues. Please think about the quality of your sleep **overall**, such as how many hours of sleep you got, how easily you fell asleep, how often you woke up during the night (except to go to the bathroom), how often you woke up earlier than you had to in the morning, and how refreshing your sleep was.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

End of Block: Sleeping Disorders

Start of Block: Affordability



Q459 Psychedelic access and affordability We'd now like to ask you a few questions about psychedelic access and affordability. How much money do you TYPICALLY spend per year on...

| | \$0 | \$1-100 | \$101-1000 | \$1001-5000 | \$5001-10000 | \$10001+ |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Psychedelics | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psychedelic-assisted therapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Q460 Do you receive financial assistance to help cover the cost of psychedelic treatments by a therapist or health care professional?

Yes

No

Page Break

Display this question:

If Do you receive financial assistance to help cover the cost of psychedelic treatments by a therapi...
= Yes



Q461 Which of the following provide financial assistance for the cost of psychedelic treatments by a therapist or health care professional? Check all that apply.

- Public insurance provider
- Private insurance provider

Page Break

Display this question:

If Which of the following provide financial assistance for the cost of psychedelic treatments by a t... = Private insurance provider

Q462 Please provide the name of your private insurance provider:

End of Block: Affordability

Start of Block: Retreats



Q463 **Psychedelic retreats** We'd now like to ask you a few questions about psychedelic retreats. Have you participated in an organized psychedelic retreat?

Yes

No

Page Break

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q464 How many organized psychedelic retreats have you participated in? (Please enter a number)

Page Break

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q465 If you have participated in more than one retreat, please think of the most recent one.
What year was this retreat in?

- 2025
- 2024
- 2023
- 2022
- 2021
- 2020
- 2019
- 2018
- 2017
- 2016
- 2015
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- 2013
- 2012
- 2011
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- 1956
- 1955
- 1954
- 1953
- 1952
- 1951
- 1950

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q466 What country was this retreat in?

- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda
- Argentina
- Armenia
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bhutan
- Bolivia

- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Central African Republic
- Chad
- Chile
- China
- Colombia
- Comoros
- Congo, Republic of the...
- Costa Rica
- Côte d'Ivoire
- Croatia

- Cuba
- Cyprus
- Czech Republic
- Democratic Republic of the Congo
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Fiji
- Finland
- France
- Gabon
- Gambia
- Georgia

- Germany
- Ghana
- Greece
- Grenada
- Guatemala
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Honduras
- Hong Kong (S.A.R.)
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Israel
- Italy
- Jamaica

- Japan
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kuwait
- Kyrgyzstan
- Lao People's Democratic Republic
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Liechtenstein
- Lithuania
- Luxembourg
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali

- Malta
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Micronesia, Federated States of...
- Monaco
- Mongolia
- Montenegro
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Netherlands
- New Zealand
- Nicaragua
- Niger
- Nigeria
- North Korea

- Norway
- Oman
- Pakistan
- Palau
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland
- Portugal
- Qatar
- Republic of Moldova
- Romania
- Russian Federation
- Rwanda
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa
- San Marino

- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Korea
- Spain
- Sri Lanka
- Sudan
- Suriname
- Swaziland
- Sweden
- Switzerland
- Syrian Arab Republic

- Tajikistan
- Thailand
- The former Yugoslav Republic of Macedonia
- Timor-Leste
- Togo
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom of Great Britain and Northern Ireland
- United Republic of Tanzania
- United States of America
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela, Bolivarian Republic of...

Viet Nam

Yemen

Zambia

Zimbabwe

Page Break

Display this question:

If List of Countries = United States of America

And Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q467 What State or territory was this retreat in?

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland

- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina

- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- I do not reside in the United States

Display this question:

If List of Countries = Canada

And Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q468 In which Province or Territory was this retreat in?

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q469 Had you had experience with psychedelics prior to the retreat?

- Yes
- No

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q470 Was there a screening process for participants? Select all that apply.

- No
- Email
- Online survey
- Online video interview
- Phone/voice call
- In-person screening at retreat center prior to sessions
- Other: _____

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q471 What substance(s) did you use during the retreat?

- Ayahuasca
 - DMT (N,N-Dimethyltryptamine)
 - 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
 - Iboga / Ibogaine
 - Ketamine (K)
 - LSD / Acid
 - MDMA / MDA (Ecstasy / Molly)
 - Mescaline (San Pedro, Peyote, etc.)
 - Nitrous Oxide (non-dental/surgical, e.g., whippets)
 - Psilocybin (mushrooms or synthetic)
 - Salvia divinorum
 - Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
 - Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
 - Other psychedelic drug(s):
-

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q472 Were there any other psychoactive substances used during the retreat?

- No
- Yes, please indicate: _____

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q473 Did retreat facilitators take substances with you?

- Yes, all facilitators
- Yes, some facilitators
- No
- Don't Know

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q474 What were your reasons/intentions for participating in this retreat? (Select all that apply)

- Improve a mental health condition
- Improve a physical health condition
- Explore consciousness
- Personal development
- Increase creativity
- Have a mystical experience
- Improve relationships
- Quit or reduce use of a substance
- Other: _____

Page Break

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes

Carry Forward Selected Choices from "What were your reasons/intentions for participating in this retreat? (Select all that apply)"



Q475 Did you achieve your goals regarding...

| | Not at all | Somewhat | Moderately | Very much | Completely |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Improve a mental health condition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Improve a physical health condition | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Explore consciousness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal development | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Increase creativity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Have a mystical experience | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Improve relationships | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quit or reduce use of a substance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q476 What was the total cost in U.S. Dollars (\$) ? (Please enter a number and use a currency converter like xe.com if necessary).

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q477 What were the characteristics of the facilitators? (Select all that apply)

- Men/man
- Women/woman
- Other gender
- From a culture with indigenous psychedelic traditions
- Institutional degrees in therapeutic fields (PhD, PsyD, Master's Degree or above).
- Licenses to practice psychotherapy
- Institutional certifications in psychedelic therapy
- Medical degrees or recognized qualifications (MD, Registered Nurse, etc.)
- Other degrees or certifications:

- Other qualifications:

- Charismatic leader who uses their communication skills, persuasiveness, and charm to influence others.
- Authority who is seen as infallible or could not be questioned

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q478 Did you have an adverse experience or event at the retreat?

Yes

No

Page Break

Display this question:

If Did you have an adverse experience or event at the retreat? = Yes

Q479 What was the adverse experience or event?

Display this question:

If Did you have an adverse experience or event at the retreat? = Yes



Q480 Did you get adequate support from facilitators during/regarding these experiences?

Yes

No

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q481 Was there any follow-up from the facilitators after you left the retreat? Select all that apply.

No

Email

Online video call (Zoom, etc.)

Phone/voice call

In-person

Other: _____

Page Break

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes



Q482 If you knew then what you know now, would you still have gone on this retreat?

- Yes
- No
- Don't know

Display this question:

If Psychedelic retreats We'd now like to ask you a few questions about psychedelic retreats. Have yo... = Yes

Q483 Please feel free to add anything else you think is important about your retreat experience.

End of Block: Retreats

Start of Block: Imprinting - Vivid visual imagery



Q484 Vivid visual imagery We would now like to ask you about vivid visual imagery / hallucinations during psychedelic drug experiences related to things you had seen in the past, before that experience. **Media-related imagery:** During your psychedelic drug experiences, how often have you experienced vivid visual imagery / hallucinations that resembled **media** that you had seen in the past (e.g., television shows, video games, paintings)?

- Never
 - Rarely
 - Sometimes
 - Often
 - Always
-



Q485 Real-world imagery: During your psychedelic drug experiences, how often have you experienced vivid visual imagery / hallucinations that resembled **real-world** things that you had **seen in the past** (e.g., particular places, people, animals)?

- Never
 - Rarely
 - Sometimes
 - Often
 - Always
-

Page Break

Display this question:

If Vivid visual imagery We would now like to ask you about vivid visual imagery / hallucinations dur...
!= Never

Or Real-world imagery: During your psychedelic drug experiences, how often have you experienced
vivi... != Never



Q486 Which type(s) of media sources do you think are most likely to provoke **vivid visual imagery / hallucinations** during a **later** psychedelic experience? Select all that apply.

- Interactive displays (e.g., smartphones, tablet devices)
- Passive displays (e.g., television or computer screens)
- Print media (e.g., paintings, photographs)
- Immersive technologies (e.g., virtual reality devices)
- Audio media (e.g., radio, podcasts)
- Other, please specify:

Display this question:

If Vivid visual imagery We would now like to ask you about vivid visual imagery / hallucinations dur...
!= Never



Q487 Which kinds of **media content** are most likely to appear as vivid visual imagery / hallucinations during a **later** psychedelic experience? Select all that apply.

- Video games
- Television shows or films
- Photographs
- Art (e.g., paintings, sculptures)
- Social media
- Teleconference (e.g., Zoom, Facetime)
- Text-based media
- Websites
- Other, please specify:

Display this question:

If Real-world imagery: During your psychedelic drug experiences, how often have you experienced vivi... != Never



Q488 Which kinds of **real-world content** are most likely to appear as vivid visual imagery / hallucinations during a **later** psychedelic experience? Select all that apply.

- Natural environments
 - Manmade environments
 - Real-world people
 - Real-world animals or other living things
 - Inanimate objects
 - Other, please specify:
-

Display this question:

If Vivid visual imagery We would now like to ask you about vivid visual imagery / hallucinations dur... != Never

Or Real-world imagery: During your psychedelic drug experiences, how often have you experienced vivi... != Never



Q489 Are these **vivid visual imagery / hallucinations** experiences more common with a specific psychedelic drug?

- Yes
- No

Page Break

Display this question:

If Are these vivid visual imagery / hallucinations experiences more common with a specific psychedel... = Yes

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q490 Which psychedelic drugs are most likely to elicit visual imagery or hallucinations resembling things you had previously seen? Select all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Vivid visual imagery We would now like to ask you about vivid visual imagery / hallucinations dur... != Never

Or Real-world imagery: During your psychedelic drug experiences, how often have you experienced vivi... != Never

Q491 Optionally, if you are willing, please describe the most striking example of **visual imagery / hallucinations** resembling previously seen media or real-world environments from your psychedelic experiences. For instance, what specific media or real-world content appeared as imagery? How long before the psychedelic experience had you encountered this content? What thoughts, feelings, or memories did you have while experiencing this imagery? Did this experience result in insights or changes to your life afterward?

End of Block: Imprinting - Vivid visual imagery

Start of Block: Hallucinations beyond 24 hours



Q492 **Hallucinations beyond 24 hours** We'd now like to ask you about potential **hallucinations you may have experienced MORE THAN 24 HOURS AFTER the psychedelic drug effect has subsided.** Have you ever experienced hallucinations lasting **MORE THAN 24 HOURS AFTER** the psychedelic drug effect has subsided?

- Never
- Occasionally
- About half the time
- Frequently
- Always

Display this question:

If Hallucinations beyond 24 hours We'd now like to ask you about potential hallucinations you may ha... != Never



Q493 How do these hallucinations lasting **MORE THAN 24 HOURS AFTER** the psychedelic drug effect has subsided impact your life?

- Very negative impact
- Somewhat negative impact
- No impact
- Somewhat positive impact
- Very positive impact

Display this question:

If Hallucinations beyond 24 hours We'd now like to ask you about potential hallucinations you may ha... != Never



Q494 In number of days, how long do these hallucinations that take place **MORE THAN 24 HOURS AFTER** the psychedelic drug has subsided **TYPICALLY** last? (Please enter a number)

Display this question:

If Hallucinations beyond 24 hours We'd now like to ask you about potential hallucinations you may ha... != Never



Q495 Do these hallucinations that take place **MORE THAN 24 HOURS AFTER** the psychedelic drug has subsided occur more often when using a specific psychedelic substance?

- Yes
- No

Page Break

Display this question:

If Do these hallucinations that take place MORE THAN 24 HOURS AFTER the psychedelic drug has subside... = Yes

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q496 Which of the following psychedelic substances result in hallucinations **MORE THAN 24 HOURS AFTER** the psychedelic drug has subsided? (Please check all that apply)

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

End of Block: Hallucinations beyond 24 hours

Start of Block: Music



Q497 Psychedelics and music We would now like to ask you a few questions about **psychedelics and music**. Have you ever experienced psychedelics **WITH** music?

Yes

No

Page Break

Display this question:

If Psychedelics and music We would now like to ask you a few questions about psychedelics and music... = Yes



Q498 How many times have you experienced psychedelics **WITH** music (approximately)?
(Please enter a number)



Q499 Have you ever experienced psychedelics **WITHOUT** music?

Yes

No

Page Break

Display this question:

If Have you ever experienced psychedelics WITHOUT music? = Yes

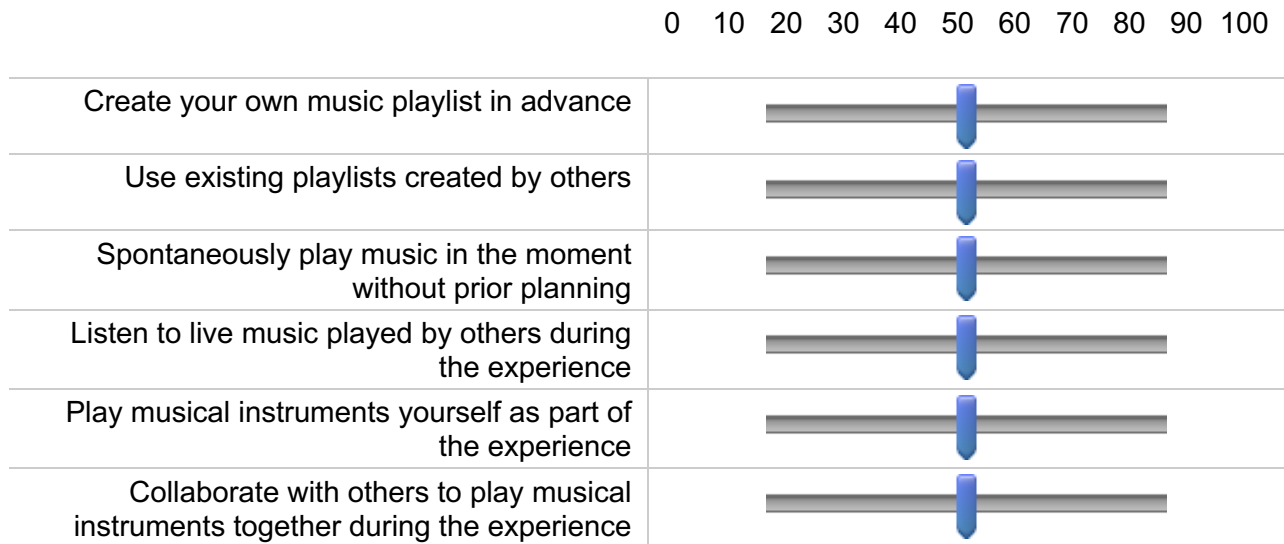


Q500 How many times have you experienced psychedelics **WITHOUT** music (approximately)? (Please enter a number)

Display this question:

If Psychedelics and music We would now like to ask you a few questions about psychedelics and music... = Yes

Q501 Please indicate the proportions your psychedelic experiences in which you... 0% = None of them 50% = Half of them 100% = All of them



Page Break

Display this question:

If Psychedelics and music We would now like to ask you a few questions about psychedelics and music... = Yes



Q502 Please select the three favorite genres you prefer for psychedelic experiences:











- Alternative/Indie
- Blues
- Classical
- Country/Bluegrass
- Dance/Electronica
- Downtempo/Ambient
- Folk
- Funk
- Heavy Metal
- International/Foreign/World music
- Jazz
- New Age/Meditative/Guided meditation with music overlays
- Nature sounds
- Oldies
- Opera
- Pop

- Punk
- Rap/hip-hop
- Reggae
- Religious/Gospel/Spiritual/Shamanic traditions
- Rock
- Soul/R&B
- Soundtracks/Theme songs/Musicals
- Other, please specify:

Page Break

Q503 Please indicate your level of agreement with the following statements about music. 0 = Strongly disagree 5 = Neutral 10 = Strongly agree

0 1 2 3 4 5 6 7 8 9 10

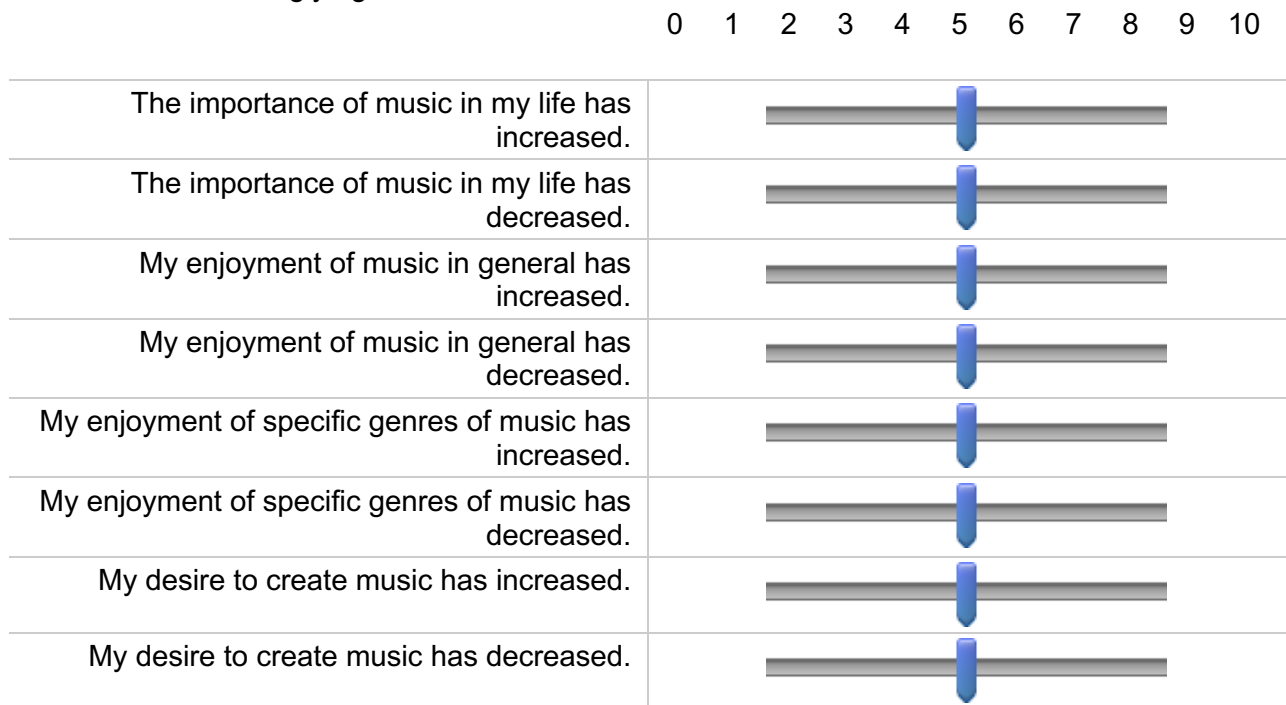
| | |
|--|--|
| I often listen to music. |  |
| I have strong emotional responses to music. |  |
| At times when listening to music, I feel more connected with other people. |  |
| For psychedelic experiences, music should be unfamiliar. |  |
| For psychedelic experiences, music should be without understandable lyrics. |  |
| To maximize their BENEFITS psychedelic experiences should include periods WITH music. |  |
| To maximize ENJOYMENT psychedelic experiences should include periods WITH music. |  |
| To maximize their BENEFITS psychedelic experiences should include periods WITHOUT music. |  |
| To maximize ENJOYMENT psychedelic experiences should include periods WITHOUT music. |  |
| Psychedelic experiences have changed my relationship with music. |  |

Page Break

Display this question:

If Please indicate your level of agreement with the following statements about music. 0 = Strongly... [Psychedelic experiences have changed my relationship with music.] > 50

Q504 This question aims to explore how psychedelic experiences may have influenced your relationship with music. Considering your experiences before and after using psychedelics, please indicate your level of agreement with the following statements. 0 = Strongly disagree 5 = Neutral 10 = Strongly agree



Page Break

Display this question:

If Psychedelics and music We would now like to ask you a few questions about psychedelics and music... = Yes

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q505 What is your preference regarding music when using the following psychedelics?

| | Prefer with music | Prefer with combination of music / no music | Prefer with no music | No preference | Never used this substance with music |
|---|-----------------------|---|-----------------------|-----------------------|--------------------------------------|
| Ayahuasca | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| DMT (N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Iboga / Ibogaine | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ketamine (K) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LSD / Acid | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| MDMA / MDA (Ecstasy / Molly) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mescaline (San Pedro, Peyote, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Nitrous Oxide (non-dental/surgical, e.g., whippets) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Psilocybin (mushrooms or synthetic) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Salvia divinorum | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO- | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

MiPT, etc.)
Other psychedelic
drug(s):

End of Block: Music

Start of Block: Entities



Q506 Autonomous beings or entities We'd now like to ask you a few questions about **entity encounters while using psychedelics**. Sometimes during altered states of consciousness, people report encountering **autonomous beings or entities** that otherwise either never or rarely occur. These entities may appear in various forms, ranging from human-like figures to abstract presences, and are often experienced as separate from the self, with their own personality or agency. Have you ever had an interaction with a **seemingly autonomous being or entity** while using psychedelics (not including actual people who were present)?

- Yes
- No

Page Break

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters wh... = Yes



Q507 Have you ever encountered this entity **BEFORE** using psychedelics?

- Yes
- No
- I don't know

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters wh... = Yes



Q508 How many times have you encountered such entities while using psychedelics?

- Just once
- 2-5 times
- 6-10 times
- 10-20 times
- Over 20 times

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters wh... = Yes

And Which of the following psychedelic substances have you used IN YOUR LIFETIME? [Yes] (Count) > 0

Carry Forward Selected Choices from "Which of the following psychedelic substances have you used IN YOUR LIFETIME?"



Q509 Which if the following psychedelic substances have resulted in entity encounters? Please check all that apply.

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters wh... = Yes

And Which of the following psychedelic substances have you used IN YOUR LIFETIME? [Yes] (Count) > 0

Carry Forward Selected Choices from "Which if the following psychedelic substances have resulted in entity encounters? Please check all that apply."



Q510 Which of the following psychedelic substances most frequently results in entity encounters?

- Ayahuasca
- DMT (N,N-Dimethyltryptamine)
- 5-MeO-DMT (5-Methoxy-N,N-Dimethyltryptamine)
- Iboga / Ibogaine
- Ketamine (K)
- LSD / Acid
- MDMA / MDA (Ecstasy / Molly)
- Mescaline (San Pedro, Peyote, etc.)
- Nitrous Oxide (non-dental/surgical, e.g., whippets)
- Psilocybin (mushrooms or synthetic)
- Salvia divinorum
- Synthetic phenethylamines (2C-B, 2C-I, DOM, DOI, 25B-NBOMe, etc.)
- Synthetic tryptamines (AL-LAD, ETH-LAD, 4-HO-MET, 5-MeO-MiPT, etc.)
- Other psychedelic drug(s):

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters wh... = Yes



Q511 The entities you have encountered include: (Select all that apply)

- Spirits of deceased people you have known
- Spirits of your ancestors
- Spirits of spiritual or religious figures
- Spirits of other deceased people
- Spirits of currently living people
- Spirits of the psychedelic plant/mushroom
- Other nature spirits
- Divine beings
- Aliens from another planet
- Beings from another dimension
- Unknown identity
- Other: _____


Page Break

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters wh... = Yes

Q512 Below are questions related to your interaction with an autonomous being or entity. If you interacted with more than one such being or entity, please answer the questions with respect to the MOST VIVID encounter you had during your psychedelic experience. Rate the degree to which you believe this seemingly autonomous entity existed completely within yourself vs. completely separate from yourself. 0 = Completely within myself 5 = half within myself, half separate from myself 10 = Completely separate from myself

0 1 2 3 4 5 6 7 8 9 10

| | |
|------------|--|
| Existence: |  |
|------------|--|

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters wh... = Yes



Q513 On which sensory domains did you experience this entity? Check all that apply.

- Visual
- Aural (Auditory)
- Somatic/Tactile (Sense of touch)
- Gustatory (Taste)
- Olfactory (Smell)
- Extrasensory (beyond or outside the ordinary senses)
- Other _____

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters
wh... = Yes



Q514 How was the encounter with the entity initiated?

- The entity initiated the encounter
- I initiated the encounter
- Other _____

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters
wh... = Yes



Q515 Was there any communication (e.g., a one-way or two-way flow of information) between you and the entity during your encounter?

- Yes
- No

Page Break _____

Display this question:

If Was there any communication (e.g., a one-way or two-way flow of information) between you and the... = Yes



Q516 How did you or the entity communicate? Check all that apply.

- Verbal-Auditory
- Visual (e.g., Gestures)
- Somatic (e.g., Touch/Kinesthetic)
- Extrasensory-Telepathy
- Other _____

Display this question:

If Was there any communication (e.g., a one-way or two-way flow of information) between you and the... = Yes



Q517 What was the style of communication?

- Dialogue (a two-way exchange of information)
- Monologue from the entity to you
- Monologue from you to the entity
- Other _____

Display this question:

If Was there any communication (e.g., a one-way or two-way flow of information) between you and the... = Yes



Q518 Did you have an emotional response to your encounter with the entity?

- Yes
- No

Display this question:

If Was there any communication (e.g., a one-way or two-way flow of information) between you and the... = Yes



Q519 Did the entity have an emotional response to its encounter with you?

- Yes
- No
- I don't know

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters wh... = Yes

Q520 How novel was the entity (e.g. if you visually perceived the entity, have you ever seen or imagined images similar to its appearance, or if you heard the entity, have you ever heard or imagined sounds similar to the sounds you heard from the entity)? 0 = Completely familiar 5 = Half familiar, half novel 10 = Completely novel

0 1 2 3 4 5 6 7 8 9 10

Novelty:



Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters wh... = Yes



Q521 Was there a message, task, mission, or insight from your encounter with the entity? (This could have been directly imparted to you or attained through your understanding of the nature of the being, etc.)

Yes

No

Page Break

Display this question:

If Was there a message, task, mission, or insight from your encounter with the entity? (This could h...
= Yes

Q522 Please explain the message, task, mission, or insight:

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters
wh... = Yes



Q523 Did you acquire any predictions about the future through your encounter with the entity?

- Yes
- No

Page Break

Display this question:

If Did you acquire any predictions about the future through your encounter with the entity? = Yes

Q524 Please explain the prediction(s) about the future:

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters wh... = Yes



Q525 Thinking back on the encounter with the entity, "where" do you think the entity existed?

- In this reality or dimension
- In some other reality or dimension
- In my mind
- I do not know

Display this question:

If Autonomous beings or entities We'd now like to ask you a few questions about entity encounters wh... = Yes



Q526 The entity was...

| | Yes | No | I don't know |
|---|-----------------------|-----------------------|-----------------------|
| Sacred | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| All-knowing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Intelligent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Well-intentioned/friendly/benevolent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ill-intentioned/mean/malicious | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Eternal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Conscious | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Judgmental (e.g. capable of disapproval) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Continued to exist after your encounter | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Had agency in the world (could affect material objects in this reality) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

End of Block: Entities

Start of Block: Laboratory testing services



Q527 Testing services We'd now like to ask you a few questions about quality and potency testing of psychedelics. Are you aware of the availability of laboratory services or at home test kits to confirm the identity of psychedelic substances?

Yes

No

Page Break

Display this question:

If Testing services We'd now like to ask you a few questions about quality and potency testing of ps...
= Yes



Q528 How often do you use laboratory services and / or at home test kits to confirm the identity of a psychedelic substance before consuming?

- Never
- Rarely
- Sometimes
- Often
- Always

Display this question:

If How often do you use laboratory services and / or at home test kits to confirm the identity of a... =
Rarely

Or How often do you use laboratory services and / or at home test kits to confirm the identity of a... =
Sometimes

Or How often do you use laboratory services and / or at home test kits to confirm the identity of a... =
Often

Or How often do you use laboratory services and / or at home test kits to confirm the identity of a... =
Always



Q529 What kind of testing service do you use? Check all that apply.

- At home test kit
- Testing service at event (e.g., on-site at a music festival)
- My dealer, therapist, or shaman tests psychedelics before use
- Lab-based testing service
- Other: _____

End of Block: Laboratory testing services

Start of Block: Sexual satisfaction



Q530 **Sexual satisfaction** We would now like to ask you a few questions about **psychedelics and sexual satisfaction**. Do you believe that the use of psychedelics has impacted your sexual satisfaction?

- Yes
- No

Page Break

Display this question:

If Sexual satisfaction We would now like to ask you a few questions about psychedelics and sexual sa... = Yes



Q531 Please rate the level of change in your satisfaction resulting from psychedelic use.

| | Significantly less satisfied | Somewhat less satisfied | Similarly satisfied | Somewhat more satisfied | Significantly more satisfied |
|---|------------------------------|-------------------------|-----------------------|-------------------------|------------------------------|
| The quality of my orgasms | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My "letting go" and surrender to sexual pleasure during sex | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The way I sexually react to my partner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My body's sexual functioning | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My mood after sexual activity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The pleasure I provide to my partner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The balance between what I give and receive in sex | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My partner's emotional opening up during sex | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My partner's ability to orgasm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My partner's sexual creativity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The variety of my sexual activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The frequency of my sexual activity

Display this question:

If Sexual satisfaction We would now like to ask you a few questions about psychedelics and sexual sa... = Yes

X→

Q532 How long did these effects last?

- During the psychedelic experience
- A few days after the psychedelic experience
- A few weeks
- A few months
- About a year
- More than one year

End of Block: Sexual satisfaction

Start of Block: Social media

X→

Q533 **Social media** We'd now like to ask you a few questions about psychedelics and **social media**. Do you use social media? (E.g., Facebook, Twitter/X, Instagram, Bluesky, Snapchat, TikTok)

- Yes
- No

Page Break

Display this question:

If Social media We'd now like to ask you a few questions about psychedelics and social media. Do you... = Yes



Q534 How many hours do you spend on social media on a typical day?

- Less than 1 hour
- 1 hour
- 2 hours
- 3 hours
- 4 or more hours

Display this question:

If Social media We'd now like to ask you a few questions about psychedelics and social media. Do you... = Yes



Q535 Which social media platforms do you use the most? Check all that apply.

- Bluesky
- Facebook
- Instagram
- Reddit
- Snapchat
- TikTok
- X (formerly known as Twitter)
- YouTube
- Other: _____

Display this question:

If Social media We'd now like to ask you a few questions about psychedelics and social media. Do you... = Yes



Q536 In the past two weeks, how often have you intentionally sought out information about psychedelics on social media?

- Never
- Rarely
- Sometimes
- Often
- Always

Display this question:

If Social media We'd now like to ask you a few questions about psychedelics and social media. Do you... = Yes



Q537 In the past two weeks, how often have you seen social media posts about psychedelics?

- Never
- Rarely
- Sometimes
- Often
- Always

Page Break

Display this question:

If In the past two weeks, how often have you seen social media posts about psychedelics? != Never
And Social media We'd now like to ask you a few questions about psychedelics and social media. Do
you... = Yes



Q538 In social media posts, psychedelics were generally discussed:

- Highly negatively
- Somewhat negatively
- Neutrally
- Somewhat positively
- Highly positively

Display this question:

If In the past two weeks, how often have you seen social media posts about psychedelics? != Never
And Social media We'd now like to ask you a few questions about psychedelics and social media. Do
you... = Yes



Q539 In social media posts, psychedelics were discussed: (Select all that apply)

- By health professionals
- By non-health professionals
- Unsure

Display this question:

If In the past two weeks, how often have you seen social media posts about psychedelics? != Never
And Social media We'd now like to ask you a few questions about psychedelics and social media. Do
you... = Yes



Q540 In social media posts, psychedelics were generally discussed:

- Mostly for their recreational use
- Mostly for their therapeutic use
- For their recreational and therapeutic uses evenly
- None of the above



Q541 In the past two weeks, have you felt like you wanted to... (select all that apply)

- Continue psychedelic use
- Increase psychedelic use
- Decrease psychedelic use
- Stop using psychedelics
- None of the above

End of Block: Social media

Start of Block: End

Q542 Is there anything else you'd like to share with us about your use of psychedelics?

Page Break

Q543 Thank you so much for sharing your experiences with us by filling out the Global Psychedelic Survey 2025! If you'd like to be entered into the draw for 1 of 15 prizes of \$100 Amazon gift certificates, please provide a valid email address by clicking [here](#), your contact information will not be linked to any of your survey responses. IF YOUR EMAIL IS CHOSEN DURING THE DRAW, WE WILL CONTACT YOU AT THIS EMAIL ADDRESS AND ASK YOU TO "PLEASE PROVIDE US WITH THE MAGIC WORD TO RECEIVE YOUR GIFT CERTIFICATE." PLEASE RESPOND BY RETURNING THE EMAIL WITH THE WORD "MUSHROOM" INSERTED IN THE HEADER OR BODY OF THE TEXT. WE WILL THEN FORWARD YOU THE LINK TO THE GIFT CERTIFICATE.

End of Block: End
