

Consent

Informed Consent Form

Purpose of Experiment: to investigate current practices in microdosing psychedelics.

Procedure of Experiment: The experiment will be as follows:

- 1) I will fill in some questionnaires about my background
- 2) I will fill in some questionnaires about my experience with microdosing
- 3) I will fill in some questionnaires measuring different aspects of my personality

Results of Experiment: I understand that the investigator intends to analyze and publish the results of this study. Should I wish to receive a copy of the results I will provide my e-mail address when prompted at the end of the study.

Possible Benefits: Some benefits I may expect to receive from participating in this study are:

- 1) knowledge that there are researchers interested in my lived experience with microdosing
- 2) contribution to foundational research on psychedelic science and microdosing
- 3) helping to promote improvements to microdosing through a deeper understanding of benefits and drawbacks

Possible Risks: The researchers have taken precautions to mitigate any risks involved in participating in this study. I understand that I may take a break and/or withdraw from the study with no penalty.

Confidentiality and Anonymity: I understand that all of the data collected are anonymous at collection and will remain anonymous. I understand that I will not provide any personally identifying information nor will my responses be associated with such information. I understand that my anonymized responses will be shared on the Open Science Framework (<https://osf.io/>)

Voluntary Participation, Withdrawal, and Limitations to Withdrawal: I understand the following:

my participation is entirely voluntary, I can choose to leave questions blank rather than answer them, if I change my mind about participating I may withdraw my responses at the end of the study, I will have my opportunity to withdraw made clear to me just prior to the end of the study, upon my withdrawal any responses collected from me will be destroyed, there are no undesirable consequences for withdrawing, after completing the study I will no longer be able to withdraw as my responses will not be linked with my identity, my responses are anonymous.

To withdraw I must do so when prompted during the debriefing page at the end of the study; closing an incomplete survey will not withdraw my responses.

Questions: I understand that I may e-mail questions to the primary investigator, Thomas Anderson, a PhD student at the University of Toronto and that concerns may also be addressed to the investigator's supervisor or to the University's Office of Research Ethics:

Study e-mail: microdosing@radlab.zone

Investigator: Thomas Anderson, e-mail: metathomas.anderson@mail.utoronto.ca

Investigator's Supervisor: Professor Norman Farb, e-mail: norman.farb@utoronto.ca

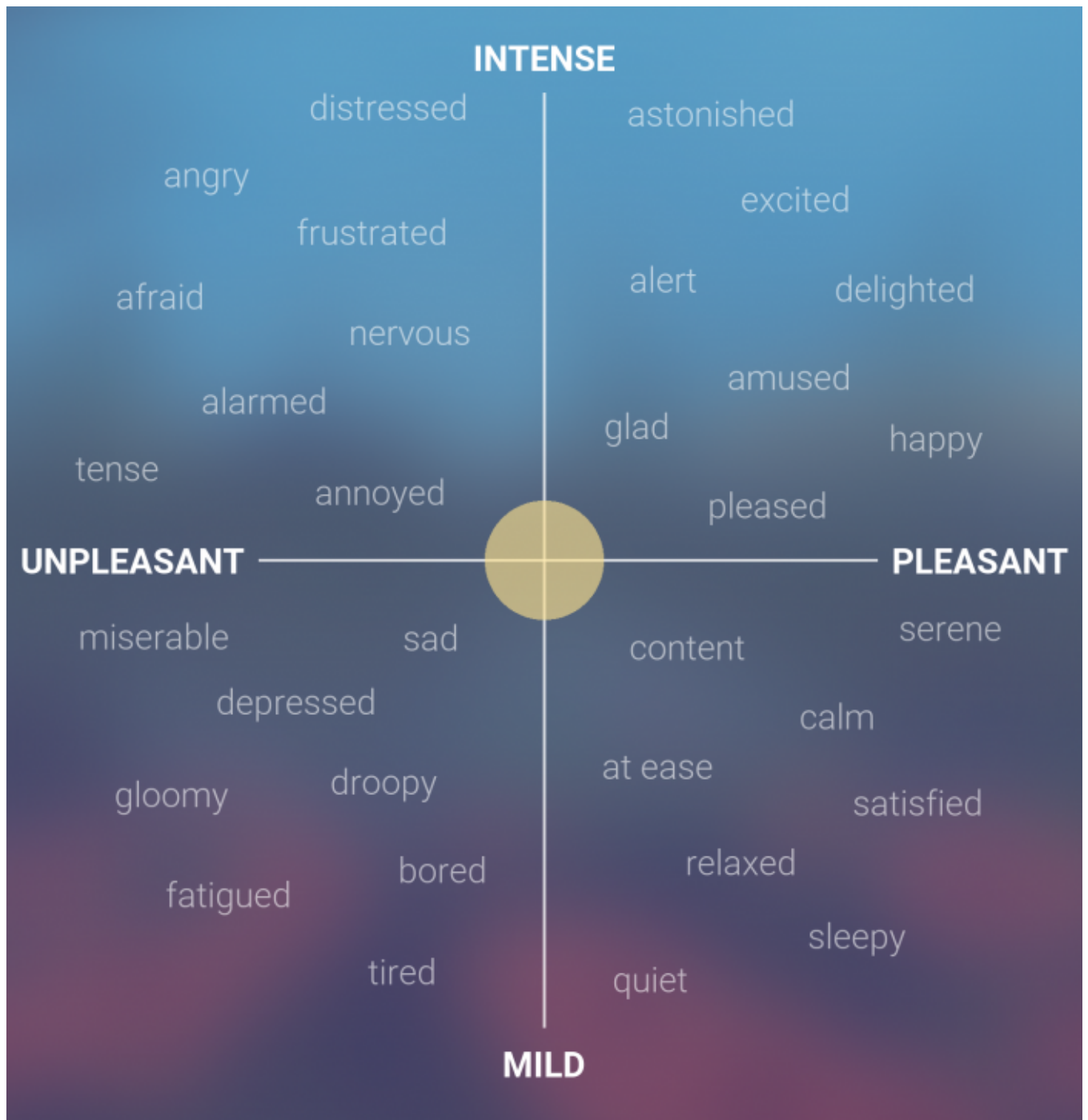
Office of Research Ethics: e-mail: ethics.review@utoronto.ca or tel: 416-9463273

I voluntarily agree to participate in this study.

Yes, I consent

Mood Board

This scale consists of a number of words that describe different feelings and emotions. Please select each item that describes how you have felt during the past week.



Inclusion

Do you currently microdose or will your responses be based on past experience?

- ☐ I am currently microdosing
- ☐ I am not currently microdosing, but I have microdosed in the past
- ☐ I have not microdosed yet, but I am interested in microdosing
- ☐ I am not interested in microdosing

How did you come to this survey?

- ☐ /r/microdosing
- ☐ /r/Nootropics

☐ /r/Psychonaut

☐ /r/Drugs

☐ Other

Demographics

We are interested in the demographics of microdosing.

We also want to remind you that your responses will not be linked to you in any way.

In which **country** do you live?

What is your **age** in years?

Not Applicable

Age

What is your **gender**?

Male

☐

Female

☐

Neither

☐

Multiple Genders

☐

Prefer not to answer

☐

What is your **sexual orientation**?

Heterosexual

☐

Homosexual

☐

Bisexual / Multisexual

☐

Asexual

☐

Prefer not to answer

☐

What is your **ethnic heritage**?

☐ White

☐ Black

☐ Hispanic or Latino

☐ East Asian

☐ South Asian

☐ Middle Eastern

☐ European

☐ Mixed

☐ Other

☐ Prefer not to answer

What, if any, is your **religious affiliation**?

☐ Non-religious, atheist, or agnostic

☐ Spiritual but non-religious

☐ Judaism

☐ Hinduism

☐ Buddhism

☐ Sikhism

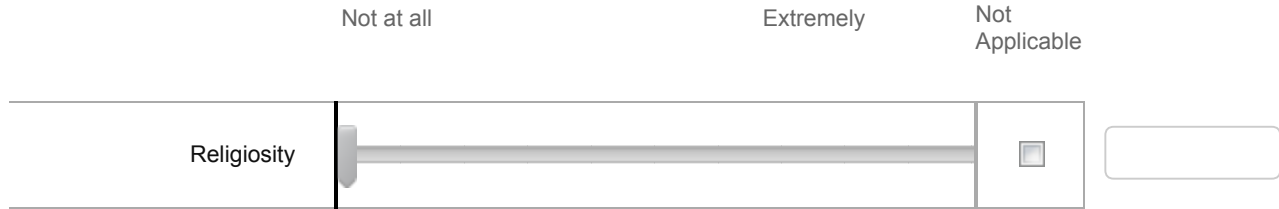
- Christianity

- ☐ Other religious affiliation

- Islam

- ☐
- Prefer not to answer

Please use the bar to indicate how **religious** you consider yourself:



Please use the bar to indicate how **spiritual** you consider yourself:



What is your **occupation**? Please be general (e.g. "student", "software developer")

Do **NOT** list your employer (e.g. "psychology student at UCDavis", "software engineer at Google")

What is your highest **completed** formal education?

- ☐ Doctoral or equivalent
- ☐ Master or equivalent
- ☐ Bachelor or equivalent
- ☐ Short-cycle tertiary education (Associate degree or Advanced Diploma)
- ☐ Post-secondary non-tertiary education (Certificates, Diplomas, or partial completion of a degree)
- ☐ Upper secondary education
- ☐ Lower secondary education
- ☐ Primary education
- ☐ Early childhood Education
- ☐ Prefer not to answer

- Master or equivalent

- ☐ Bachelor or equivalent

- ☐ Short-cycle tertiary education (Associate degree or Advanced Diploma)

- ☐ Post-secondary non-tertiary education (Certificates, Diplomas, or partial completion of a degree)

- Upper secondary education

- Lower secondary education

- Primary education

- Early childhood Education

- ☐
- Prefer not to answer

What is the **social class** of your household (example sources of income in parentheses)?

- ☐ Upper class (royalty or immense heritable wealth)
- ☐ Upper-middle class (higher managerial, administrative, or professional)
- ☐ Middle class (intermediate managerial, administrative, or professional)

- ☐ Upper-middle class (higher managerial, administrative, or professional)

-  Middle class (intermediate managerial, administrative, or professional)

- ☐ Lower-middle class (junior managerial, administrative, or professional)
- ☐ Skilled working class (skilled manual workers)
- ☐ Working class (semi-skilled or unskilled manual workers)
- ☐ Non-working class (casual workers, pensioners, or dependants)
- ☐ Prefer not to answer

Microdosing

We are interested in your experiences with microdosing, past or present.

First, we'll ask you about the substance, dose, and dosing schedule.

At what **age** did you first begin microdosing?

Not
Applicable

Age

What substance do you use for microdosing?

- ☐ LSD
- ☐ Psilocybin-containing "magic" mushrooms
- ☐ Other (Please identify)

If you have a way of estimating your dose please report it here.

- ☐ LSD - percent of one tab
- ☐ LSD - amount in micrograms (μg)
- ☐ Psilocybin mushrooms - amount in grams (g)
- ☐ Other (Please identify)
- ☐ I estimate dose primarily through trial and error, and by experience
- ☐ I do not really estimate a dose

How many days (approximately) do you space between microdoses?

- | | |
|--|---|
| <input type="radio"/> 0 - I microdose every single day | <input type="radio"/> 7 - I microdose once a week |
| <input type="radio"/> 1 - I microdose every other day | <input type="radio"/> 10 - I microdose once every week and a half |
| <input type="radio"/> 2 - I microdose one day on, two days off | <input type="radio"/> 14 - I microdose once every two weeks |
| <input type="radio"/> 3 - I microdose one day on, three days off | <input type="radio"/> 21 - I microdose once every three weeks |
| <input type="radio"/> 4 - I microdose one day on, four days off | <input type="radio"/> 30 - I microdose once every month |

☐ 5 - 1 microdose one day on, five days off

☐ 60 - 1 microdose once two months

☐ 6 - 1 microdose one day on, six days off

☐ 1 microdose less than once every two months

Approximately how many microdoses have you taken **in your lifetime**?
(do not include any full-dose experiences)

Not Applicable

Total Lifetime Microdoses



How much money (approximately) do you spend on microdosing per month?

☐ USD

☐ CAD

☐ EUR

☐ GBP

☐ Other (Please Specify amount and currency)

How many of your friends, colleagues, and other acquaintances microdose?

None 1 2 3 4 5 6 7 8 9 10 more than 10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Would you recommend that others try microdosing?

☐ Yes, anyone and everyone

☐ Yes, for most people

☐ Maybe, for some people

☐ No, not for most people

☐ No, not for anyone

ProCon

We are interested in the main "pros" and "cons" of microdosing, the benefits and drawbacks as you see them. We are also interested in how important you see each benefit and each drawback.

Please fill in some benefits or "pros" of microdosing as you see them. Then, rate how important that particular benefit is to you.

	Not at all important	Extremely important	
First Benefit: <input type="text"/>			<input type="text"/>
Second Benefit: <input type="text"/>			<input type="text"/>
Third Benefit: <input type="text"/>			<input type="text"/>

Please fill in some drawbacks or "cons" of microdosing as you see them. Then, rate how important that particular drawback is to you.

	Not at all important	Extremely important	
First Drawback: <input type="text"/>			<input type="text"/>
Second Drawback: <input type="text"/>			<input type="text"/>
Third Drawback: <input type="text"/>			<input type="text"/>

How much did you expect microdosing would have these benefits?

	Not at all confident	Extremely confident	
<code>#{q://QID84/ChoiceTextEntryValue/1}</code>			<input type="text"/>
<code>#{q://QID84/ChoiceTextEntryValue/2}</code>			<input type="text"/>

\${q://QID84/ChoiceTextEntryValue/3}		<input type="text"/>
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How much did you expect microdosing would have these drawbacks?

Not at all confident

Extremely confident

\${q://QID87/ChoiceTextEntryValue/1}		<input type="text"/>
\${q://QID87/ChoiceTextEntryValue/2}		<input type="text"/>
\${q://QID87/ChoiceTextEntryValue/3}		<input type="text"/>

As a result of microdosing have you noticed any **improvements** in your experiences of the following?

☐ Mood

☐ Eating habits

☐ Anxiety

☐ Sleep

☐ Meditative practice

☐ Exercise

As a result of microdosing have you **reduced** your use of any of the following substances?

☐ Psychiatric prescription drugs use

☐ Cannabis use

☐ Alcohol use

☐ Tobacco use

☐ Caffeine use

☐ Other illicit drug use

Patient History

How would you rate your **overall health**?

Poor

Moderate

Excellent

Not
Applicable

Overall Health		<input type="checkbox"/>	<input type="text"/>
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Please indicate which of the following substances you have used for **recreational purposes** (e.g. for fun, with friends, for experimenting) by selecting the column that represents the **most recent time** you used this substance recreationally.

	Past Month	Past Year	Ever Used	Never Used	Prefer Not To Answer
Classic Hallucinogens at full dose (LSD, psilocybin mushrooms, DMT, ayahuasca, mescaline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research Chemical Hallucinogens at full dose (2C-B, 2C-E, 2C-I, 25I-NBOMe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prefer Not To Answer
MDxx at full dose (MDMA, MDA, MDE, "Ecstasy", "Molly")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis (Marijuana, "Weed", "Pot")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol (beer, wine, whiskey, vodka, liqueurs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulants (cocaine, crack, amphetamines, methamphetamine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiates (opium, codeine, heroin, morphine, tramadol, oxycodone)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dissociatives (Ketamine, PCP, DXM, cough syrup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives (GHB, barbiturates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (nitrous, paint thinners, gasoline, contact cement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caffeine (Coffee, tea, caffeine pills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nootropics (L-Theanine, Bacopa Monnieri, Ashwagandha, Racetams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychiatric Prescription Drugs for recreational purposes (Xanax, Valium, Ritalin, Ambien, Seroquel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were you taking any **recreational drugs** in addition to your microdoses while you were microdosing?

☐ Yes (Please specify)

☐ No

☐ Prefer Not To Answer

Have you ever been **diagnosed by a doctor or health care professional** (e.g., psychiatrist, psychologist) with any of the following diagnoses?

☐ Attention-Deficit/Hyperactivity Disorder (ADHD)

☐ Autism Spectrum Disorder (ASD)

☐ Obsessive Compulsive Disorder (OCD)

☐ Posttraumatic Stress Disorder (PTSD)

☐ Substance Use Disorder

☐ Dissociative Identity Disorder (DID) or Depersonalization/Derealization Disorder

☐ Anxiety (generalized anxiety disorder, panic disorder, social phobia, specific phobia)

☐ Mood Disorder (major depression, bipolar disorder, dysthymia, persistent depressive disorder, treatment-resistant depression)

☐ Eating Disorder (anorexia, bulimia, binge eating disorder)

☐ Schizophrenia spectrum disorder (schizophrenia, schizoaffective, schizotypal, brief psychotic disorder)

☐

☐ None of the above

Are you currently taking any **prescription drugs as prescribed** by a doctor or health care professional?

☐ Yes (Please specify)

☐ No

☐ Prefer Not To Answer

Were you taking any **prescription drugs** while you were microdosing?

☐ Yes (Please specify)

☐ No

☐ Prefer Not To Answer

Segue

You have completed the first part of the survey about your background and your experience with microdosing.

Next you will do a creativity task, then fill in some questionnaires measuring different aspects of your personality and belief-structures.

Alternative Uses Task

We are interested in creativity. The next two questions will present a normal household item. Please try and think of the most unusual, creative, and uncommon uses you can imagine for the item presented during the time allotted.

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Last Click: *0 seconds*

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A brick.

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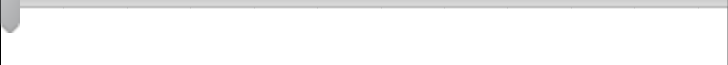




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BFI-2

Here are a number of statements that may or may not apply to you. Please rate the extent to which the statement applies to you.

	Disagree Strongly	Agree Strongly
I see myself as someone who is relaxed, handles stress well	<div></div>	<div></div>
I see myself as someone who has few artistic interests	<div></div>	<div></div>
I see myself as someone who stays optimistic after experiencing a setback	<div></div>	<div></div>
I see myself as someone who is curious about many different things	<div></div>	<div></div>
I see myself as someone who is moody, has up and down mood swings	<div></div>	<div></div>
I see myself as someone who is inventive, finds clever ways to do things	<div></div>	<div></div>
I see myself as someone who can be tense	<div></div>	<div></div>

I see myself as someone who is fascinated by art, music, or literature		<input type="text"/>
I see myself as someone who feels secure, comfortable with self		<input type="text"/>
I see myself as someone who avoids intellectual, philosophical discussions		<input type="text"/>
I see myself as someone who is emotionally stable, not easily upset		<input type="text"/>
I see myself as someone who has little creativity		<input type="text"/>
I see myself as someone who worries a lot		<input type="text"/>
I see myself as someone who values art and beauty		<input type="text"/>
I see myself as someone who often feels sad		<input type="text"/>
I see myself as someone who is complex, a deep thinker		<input type="text"/>
I see myself as someone who keeps their emotions under control		<input type="text"/>













I see myself as someone who has difficulty imagining things		<input type="text"/>
I see myself as someone who rarely feels anxious or afraid		<input type="text"/>
I see myself as someone who thinks poetry and plays are boring		<input type="text"/>
I see myself as someone who tends to feel depressed, blue		<input type="text"/>
I see myself as someone who has little interest in abstract ideas		<input type="text"/>
I see myself as someone who is temperamental, gets emotional easily		<input type="text"/>
I see myself as someone who is original, comes up with new ideas		<input type="text"/>

Brief Wisdom Screening Scale

Here are a number of statements that may or may not apply to you. Please rate the extent to which the statement applies to you.

Does not describe me at all

Describes me well











Sometimes I get so charged up emotionally that I am unable to consider all ways of dealing with my problems.		<input data-bbox="1279 170 1453 226" type="text"/>
I'm very curious about other religious and/or philosophical belief systems.		<input data-bbox="1279 384 1453 441" type="text"/>
My peace of mind is not easily upset.		<input data-bbox="1279 541 1453 598" type="text"/>
I have grown as a result of losses I have suffered.		<input data-bbox="1279 688 1453 745" type="text"/>
I am "tuned in" to my own emotions.		<input data-bbox="1279 835 1453 892" type="text"/>
I often have a sense of oneness with nature.		<input data-bbox="1279 961 1453 1018" type="text"/>
I can accept the impermanence of things.		<input data-bbox="1279 1108 1453 1165" type="text"/>
I am able to integrate the different aspects of my life.		<input data-bbox="1279 1255 1453 1312" type="text"/>
I either get very angry or depressed if things go wrong.		<input data-bbox="1279 1423 1453 1480" type="text"/>
I like to read books which challenge me to think differently about issues.		<input data-bbox="1279 1591 1453 1648" type="text"/>
I've learned valuable life lessons from others.		<input data-bbox="1279 1759 1453 1816" type="text"/>
My happiness is not dependent on other people and things.		<input data-bbox="1279 1906 1453 1963" type="text"/>







I don't worry about other people's opinions of me.		<input type="text"/>
There are some people I know I would never like.		<input type="text"/>
I feel that my individual life is a part of a greater whole.		<input type="text"/>
I have a good sense of humor about myself.		<input type="text"/>
It seems I have a talent for reading other people's emotions.		<input type="text"/>
I can freely express my emotions without feeling like I might lose control.		<input type="text"/>
At this point in my life, I find it easy to laugh at my mistakes.		<input type="text"/>
I have dealt with a great many different kinds of people during my lifetime.		<input type="text"/>
I always try to look at all sides of a problem.		<input type="text"/>

DAS-A-17

Here are a number of attitudes or beliefs that people sometimes hold. Please rate the extent to which you agree or disagree with each the statement.

	<div>Completely Disagree</div> <div>Completely Agree</div>	
If I ask a question, it makes me look inferior.		<input type="text"/>

If a person asks for help, it is a sign of weakness.		<input type="text"/>
If other people know what you're really like, they will think less of you.		<input type="text"/>
If someone disagrees with me, it probably indicates that he does not like me.		<input type="text"/>
It is awful to be disapproved of by people important to you.		<input type="text"/>
If I do not do well all the time, people will not respect me.		<input type="text"/>
My value as a person depends greatly on what others think of me.		<input type="text"/>
If you don't have other people to lean on, you are bound to be sad.		<input type="text"/>
My happiness depends more on other people than it does on me.		<input type="text"/>
If others dislike you, you cannot be happy.		<input type="text"/>
If I do not do as well as other people, it means I am an inferior human being.		<input type="text"/>

<p>If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.</p>		<input data-bbox="1279 281 1451 344" type="text"/>
<p>If I fail partly, it is as bad as a complete failure.</p>		<input data-bbox="1279 459 1451 522" type="text"/>
<p>What other people think about me is very important.</p>		<input data-bbox="1279 606 1451 669" type="text"/>
<p>If you cannot do something well, there is little point in doing it at all.</p>		<input data-bbox="1279 774 1451 837" type="text"/>
<p>If I fail at my work, then I am a failure as a person.</p>		<input data-bbox="1279 942 1451 1005" type="text"/>
<p>It is difficult to be happy, unless one is good looking, intelligent, rich and creative.</p>		<input data-bbox="1279 1110 1451 1173" type="text"/>

Feedback

You have completed the second part of the survey about your personality and belief-structures.

You are near the end, we just wanted to see if there are any other comments you want to leave for us first.

If there are any other comments you would like to leave about **microdosing** please share them here!

If there are any comments you would like to leave about **this survey** please share them here!

Debrief

Debriefing Information

Thank you so much for participating!

This study is about psychedelic science and microdosing psychedelics. There are no controlled scientific studies of microdosing psychedelics and thus a gap in scientific understanding regarding the benefits and drawbacks of microdosing psychedelics. The ultimate purpose of this study is to inform the scientific community about current practices in microdosing in order to enable future studies. Here we are focusing particularly on understanding substance and dose regimens as well as benefits and drawbacks of microdosing in the psychedelic community.

We are interested in your personal journey with microdosing psychedelics and in the relationship between microdosing and personality. We want to generate better theories of why people try microdosing, and who benefits. We also want to figure out when microdosing might be contraindicated so we can avoid putting people in harm's way.

This survey marks the beginning of a new series of studies interested in microdosing. Insights from these and future studies will act as pillars of modern psychedelic research. This study will enable scientific research into the uses of microdosing so more of us can benefit.

Last Chance To Withdraw

This is your last chance to change your mind about participating and your last chance to withdraw. Your participation is entirely voluntary and if you would rather withdraw, any responses collected from you will be destroyed. There are no undesirable consequences for withdrawing. Now is your last chance to withdraw as the study is anonymous, which means that your responses are not linked to you in any way. Once you leave this page you will have completed the study and we will have no way of removing your data because we will have no way of knowing which responses are yours.

Would you like to withdraw your responses?

No, keep my responses in the study

Optional Sign Up To Receive Results Of Survey

We will be posting the results of this study to the subreddits from which we recruited participants.

If you wish to receive a personal copy of any research report generated from this study simply sign up with your e-mail at the following link. Your email will not be connected to responses in this survey in any way. We are happy to share the results with you when they are ready!

[Sign up by clicking this link](#)

Contact Information

If you have any questions you may e-mail the investigator:

Study e-mail: microdosing@radlab.zone

Investigator: Thomas Anderson, e-mail: metathomas.anderson@mail.utoronto.ca

If you have further concerns you may also contact:

Investigator's Supervisor: Professor Norman Farb, e-mail: norman.farb@utoronto.ca

Office of Research Ethics: e-mail: ethics.review@utoronto.ca or tel: 416-9463273

Thanks again for participating!

