

PSYCHEDELIC USE SCALE (39-PUS)

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DISCLAIMER: The 39-item Psychedelic Use Scale (39-PUS) is free to use only for non commercial purposes. Please contact Dr. Jaime Rojas-Hernández for any inquiry.

Brief Description of Items of the Psychedelic Use Scale (39-PUS)Table 1.

Brief Description of Items of the Psychedelic Use Scale (PUS).

Sociodemographic section

(1) Age, (2) sex, (3) marital status, (4) continent of residence, (5) residential environment, (6) employment status, (7) educational level, (8) annual household income

Substance use section

(9) Status of psychedelics use, (10) types of psychedelics used, (11) estimated use of psychedelics, (12) last time of psychedelics use, (13) duration between first and last use of psychedelics, (14) annual frequency of psychedelics use, (15) annual frequency under intense effects of psychedelics, (16) microdosing status, (17) psychedelics used for microdosing, (18) substances combined with psychedelics, (19) last time psychedelics were combined, (20) adverse effects under the effects of psychedelics, (21) adverse effects after psychedelic effects ended

Set section

(22) Psychedelic use motivation, (23) Meaningfulness of psychedelic experience, (24) frequency of meaningful psychedelic experiences

Setting section

(25) With whom you consumed, (26) place of substance use, (27) diet on day of substance use

Health and lifestyle section

(28) Status of psychological diagnoses, (29) current diagnoses of psychological disorders, (30) all psychological disorders ever diagnosed, (31) moment of psychological diagnoses before or after use of psychedelics, (32) past use of psychiatric medication, (33) current use of psychiatric medication, (34) used psychedelics to treat psychological problems, (35) intention to use psychedelics to treat psychological problems, (36) willingness to use psychedelics to treat psychological problems, (37) type of diet, (38) frequency of sport practice, (39) frequency of meditative practice

PART I: SOCIODEMOGRAPHIC VARIABLES	3
PART II: DRUG USE VARIABLES	4
PART III: LIFESTYLE AND HEALTH VARIABLES	10

PSYCHEDELIC USE SCALE (39-PUS)

PART I: SOCIODEMOGRAPHIC VARIABLES

1. Age Drop-down with options from 18 to 100	Self-employed/Entrepreneur Student Homemaker Unemployed Retired Other Don't know/No answer
2. Sex Male Female	
3. Marital Status Married Single Divorced Widowed Partnered Other	7. Educational level None Primary education Secondary education University education Don't know/No answer Other
4. Where do you live? Europe North America South America Africa Asia Oceania Antarctica	8. Annual household income (in Euros) 0-10,000 10,000-20,000 20,000-30,000 30,000-40,000 40,000-50,000 50,000-60,000 60,000-70,000 70,000-80,000 80,000-90,000 90,000-100,000 100,000 or more Don't know/No answer
5. Residential Environment Rural Urban	
6. Employment Full-time Employee Part-time Employee	

PART II: DRUG USE VARIABLES

9. Have you ever consumed psychedelic substances?

Yes
No

10. What psychedelic substances have you tried?

Check all that apply.

None
LSD (acid)
Mescaline (Peyote, San Pedro/Wachuma)
Psilocybin (Magic Mushrooms, Magic Truffles)
DMT (Ayahuasca, in crystals)
5 Meo-DMT (Bufo Alvarius/Toad, synthetic)
MDMA (Pcstasy, molly)
Ibogaine (Iboga)
Ketamine
Salvia Divinorum
Other

11. In total, how many times do you estimate to have consumed psychedelic substances?

(Dropdown with values from 0 to 100 or "more")

12. When did you last use a psychedelic substance?

Check the answer that most closely matches.

Less than 2 weeks ago
Less than 1 month ago
Less than 2 months ago
Less than 3 months ago
Less than 6 months ago
Less than 1 year ago
More than 1 year ago
more than 3 years ago
more than 5 years ago
over 10 years ago
I have never used

13. How long was the time between the first and last time you used a psychedelic substance?

My last time was my first

Less than 2 weeks
Less than 1 month
Less than 2 months
Less than 3 months
Less than 6 months
Less than 1 year
More than 1 year
More than 3 years
More than 5 years
More than 10 years
More than 20 years
More than 30 years

More than 40 years old

I have never used

14. Currently, how often do you use psychedelic substances annually?

Check the answer that most closely matches.

Never
Less than once a year
Once a year
Several times a year
Once a month or less
2 to 4 times a month
2 to 3 times a week
4 or more times a week

15. How often per year are you under an INTENSE EFFECT of psychedelic substances?

Check the answer that best fits.

I have not used psychedelic substances
Never
Less than once a year
Once a year
Several times a year
Once a month or less
2 to 4 times a month
2 to 3 times a week
4 or more times a week

16. Have you ever microdosed with psychedelic substances?

Microdosing is the consumption of low doses of psychedelic drugs in an attempt to enhance creativity, increase physical energy level, promote emotional balance, increase performance on problem-solving tasks, and treat anxiety, depression, and addiction, without being under the effects that occur at standard doses.

Yes

No

17. What psychedelic substance(s) have you microdosed with?

None
LSD (Acid)
Mescaline (Peyote, San Pedro/Wachuma)
Psilocybin (Magic Mushrooms or Magic Truffles)
DMT (Ayahuasca, in crystals)
5 Meo-DMT (Bufo Alvarius/Sapo, synthetic)
MDMA (Ecstasy, Molly)
Ketamine
Ibogaine (Iboga)

Salvia divinorum
Other

18. Check the substances with which you have usually combined the consumption of psychedelic substances.

Caffeine
Cannabis
Alcohol
Cocaine
Heroin
Amphetamines
Crack
Anxiolytics
Antidepressants
Antiepileptics
Antipsychotics
Sleeping pills
Analgesics
Fentanyl
None
I have not used psychedelics
Other

19. The last time you used psychedelics, did you use them in combination with other substances?

Check all that apply.

Caffeine
Cannabis
Alcohol
Cocaine
Heroin
Amphetamines
Crack
Anxiolytics
Antidepressants
Antiepileptics
Antipsychotics
Sleeping pills
Analgesics
Fentanyl
None
I have not used psychedelics
Other

20. Check all adverse effects you have experienced while UNDER THE EFFECTS of psychedelic substances.

Check all that apply.

Paranoia or psychosis
Anxiety
Panic
Tachycardia
Dizziness
Nausea
Vomiting
Diarrhea
Stomach pain
Terrifying flashback

Loss of control
Paralysis
Convulsions or spasms
I have never used
None
Other

21. Check all adverse effects you have experienced AFTER the effects of psychedelic substances have worn off.

Check all that apply.

Depression
Paranoia or psychosis
Anxiety
Panic
Tachycardia
Dizziness
Nausea
Vomiting
Diarrhea
Stomach pain
Terrifying flashback
Loss of control
Paralysis
Convulsions or spasms
I have never used
None
Other

22. Why do you use psychedelic substances?

Check all that apply.

For fun
To get to know myself better
For therapeutic purposes
For religious or spiritual purposes
To enhance my creativity
To escape from my problems
To be accepted in the group
I don't know
I have not used
Other

23. When you have used psychedelic substances, has the experience been deeply meaningful to you? You can consider your psychedelic experiences as deeply meaningful if they are among the top five most important experiences in your life.

No, not at all
Somewhat
Moderately
Quite a bit
Extremely
I have never used

24. Of all the times you have used psychedelic substances, how many times would you say the experience was deeply meaningful to you?

- Not at all
- Rarely
- Sometimes
- In most cases
- Always
- I have never used

25. With whom do you usually use psychedelic substances?

Check all that apply.

- Therapist
- Shaman, spiritual guide or religious leader
- Friends
- Partner
- Family
- Members of my religious/spiritual community
- Strangers
- Alone
- I have not used psychedelic substances
- Other

26. Where have you used psychedelic substances?

Check all that apply.

- At home
- In nature
- On the street
- At parties, festivals or music concerts
- At spiritual retreats
- In consultation with a therapist
- In research centers/hospitals/universities
- In a religious space or event
- I have not used
- Other

27. When you have used psychedelic substances, have you generally followed any specific diet in the days before or on the day of use?

Check all that apply.

- Fasting
- Vegetarian/vegan diet
- Abstinence from other drugs
- Abstinence from alcohol
- None
- I have not consumed psychedelic substances
- Other

PART III: LIFESTYLE AND HEALTH VARIABLES

28. Have you ever been diagnosed with any psychological disorder?

- Yes
- No

29. Are you CURRENTLY diagnosed with any psychological disorder?

- Yes
- No

30. Check all psychological disorders that you have been diagnosed with in your lifetime.

Check all that apply.

- Depression
- Bipolar Disorder
- Generalized anxiety disorder
- Phobia (social phobia, agoraphobia, excessive fear of objects, situations or animals)
- Panic attack
- Obsessive compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Eating disorder (bulimia, anorexia, binge eating disorder)
- Attention deficit hyperactivity disorder (ADHD)
- Schizophrenia
- Paranoia or delusional disorder
- Personality disorder (borderline, narcissistic, antisocial)

Autism spectrum disorder (autism, Asperger's)

- None
- Other

31. Were you diagnosed with psychological disorder(s) before or after using psychedelic substances?

Check all that apply.

- Before
- After
- Never diagnosed
- I have never used psychedelic substances
- Other

32. Have you taken medication in the past to treat a psychological problem?

- Yes
- No

33. Do you CURRENTLY take medication to treat a psychological problem?

- Yes
- No

34. Have you ever used psychedelic substances to treat psychological problems?

Yes

No

35. Do you intend to take psychedelic substances to treat psychological problems?

Yes

Maybe

No

36. If you have psychological problems, would you be open to treating them with psychedelic substances?

Yes

Maybe

No

37. What type of diet do you normally eat?

Omnivorous

Vegetarian

Vegan

Other

38. How often do you practice sports?

Never

Sporadically

Once a week

Twice a week

Three times a week

Four times a week

Five times a week

More

39. How often do you practice meditation?

Never

Sporadically

Once a week

Twice a week

Three times a week

Four times a week

Five times a week

More