

Erowid Wisdom Cycle Survey #1

April 15, 2013

Purpose

This survey is part of a project to gather wisdom and life lessons related to the use of psychedelics, empathogens, and cannabis. In part, we are exploring how age relates to people's willingness to openly discuss their experiences and the impact of those experiences on their lives.

Privacy

For 17 years, Erowid has protected the privacy of those who share their knowledge about psychoactive drugs. We will do everything we can to protect the privacy and anonymity of those who participate in this and future surveys.

Definition

For this survey, assume the phrase "psychedelic/empathogen" includes LSD, psilocybin, mescaline, DMT, mushrooms, peyote, ayahuasca, ketamine, *Salvia divinorum*, MDMA, MDA, 2C-B and other 2C-analogs, and cannabis.

1) How well do you	read / understand English	?		
Poorly		Moderately Well		Very Well
2) How old are you?				
☐ 11–16 ☐ 17–20 ☐ 21–25 ☐ 26–30 ☐ 31–35	☐ 36–40 ☐ 41–45 ☐ 46–50 ☐ 51–55 ☐ 56–60	☐ 61–6: ☐ 66–7: ☐ 71–7: ☐ 76–8: ☐ 81–8:	0	86–90 91–95 96+
,		athogenic drug such as LS via divinorum, MDMA, or N		
☐Yes	□No	☐ Not Sure	☐ Prefe	r Not to Answer
4) How open are you	u with people you know a	bout having tried psyched	lelic/empathogenic dru	gs?
Very Secretive	Secretive w/ Most People	Open w/ Some People	Open w/ Most People	Very Open
•	•	ons about past experience		vith
Π	——П———	——П——	——П——	П
Very Uncomfortab	le	Neither		Very Comfortable
•	would you be answering of anonymous? (for future s	questions about past psyc surveys)	chedelic/empathogenic	drugs if your
Π		П	——П——	П
Very Uncomfortab	le	Neither		Very Comfortable

If you've had never tried a psychedelic or empathogen, stop here.

Background Information

7) Do you feel that	you derived lasting benefit f	rom your us	se of any ps	sychedelic	/empathog	en?	
No Benefit	Not Sure	Probably I	Benefit	So	ome Benefit	Stro	ong Benefit
8) Do you feel that	you experienced any lasting	harm from	your use o	f psyched	elics/empat	thogens?	_
□	Not Sure	Probably	Harm	S	ome Harm	St	rong Harm
,	riences with psychedelics/ervoid) that you think could be		•		,		about
No Lessons	Not Sure	Personal L Only			sons Probab orth Sharing	•	s Definitely th Sharing
10) How many time	es have you taken the follow	ing:					
		1-2	3–5	6-9	10–19	20–29	30+
LSD							
Psilocybin Musl	hrooms (or extract)						
Synthetic Psilod	cybin						
Peyote / Cactus	s (or extract)						
Synthetic Mesc	aline						
DMT or 5-MeO-	-DMT						
Ayahuasca							
Ibogaine							
Other Psychede	elic						
MDMA (Ecstasy	y), MDA, or MDE						
2C-B, or other 2	2C- "Shulgin" analogs						
MDPV							
Other Empatho	gen (MBDB, Methylone, etc)						
Ketamine							
Salvia divinorur	m						
Cannabis							

11) Gender identification?		☐ Male	☐ Female	☐ Transg	ender	☐ Other	
12) What Country do you live	e in?						
13) Were you raised in the s	ame country?	☐ Yes	□ No				
14) What State do you live in	n?						
15) What is the highest level	_		ipleted?				
☐ Some High School	☐ High Schoo		☐ Some College	Э	□ 2-Yr —	College D	egree
☐ 4-Yr College Degree	☐ Some Grad	uate / Prof.	☐ Masters or Pr	of. Degree	☐ Doct	oral Degre	е
16) What is your religious aff	filiation/inclinati	on?					
☐ Buddhist	☐ Christian		☐Muslim		☐Jewi	sh	
Hindu	☐ Indigenous	/ Tribal	Other Major F	Religion	☐ Othe	r Mystical	/ Spiritual
□Atheist	☐Agnostic		Other Non-Sp	oiritual / Non-	Religious	;	
☐ No Particular Inclination	☐ Don't Know	/ Not Sure	Other			-	
17) Age when you first tried	cannabis or has	shish?					
	☐ Never tried		☐ Don't Know /	Remember			
			_ bont tillow /	Remember			
18) Age of first use of psycho	edelic/empatho	gen?					
	☐ Never tried		☐ Don't Know /	Remember			
19) Do you have children?		□Yes	□ No				
20) Ever married/partnered?		☐Yes	□ No				
21) If yes, how many years i	n partnership/m	arriage? _				_	
22) Currently in a marriage/	partnership?	Yes	□ No				
23) How do you assess your	health at this n	noment?					
]		
Very Bad	Bad	Mo	derate	Go	ood	\	ery Good/
24) How would you assess y	our health over	your entire	adult lifetime?	-	7		_
Very Bad	Bad	Мо	derate	Go	ood	\	∐ /ery Good
							•

Life Benefits and Harms

Definitely Not Probably Not Don't	Know		Probably	De	efinitely Ye
How do you feel your use of psychedelics/empathoge	ens has imp	acted the	following a	reas of you	ır life:
	Strong Negative	Some Negative	No Clear Impact	Some Positive	Strong Positive
Happiness and Well-Being					
Positive Outlook, Optimism About the Future					
Expanded Consciousness					
Spirituality, Religious Understanding					
Metaphysical / Philosophical Insight					
Understanding of the Physical Body					
Sexuality					
Relationships					
Parenting					
Professional Work					
Sense of Growth					
Physical Health, Healing					
Experience of Aging, Adapting to Aging					
Death and Dying					
Wisdom and Insight					
Recreation or Sense of Fun					
Creativity, Artistic Ability					
Opening the Heart, Empathy					
A Greater Understanding of Reality and the Universe					

	Definitely Not	Not Really	Don't Know	Yes, Sort of	Definitely Yes
Profound and Personally Meaningful					
Psychologically or Emotionally Challenging					
Physically Harmful					
Psychologically Traumatic, Scarring					
Mystical / Spiritual					
Physically Healing					
Psychologically Healing					

Definitely Not	Not Really	Don't Know		Yes, Sort	of D	efinitely Ye
9) If so, how?						
0) Legal troubles: Ha	ave you ever had legal pro	oblems related to	your use of p	sychedelic	s/empathog	ens?
Definitely Not	Not Really	Don't Know		Yes, Sort	of D	efinitely Ye
Have you ever hat psychedelics/em	d professional problems opathogens?	or career setbacks	directly attrib	outable to	your use of	
Definitely Not	Not Really	Don't Know		Yes, Sort	of D	efinitely Ye
from strong psyci	nedelics/empathogenic ex	Very Unimportant	Somewhat Unimportant	Don't Know	Somewhat Important	Very Important
Set: mindset. emotion	nal situation, intention	Onimportant	Ommportant	KIIOW	Important	Importani
	social context, environmen	t				
ose: appropriately s	selected dosage					
resence of a guide of	or experienced sitter					
earning about the su	ubstance beforehand					
ntegration period imr	nediately after the experier	nce				
Pre-experience scree	ning to make sure the he drug					
3) What other factor	s would you consider imp	ortant?				
Have you served	as a guide or sober sitter	for a psychedelic	/ empathoge	n session	?	,
Never	Not Really	Once		A Few Tim	169	——l Many Time

35) Check the 5 topics that strike you as most or lessons learned from psychedelic / empathe		o explore in relation to life	e wisdom
☐ User's background ☐ User's usage patterns & usage history ☐ Methods of post-session integration ☐ Harm reduction steps ☐ Selecting the right guide ☐ Aging ☐ Death and Dying ☐ Philosophy, metaphysics, spirituality ☐ Effects of Diet ☐ Effects of Dosage ☐ Issues regarding specific psychoactives	☐ Spectrum of ☐ Indications a ☐ Interactions of ☐ The possibilite ☐ Healing ☐ Relationships ☐ Integration of ☐ Integration w	screening psychological health experience and inner ma nd Contraindications with Medications ties and spectrum of bene s, family, love, empathy, b f music and other factors with spiritual or psychological	efits piophilia cal practices
☐ Other (specify)			
36) What are the top questions you'd like to set their use of psychedelics / empathogens?	•		
Privacy Follow-up 1) This is an anonymous survey. Were you cor	mfortable answering que	estions about your past us	se of
psychedelics/empathogens truthfully?			
Very Uncomfortable	Neither		Very Comfortable
2) How concerned are you that your answers to negative impact on your life or the life of your			es could have a
Very Uncomfortable	Neither		Very Comfortable
3) Would you be interested in answering caref psychedelics/empathogens on video with a Not Interested Possibly Interested	•	d questions about Somewhat Interested	Very Interested



Future Erowid Survey Participation

Interested in participating in future surveys about these topics?	1
☐ 1. For privacy, separate this page from the rest of the survey and return to Erowid. or	
☐ 2. Leave it attached if you'd like your answers connected to your contact information	on.
Contact Information	
Name	
Email	
Phone	

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