

## 303 Client Data Form

For use beginning January 1, 2026

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### BACKGROUND:

Senate Bill 303 (SB 303) was adopted by the Oregon Legislature in 2023 and is now codified in [ORS 475A.372](#) and [ORS 475A.374](#). SB 303 requires psilocybin service centers to collect and compile certain client information and report total numbers to Oregon Psilocybin Services (OPS) on a quarterly basis beginning in 2025.

### CLIENT DATA COLLECTED:

This form uses a set of standard questions for race, ethnicity, language, disability, ([REALD](#)) and sexual orientation, gender identify and expression ([SOGI](#)). These questions were developed through a public engagement process led by the Oregon Health Authority (OHA) Equity and Inclusion Division after being codified into Oregon law.

Client data reflects the diversity of people receiving psilocybin services in Oregon and may support equity and inclusion for communities most affected by health inequities, injustices, and disparities. By sharing this data, clients contribute to a combined (aggregated) data set that may be used to assess the safety of psilocybin services and evaluate accessibility for different client populations.

### DATA CONFIDENTIALITY AND USE:

Under ORS 475A.372 and ORS 475A.374, licensed service centers must collect this information from clients in a manner that protects personally identifiable information. Client data is aggregated across all clients for the quarter before it is submitted to OPS through a secure system. Once the total numbers are submitted by service centers, OPS will ensure the statewide data is de-identified before publishing on the [OPS Data Dashboard](#). OPS prioritizes data privacy and data security and will follow data standards set by Oregon Health Authority.

### CLIENT OPT-OUT OPTION

If you do not want your responses included in the total numbers (aggregate data) submitted to OPS, please check the box below:

☐ I do **not** want my responses included in the total numbers (aggregate data) submitted to Oregon Psilocybin Services.

## 1. Race and Ethnicity

Which of the following describes your racial or ethnic identity? **Please check all that apply.**

### Hispanic and Latino/a/x/e

- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Afro-Latino/a/x/e | <input type="checkbox"/> Dominican  | <input type="checkbox"/> Puerto Rican   | <input type="checkbox"/> Other Hispanic or Latino/a/x/e |
| <input type="checkbox"/> Central American  | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran     |   |
| <input type="checkbox"/> Cuban             | <input type="checkbox"/> Mexican    | <input type="checkbox"/> South American |   |

### Native Hawaiian and Pacific Islander

- |   |                                      |  |   |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> CHamoru (Chamorro)                   | <input type="checkbox"/> Fijian      | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tongan                 |
| <input type="checkbox"/> Communities of the Micronesia Region | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Samoan          | <input type="checkbox"/> Other Pacific Islander |

### White

- |                                  |                                   |                                   |                                      |
|----------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Italian  | <input type="checkbox"/> Russian  | <input type="checkbox"/> Ukrainian   |
| <input type="checkbox"/> German  | <input type="checkbox"/> Polish   | <input type="checkbox"/> Scottish | <input type="checkbox"/> Other White |
| <input type="checkbox"/> Irish   | <input type="checkbox"/> Romanian | <input type="checkbox"/> Slavic   |                                      |

### American Indian and Alaska Native

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Canadian Inuit, Metis or First Nation                   |
| <input type="checkbox"/> Alaska Native   | <input type="checkbox"/> Indigenous Mexican, Central American, or South American |

### Black and African American

- |   |                                   |                                   |  |
|---|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Haitian  | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Other African (Black) |
| <input type="checkbox"/> Afro-Caribbean   | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Somali   | <input type="checkbox"/> Other Black           |
| <input type="checkbox"/> Ethiopian        |                                   |                                   |  |

### Jewish

- |                                    |                                   |                                       |
|------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Ashkenazi | <input type="checkbox"/> Sephardi | <input type="checkbox"/> Other Jewish |
|------------------------------------|-----------------------------------|---------------------------------------|

### Middle Eastern/North African/SWANA

- |                                   |                                      |                                  |   |
|-----------------------------------|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Israeli     | <input type="checkbox"/> Syrian  | <input type="checkbox"/> Other Middle Eastern/<br>North African/SWANA |
| <input type="checkbox"/> Iraqi    | <input type="checkbox"/> Lebanese    | <input type="checkbox"/> Turkish |   |
| <input type="checkbox"/> Iranian  | <input type="checkbox"/> Palestinian |                                  |   |

### Asian

- |   |                                     |                                      |                                      |
|---|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afghan                 | <input type="checkbox"/> Filipino/a | <input type="checkbox"/> Korean      | <input type="checkbox"/> Taiwanese   |
| <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Hmong      | <input type="checkbox"/> Laotian     | <input type="checkbox"/> Thai        |
| <input type="checkbox"/> Cambodian/Khmer        | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Pakistani   | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Japanese   | <input type="checkbox"/> South Asian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Communities of Myanmar |                                     |                                      |                                      |

### Additional categories

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Other (not listed) | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't want to answer |
|---|-------------------------------------|---|

## 2. Primary Racial or Ethnic Identity

If you checked **more than one** category, is there **one** you think of as your **primary** racial or ethnic identity?

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Yes, please select your primary racial or ethnic identity below. | <input type="checkbox"/> I do not have just one primary racial or ethnic identity. | <input type="checkbox"/> No. I identify as Biracial or Multiracial. | <input type="checkbox"/> Not applicable. I only checked one category above. |
|---|--|---|---|

### Hispanic and Latino/a/x/e

- |  |                                     |   |   |
|--|-------------------------------------|---|---|
| <input type="checkbox"/> Afro-Latino/a/x/e | <input type="checkbox"/> Dominican  | <input type="checkbox"/> Puerto Rican   | <input type="checkbox"/> Other Hispanic or Latino/a/x/e |
| <input type="checkbox"/> Central American  | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran     |   |
| <input type="checkbox"/> Cuban             | <input type="checkbox"/> Mexican    | <input type="checkbox"/> South American |   |

### Native Hawaiian and Pacific Islander

- |   |                                      |  |   |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> CHamoru (Chamorro)                   | <input type="checkbox"/> Fijian      | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Tongan                 |
| <input type="checkbox"/> Communities of the Micronesia Region | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Samoan          | <input type="checkbox"/> Other Pacific Islander |

### White

- |                                  |                                   |                                   |                                      |
|----------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Italian  | <input type="checkbox"/> Russian  | <input type="checkbox"/> Ukrainian   |
| <input type="checkbox"/> German  | <input type="checkbox"/> Polish   | <input type="checkbox"/> Scottish | <input type="checkbox"/> Other White |
| <input type="checkbox"/> Irish   | <input type="checkbox"/> Romanian | <input type="checkbox"/> Slavic   |                                      |

### American Indian and Alaska Native

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Canadian Inuit, Metis or First Nation                   |
| <input type="checkbox"/> Alaska Native   | <input type="checkbox"/> Indigenous Mexican, Central American, or South American |

### Black and African American

- |   |                                   |                                   |  |
|---|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Haitian  | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Other African (Black) |
| <input type="checkbox"/> Afro-Caribbean   | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Somali   | <input type="checkbox"/> Other Black           |
| <input type="checkbox"/> Ethiopian        |                                   |                                   |  |

### Jewish

- |                                    |                                   |                                       |
|------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Ashkenazi | <input type="checkbox"/> Sephardi | <input type="checkbox"/> Other Jewish |
|------------------------------------|-----------------------------------|---------------------------------------|

### Middle Eastern/North African/SWANA

- |                                   |                                      |                                  |   |
|-----------------------------------|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Israeli     | <input type="checkbox"/> Syrian  | <input type="checkbox"/> Other Middle Eastern/North African/SWANA |
| <input type="checkbox"/> Iraqi    | <input type="checkbox"/> Lebanese    | <input type="checkbox"/> Turkish |   |
| <input type="checkbox"/> Iranian  | <input type="checkbox"/> Palestinian |                                  |   |

### Asian

- |   |                                     |                                      |                                      |
|---|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Afghan                 | <input type="checkbox"/> Filipino/a | <input type="checkbox"/> Korean      | <input type="checkbox"/> Taiwanese   |
| <input type="checkbox"/> Asian Indian           | <input type="checkbox"/> Hmong      | <input type="checkbox"/> Laotian     | <input type="checkbox"/> Thai        |
| <input type="checkbox"/> Cambodian/Khmer        | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Pakistani   | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Japanese   | <input type="checkbox"/> South Asian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Communities of Myanmar |                                     |                                      |                                      |

### Additional categories

☐ Other (not listed) ☐ Don't know ☐ Don't want to answer

## 3. Preferred Spoken Language

<input type="checkbox"/> Arabic	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Korean	<input type="checkbox"/> Romanian	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Bosnian	<input type="checkbox"/> English	<input type="checkbox"/> Lao	<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Burmese	<input type="checkbox"/> Farsi	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Somali	<input type="checkbox"/> Other
<input type="checkbox"/> Cambodian	<input type="checkbox"/> French	<input type="checkbox"/> Oromo (Cushite)	<input type="checkbox"/> Spanish	<input type="checkbox"/> Don't know
<input type="checkbox"/> Chinese	<input type="checkbox"/> German	<input type="checkbox"/> Pohnpeian	<input type="checkbox"/> Thai	<input type="checkbox"/> Don't want to answer
	<input type="checkbox"/> Japanese			

## 4. Preferred Written Language

<input type="checkbox"/> Arabic	<input type="checkbox"/> Chuukese	<input type="checkbox"/> Korean	<input type="checkbox"/> Romanian	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Bosnian	<input type="checkbox"/> English	<input type="checkbox"/> Lao	<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Burmese	<input type="checkbox"/> Farsi	<input type="checkbox"/> Marshallese	<input type="checkbox"/> Somali	<input type="checkbox"/> Other
<input type="checkbox"/> Cambodian	<input type="checkbox"/> French	<input type="checkbox"/> Oromo (Cushite)	<input type="checkbox"/> Spanish	<input type="checkbox"/> Don't know
<input type="checkbox"/> Chinese, simplified	<input type="checkbox"/> German	<input type="checkbox"/> Pohnpeian	<input type="checkbox"/> Thai	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Chinese, traditional	<input type="checkbox"/> Japanese			

## 5. Disability Status

Are you **deaf** or do you have **serious difficulty hearing**?

☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

**If Yes**, at what age did this condition begin?

<input type="checkbox"/> Since birth	<input type="checkbox"/> 21-40 years old	<input type="checkbox"/> 61-80 years old	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Under 21 years old	<input type="checkbox"/> 41-60 years old	<input type="checkbox"/> 81+ years old	

Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

**If Yes**, at what age did this condition begin?

<input type="checkbox"/> Since birth	<input type="checkbox"/> 21-40 years old	<input type="checkbox"/> 61-80 years old	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Under 21 years old	<input type="checkbox"/> 41-60 years old	<input type="checkbox"/> 81+ years old	

Do you have **serious difficulty walking** or **climbing stairs**?

☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

**If Yes**, at what age did this condition begin?

<input type="checkbox"/> Since birth	<input type="checkbox"/> 21-40 years old	<input type="checkbox"/> 61-80 years old	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Under 21 years old	<input type="checkbox"/> 41-60 years old	<input type="checkbox"/> 81+ years old	

Because of a physical, mental, or emotional condition, do you have **serious difficulty concentrating, remembering, or making decisions**?

☐ Yes ☐ No ☐ Don't know ☐ Don't want to answer

**If Yes**, at what age did this condition begin?

<input type="checkbox"/> Since birth	<input type="checkbox"/> 21-40 years old	<input type="checkbox"/> 61-80 years old	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Under 21 years old	<input type="checkbox"/> 41-60 years old	<input type="checkbox"/> 81+ years old	

Do you have <b>difficulty dressing or bathing</b> ?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't want to answer
<b>If Yes</b> , at what age did this condition begin?			
<input type="checkbox"/> Since birth	<input type="checkbox"/> 21-40 years old	<input type="checkbox"/> 61-80 years old	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Under 21 years old	<input type="checkbox"/> 41-60 years old	<input type="checkbox"/> 81+ years old	
Do you have serious <b>difficulty learning how to do things most people your age can learn</b> ?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't want to answer
<b>If Yes</b> , at what age did this condition begin?			
<input type="checkbox"/> Since birth	<input type="checkbox"/> 21-40 years old	<input type="checkbox"/> 61-80 years old	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Under 21 years old	<input type="checkbox"/> 41-60 years old	<input type="checkbox"/> 81+ years old	
Using your <b>usual (customary) language</b> , do you have <b>serious difficulty communicating</b> (for example understanding or being understood by others)?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Don't know what this question is asking			
<b>If Yes</b> , at what age did this condition begin?			
<input type="checkbox"/> Since birth	<input type="checkbox"/> 21-40 years old	<input type="checkbox"/> 61-80 years old	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Under 21 years old	<input type="checkbox"/> 41-60 years old	<input type="checkbox"/> 81+ years old	
Because of a <b>physical, mental, or emotional condition</b> , do you have <b>difficulty doing errands alone</b> such as visiting a doctor's office or shopping?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't want to answer
<b>If Yes</b> , at what age did this condition begin?			
<input type="checkbox"/> Since birth	<input type="checkbox"/> 21-40 years old	<input type="checkbox"/> 61-80 years old	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Under 21 years old	<input type="checkbox"/> 41-60 years old	<input type="checkbox"/> 81+ years old	
Do you have <b>serious difficulty</b> with the following: <b>mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations</b> ?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Don't know what this question is asking			
<b>If Yes</b> , at what age did this condition begin?			
<input type="checkbox"/> Since birth	<input type="checkbox"/> 21-40 years old	<input type="checkbox"/> 61-80 years old	<input type="checkbox"/> Don't want to answer
<input type="checkbox"/> Under 21 years old	<input type="checkbox"/> 41-60 years old	<input type="checkbox"/> 81+ years old	

## 6. Gender Identity

What is your gender? **Select all that apply.**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Woman             | <input type="checkbox"/> Demiboy               | <input type="checkbox"/> Not listed  | <input type="checkbox"/> Don't know                              |
| <input type="checkbox"/> Man               | <input type="checkbox"/> Demigirl              | <input type="checkbox"/> I have a gender identity not listed here that is specific to my ethnicity | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Nonbinary         | <input type="checkbox"/> Genderfluid           |  | <input type="checkbox"/> Don't want to answer                    |
| <input type="checkbox"/> Agender/No gender | <input type="checkbox"/> Genderqueer           |  |  |
| <input type="checkbox"/> Bigender          | <input type="checkbox"/> Questioning/Exploring |  |  |

Are you Transgender? **Select one.**

- |                              |  |  |   |
|------------------------------|--|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Questioning/Exploring | <input type="checkbox"/> Don't know what this question is asking | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> No  | <input type="checkbox"/> Don't know            |  |   |

## 7. Sex

What is your sex? **Select one.**

- |                                 |                                     |                                     |  |
|---------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Intersex   | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Male   | <input type="checkbox"/> Not Listed |                                     | <input type="checkbox"/> Don't want to answer                    |

## 8. Sexual Orientation

7. What is your sexual orientation? **Select all that apply.**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Same-gender loving | <input type="checkbox"/> Pansexual                | <input type="checkbox"/> Questioning/Exploring | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Lesbian            | <input type="checkbox"/> Straight or heterosexual | <input type="checkbox"/> Not listed            |  |
| <input type="checkbox"/> Gay                | <input type="checkbox"/> Asexual Spectrum         | <input type="checkbox"/> Don't know            | <input type="checkbox"/> Don't want to answer                    |
| <input type="checkbox"/> Bisexual           | <input type="checkbox"/> Queer                    |  |  |

## 9. Annual Household Income

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$0-\$11,200      | <input type="checkbox"/> \$44,726-\$95,375  | <input type="checkbox"/> \$182,101-\$231,250 | <input type="checkbox"/> \$578,126+           |
| <input type="checkbox"/> \$11,001-\$44,725 | <input type="checkbox"/> \$95,376-\$182,100 | <input type="checkbox"/> \$231,251-\$578,125 | <input type="checkbox"/> Don't want to answer |

## 10. Age

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> 21-24 years old | <input type="checkbox"/> 40-44 years old | <input type="checkbox"/> 60-64 years old | <input type="checkbox"/> 80-84 years old      |
| <input type="checkbox"/> 25-29 years old | <input type="checkbox"/> 45-49 years old | <input type="checkbox"/> 65-69 years old | <input type="checkbox"/> 85+ years old        |
| <input type="checkbox"/> 30-34 years old | <input type="checkbox"/> 50-54 years old | <input type="checkbox"/> 70-74 years old | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> 35-39 years old | <input type="checkbox"/> 55-59 years old | <input type="checkbox"/> 75-79 years old |   |

## 11. Veteran Status

Are you an individual who a) served in the United States Army, Navy, Marine Corps, Air Force, or Coast Guard or a reserve component thereof, b) who served on active duty and c) was discharged under conditions, which were other than dishonorable (38 U.S.C. § 101(2))?

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't want to answer |
|------------------------------|-----------------------------|---|

## 12. County of Residence

Oregon County:

- |                                    |                                     |                                    |                                     |
|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Baker     | <input type="checkbox"/> Douglas    | <input type="checkbox"/> Lake      | <input type="checkbox"/> Sherman    |
| <input type="checkbox"/> Benton    | <input type="checkbox"/> Gilliam    | <input type="checkbox"/> Lane      | <input type="checkbox"/> Tillamook  |
| <input type="checkbox"/> Clackamas | <input type="checkbox"/> Grant      | <input type="checkbox"/> Lincoln   | <input type="checkbox"/> Umatilla   |
| <input type="checkbox"/> Clatsop   | <input type="checkbox"/> Harney     | <input type="checkbox"/> Linn      | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Columbia  | <input type="checkbox"/> Hood River | <input type="checkbox"/> Malheur   | <input type="checkbox"/> Wallowa    |
| <input type="checkbox"/> Coos      | <input type="checkbox"/> Jackson    | <input type="checkbox"/> Marion    | <input type="checkbox"/> Wasco      |
| <input type="checkbox"/> Crook     | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Morrow    | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Curry     | <input type="checkbox"/> Josephine  | <input type="checkbox"/> Multnomah | <input type="checkbox"/> Wheeler    |
| <input type="checkbox"/> Deschutes | <input type="checkbox"/> Klamath    | <input type="checkbox"/> Polk      | <input type="checkbox"/> Yamhill    |

☐ Other location within the United States of America, U.S. Territories or the freely associated states of the Republic of Marshall Islands, Palau, and the Federated States of Micronesia

☐ Location outside the United States of America, U.S. Territories or the freely associated states Republic of Marshall Islands, Palau, and the Federated States of Micronesia

☐ Don't want to answer

## 13. Reasons for which you request psilocybin services

Select all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> General health and wellness   | <input type="checkbox"/> Undiagnosed mental or emotional health issues   |
| <input type="checkbox"/> Access to culturally or linguistically responsive health and wellness options | <input type="checkbox"/> Economic drivers of health including effects of short- or long- term poverty, food insecurity, or houselessness |
| <input type="checkbox"/> Enhanced creativity   | <input type="checkbox"/> Racial or ethnicity-based trauma  |
| <input type="checkbox"/> Change of perspective or motivation   | <input type="checkbox"/> Gender or sexuality-based trauma  |
| <input type="checkbox"/> Expanded consciousness  | <input type="checkbox"/> Trauma related to domestic violence or sexual assault   |
| <input type="checkbox"/> Spirituality or religious reasons   | <input type="checkbox"/> Trauma related to combat or military service  |
| <input type="checkbox"/> Gender identity development   | <input type="checkbox"/> Trauma related to colonization, relocation or displacement  |
| <input type="checkbox"/> Mental or physical exhaustion   | <input type="checkbox"/> Other trauma  |
| <input type="checkbox"/> Chronic pain  | <input type="checkbox"/> Other reasons not listed here   |
| <input type="checkbox"/> Brain injury  | <input type="checkbox"/> I don't know  |
| <input type="checkbox"/> End-of-life psychological distress  | <input type="checkbox"/> I don't want to answer  |
| <input type="checkbox"/> Tobacco, alcohol, or substance use  |  |
| <input type="checkbox"/> Anxiety   |  |
| <input type="checkbox"/> Depression  |  |
| <input type="checkbox"/> Eating disorder   |  |
| <input type="checkbox"/> Post Traumatic Stress Disorder (PTSD)   |  |
| <input type="checkbox"/> Other mental health diagnosis   |  |