Completion Guide for the Non-Clinical Psychedelic Exposure Record Form

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Companion guide to: *Minimum Common Data Element Set for Non-Clinical Psychedelic Exposure Records*, version 1.1 (25 September 2026), and to the Exposure Record Form. Where this guide and the data element set differ in any way, the data element set governs.

Who this guide is for

You do not need a clinical or research background to fill in this form. You might be a program staff member, a facilitator, a survey coordinator, or the person who had the exposure, filling in their own record. This guide explains what each question is asking and why, in plain language.

This guide does not tell you how much of anything to take, how to take it, when to take it, or whether to use it. It only explains how to record something that has already happened. If you are looking for guidance on use, this is the wrong document: no part of this form, this guide, or the underlying data set provides that.

Before you start: the two ideas that make the whole form work

1. Every question can be answered "I don't know," and that answer matters. Five short codes cover every way an answer can be missing, and they are not interchangeable:

Code	In plain words
NR	"We never ask this." The program or survey simply doesn't collect this piece of information.
NH	"It exists somewhere, but not in front of me." Maybe it was collected on paper and never entered, or lost when the record was copied.
DE	"The person was asked, and said they'd rather not say."
UK	"Someone asked, but nobody actually knows the answer."
NA	"The question doesn't apply here." For example, a question about cycle phase doesn't apply to someone who marked "not cycling."

Never leave a box blank. If you don't have an answer, pick the code that describes *why* you don't have it. That single choice is itself useful information: it tells anyone reading the record later whether the gap is because nobody asked, because the answer got lost, because the person declined, or because nobody knows.

2. Everything is dated from one moment: the start of the exposure. The form calls this "day 0." Every later check-in is described as a number of days after day 0, for example, "day 30" or "day 90." You don't need to calculate anything by hand. Just record the actual date, and the actual number of days since day 0, honestly, even if a check-in happens later than planned. A late check-in is still useful. A guessed date is not.

Group 1. SUBSTANCE: what was used

This group records what the person says they used, and whether that was ever checked by testing. It does not ask you to judge whether the amount was appropriate.

- **What was it?** Record the substance the person or reporter says was used. If a lab test was done, record whether the test confirmed that identity, contradicted it, or was inconclusive. If no test was done, say so plainly: "not tested" is a normal, expected answer, not a gap to apologize for.
- **How much, in what form, and how was it taken?** Record the physical form (dried, brewed, extract, and so on), the amount, its unit, and the route (swallowed, held under the tongue, inhaled). If the amount was estimated rather than weighed, say so: an estimate and a measured weight are not the same kind of number, and the form has a place to note which one you have.
- **When did it happen, and had this person used a classic psychedelic before?** Record the date and time as precisely as you can, and note if you only know the month or the year. Also record how many times, if any, this person has used a classic psychedelic before this exposure, and how long ago the most recent one was. This helps distinguish a first-time experience from one layered on prior experience.

Group 2. PERSON: who this record is about

This group records background facts about the person that matter for interpreting everything else in the record. It asks for bands and categories, not exact identifying detail, to protect privacy.

- **Age, sex, and gender.** Age is recorded as a range (for example "25 to 34"), not an exact birthdate. Sex assigned at birth and gender identity are two different questions: please don't assume they're the same answer, and it's fine for someone to decline either one.
- **Health conditions.** This asks about a short, fixed list of conditions (heart disease, psychosis, bipolar disorder, seizures, a family history of psychosis, and a few others), not an open-ended medical history. For each one that applies, note whether it's a current condition or something in the past, and whether you're recording what the person told you or what's in a clinical record: those two sources aren't equally certain, so both get captured.
- **Current medications and other substances.** Certain medication types (like SSRIs or MAOIs) matter enough for safety context that they get their own yes/no/unknown question each, rather than being buried in a general medication list. There's also a place to note any other alcohol, cannabis, or other substance used around the same time as this exposure: this is separate from the psychedelic re-exposure question later in the form.

- **Reproductive and hormonal status.** This records things like pregnancy, being postpartum, or menopause, because they matter for interpreting outcomes and are easy to lose if buried in an average across everyone. It's a "select all that apply" list, and declining is always an option.
- **Other concurrent support.** If the person is in therapy, a structured recovery program, or a regular meditation practice around the time of the exposure, record that here: otherwise a change afterward can't be told apart from having no other support at all.

Group 3. PURPOSE: why this happened, in the person's own words (coded)

This group is about intent, not outcome. It is filled in twice where possible: once before the exposure, and again afterward. Both answers are kept: the second one never overwrites the first, because someone's stated reason can look different in hindsight than it did going in.

- **Was there a diagnosed medical reason?** First, a simple yes/no/unknown on whether a licensed clinician had diagnosed a condition at the time. This is separate from whether that diagnosis was actually the reason for this particular exposure: both are asked.
- **What was the purpose, from a fixed list?** There's a list of purposes (self-exploration, processing a life event, spiritual practice, curiosity, personal growth, and others) with codes attached. Pick one as the main purpose, and any number of others as secondary. People usually have more than one reason, so don't feel you have to squeeze the answer into a single choice. Record exactly when this answer was captured, before or after the exposure, because that timing is what makes the answer analytically useful later.

Group 4. SETTING: where, with whom, and how it was prepared

Setting means the physical place, who else was there, and what happened to prepare for and follow up on the exposure. None of these questions ask you to evaluate whether the setting was good or bad: only to describe it.

- **Place.** A short list of location types (own home, outdoors, a licensed center, and so on). If the exposure had distinct phases, such as preparation, the exposure itself, or integration afterward, you can record the setting for each phase separately.
- **Who else was there, and in what role.** If anyone was supervising, sitting with, guiding, or otherwise attending the person, record their role (for example, sitter, licensed facilitator, therapist) and whether that person holds a health-professional license. You never record that person's name or any identifying detail: only their role.
- **Alone or with others.** A separate, simple question: was the person alone, with others who were also using, with others who were not, or some mix, and roughly how many people were present.
- **Preparation and screening beforehand.** Record whether there was any preparatory contact with a facilitator or clinician before the exposure, and whether any kind of pre-exposure screening happened (medical, psychiatric, or about current medications), what tool

was used if any, and who did it. This form does not ask for the result of that screening: only whether it happened.

Group 5. OUTCOME: what happened afterward

This is the longest group, because it tracks several different kinds of outcome on several different timelines. Take it one piece at a time.

- **Adverse events in the first month.** Anything unwanted that happened in the first 72 hours (the "acute period") or in the following four weeks (the "subacute period") gets its own entry: what it was, when it started, how severe it was, whether it counted as "serious" under a specific medical definition (which is not the same thing as "severe": a seriousness label depends on things like whether it led to hospitalization, not just how intense it felt), and whether it had resolved by the time of the last check-in. If nothing happened, that's recorded explicitly too: an empty adverse-event section should never be mistaken for "we didn't check."
- **Effects that persist past the first month.** At day 30, day 90, and day 365, the form asks about each symptom again: is it new, or worse than it was before the exposure, compared with what was recorded before exposure as a baseline. A symptom only counts as a "persisting effect" if it meets a specific, written definition (spelled out in the form as "case definition CD-1.1"): this keeps two different people's counts comparable, instead of everyone using their own private sense of what counts.
- **Outcome measured against the stated purpose.** If your program uses a specific outcome questionnaire, this is where its score goes, matched to the purpose the person recorded beforehand (Group 3). If purpose wasn't recorded before the exposure, this score can't be calculated after the fact: the form asks you to say so plainly rather than reconstruct an answer.
- **Whether the person used again.** At each check-in, record whether the person had any further classic-psychedelic exposure since the last one, and when. This matters because an effect that shows up after a second exposure can't fairly be blamed on the first one alone.
- **Contact with the healthcare system.** Any telehealth call, urgent care visit, emergency room visit, or hospital stay that the person or a clinician connects to this exposure gets recorded, with its date and who made the connection. "None" is itself a valid, useful answer, but only for a period when someone was actually asked about it.

Group 6. PROVENANCE: the record's own paper trail

This last group is about the record itself, not about the person. It answers: how was this information gathered, by whom, where, and in what language?

- **How and by whom.** Was the information captured as things happened (prospectively) or pieced together afterward from memory or old files (retrospectively)? And who is actually supplying the answers: the person themselves, someone who was with them, a clinician, or someone else? These two facts tell a later reader how much weight the record can bear.

- **Where it fits into a larger count.** Every record belongs to some larger group of records (a "cohort") at a particular source. The total number of people in that group, and how many completed each check-in, is recorded once for the whole group, not repeated on every individual form, so look for that separately in the **source-record log** at the end of the form.
- **Where and in what language.** Record the place (state, territory, or country) where the record was captured, and the language the questions were asked in. If the exposure happened somewhere different from where the record was captured, note that too. If the person answered through an interpreter or a translated form, say so: an answer given through translation carries different uncertainty than one given directly.

A few closing reminders

- If you're not sure which of the five missing-data codes applies, ask yourself: was the question ever asked? If no, it's NR. If yes, does the answer exist somewhere but not here? That's NH. Did the person decline? DE. Does nobody know? UK. Does the question simply not apply to this case? NA.
- Filling in this form does not, by itself, create a data collection subject to consent and privacy rules, but any actual collection built around it does, and that is governed by whatever consent and legal rules apply to your own program, not by this form.
- If a question doesn't seem to fit your program at all, don't skip it silently: record NR and move on. A form with every field visibly accounted for is more useful than one with quiet gaps.

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