
NDARC

The University of NSW

ID Number:

Date:

Consent Form: ☐

Part A - Demographics

A1. What is your age in years?

..... years

A2. What sex are you?

₁ ☐ Male

₂ ☐ Female

₃ ☐ Transgender

A3. Are you an Australian citizen?

₁ ☐ Yes

₂ ☐ No, What nationality are you? _____

A3(a). Are you of Aboriginal or Torres Strait Islander descent?

₁ ☐ Yes

₂ ☐ No

A4. Where were your parents born?

Mother _____

Father _____

A5. What is the main language spoken at home?

.....

A6. What is your sexual preference?

₁ ☐ Heterosexual

₂ ☐ Homosexual

₃ ☐ Bisexual

A7. What is your current marital status?

₁ ☐ single

₂ ☐ married

₃ ☐ cohabitating with sexual partner

₄ ☐ divorced/separated

₅ ☐ widowed

A8. Are you currently in a relationship?

- ☐ No (go to question A9)
☐ Yes

A8(a). How long have you been in your present relationship?

.....

A9. Do you have dependent children?

- ☐ Yes
☐ No

A10. Which of the following best describes your living arrangements?:

- ☐ living alone
☐ living with parents
☐ living with partner
☐ living in a group situation
☐ living with friend/friends
☐ other (specify) _____

A11. Where do you reside?

- ☐ Inner City/East
☐ North
☐ South
☐ Inner West
☐ South West
☐ West
☐ other, specify _____

A11(a) May I have your post code please?

— — — —

A12. How many years of schooling have you had?
(To the end of Year 12 = 13)

..... years

A13. What is the highest level of education that you have completed or currently completing?

- ☐ 1 primary school
- ☐ 2 still at secondary school
- ☐ 3 secondary school up to Year 10
- ☐ 4 completed secondary school
- ☐ 5 diploma, associate diploma, trade certificate
- ☐ 6 attended university
- ☐ 7 still attending university
- ☐ 8 completed university qualification (undergraduate or higher)

A14. What is your current gross salary?

- ☐ 1 10,000 or less
- ☐ 2 10,001-20,000
- ☐ 3 20,001-30,000
- ☐ 4 30,001-40,000
- ☐ 5 40,001-50,000
- ☐ 6 50,001-60,000
- ☐ 7 60,001+
- ☐ 8 no response

A15. Are you currently employed?

- ☐ 1 Yes, full-time
- ☐ 2 Yes, part-time/casual
- ☐ 3 Student (*Go to question A16*)
- ☐ 4 Pensioner (*Go to question A16*)
- ☐ 5 No (*Go to question A16*)

A15(a). What is your present occupation?

.....

A16. Have you ever been in prison?

- ☐ 1 No
- ☐ 2 Yes

A17. How did you find out about this study?

- ☐ 1 ad in paper/magazine
- ☐ 2 friend
- ☐ 3 needle exchange
- ☐ 4 researcher/interviewer
- ☐ 5 flier
- ☐ 6 other _____

Part B - Patterns of Use

B1. How old were you when you first intentionally tried ketamine?

..... years

B2. Prior to this, do you believe that you have tried ketamine under another name?

☐ No, *please go to B3*

☐ Yes, please answer the following questions about unintentional ketamine use.

(a) What did you believe you were taking?.....

(b) Why did you think it was ketamine

.....
.....
.....

(c) What form did it come in?

☐ liquid

☐ powder

☐ capsule

☐ tablet

☐ other,

(d) Who gave it to you?

☐ friend

☐ dealer

☐ workmate

☐ acquaintances

☐ other,

(e) What were the POSITIVE effects you experienced?

.....
.....
.....

(f) What were the NEGATIVE effects you experienced?

.....
.....
.....

(g) Why did you decide to use again?

.....
.....
.....

B8.

**From this point, we would like you to consider intentional ketamine use only
(unless otherwise directed)**

B3. On how many different occasions have you ever used ketamine?

- 1 ☐ once only
- 2 ☐ 2 - 5 times
- 3 ☐ 6 - 10 times
- 4 ☐ 10 - 15 times
- 5 ☐ 16 - 20 times
- 6 ☐ 20 times or more

B9.

B4. How often do you use ketamine?

- 1 ☐ more than once per week
- 2 ☐ weekly
- 3 ☐ couple per month
- 4 ☐ monthly
- 5 ☐ 5 to 10 times per year
- 6 ☐ yearly
- 7 ☐ less than yearly
- 8 ☐ do not use anymore

B5. Would you consider yourself a regular ketamine user?

- 1 ☐ No, *please go to B6*
- 2 ☐ Yes, why

B10.

.....
.....
.....
.....

B6. If you have decided not to use ketamine again, please give your reasons

.....
.....
.....
.....

B7. Have you ever purchased ketamine?

- 1 ☐ Yes (*go to question B8*)
- 2 ☐ No (*go to question B10*)

B11

B8. Who have you ever bought ketamine from?
(tick as many as applicable)

- ☐ Friends
- ☐ Dealers
- ☐ Workmates
- ☐ Acquaintances
- ☐ Overseas (which country)
- ☐ Veterinary supplier
- ☐ Veterinary surgery
- ☐ Other (.....)
- ☐ Unknown

B9. Where do you usually buy ketamine from?
(Tick only one)

- ☐ Friends
- ☐ Dealers
- ☐ Workmates
- ☐ Acquaintances
- ☐ Overseas (which country)
- ☐ Veterinary surgery
- ☐ Veterinary supplier
- ☐ Unknown

(a) If friend, or other secondary source, where do you believe that your supplier(s) obtains ketamine from?
..... (Go to question 12)

B10. If you have never bought ketamine, who has ever given you the drug?
(tick as many as applicable)

- ☐ Friends
- ☐ Dealers
- ☐ Workmates
- ☐ Acquaintances
- ☐ Unknown
- ☐ Other _____

(a) If friend, or other secondary source, where do you believe that your supplier(s) obtains ketamine from?
.....

B11. If you have never bought ketamine, who has usually given you the drug?
(Tick only one)

- ☐ Friends
- ☐ Dealers

- ☐ Workmates
- ☐ Acquaintances
- ☐ Unknown
- ☐ Other _____

B12. In what location have you ever scored ketamine?
(Tick as many as applicable [5 only])

- ☐ Own home
- ☐ Dealer's home
- ☐ Friend's home
- ☐ Raves
- ☐ Dance Parties
- ☐ Nightclubs
- ☐ Pubs
- ☐ Gyms
- ☐ On the street
- ☐ Other _____

B13. In what location do you usually score your ketamine from?
(Tick only one)

- ☐ Own home
- ☐ Dealer's home
- ☐ Friend's home
- ☐ Raves
- ☐ Dance Parties
- ☐ Nightclubs
- ☐ Pubs
- ☐ Gyms
- ☐ On the street
- ☐ Other _____

B14. To the best of your knowledge, how much does ketamine cost?

\$ _____ per bump (range \$ _____ to \$ _____)
 \$ _____ per gram (range \$ _____ to \$ _____)
 \$ _____ per ml (range \$ _____ to \$ _____)

B15. Has the price varied in the last 6 months?

- ☐ no
- ☐ yes, increased
- ☐ yes, decreased
- ☐ don't know

B16. How pure do you think the ketamine is that you obtain?

- ☐ 1 not very pure
- ☐ 2 reasonably pure
- ☐ 3 pure
- ☐ 4 don't know

B17. Has the purity of ketamine changed in the last 6 months?

- ☐ 1 no
- ☐ 2 yes, better
- ☐ 3 yes, worse
- ☐ 4 don't know

B18. How easy would you say it is to get ketamine?

- ☐ 1 very easy
- ☐ 2 easy
- ☐ 3 don't know
- ☐ 4 difficult
- ☐ 5 very difficult

B19. Has this changed in the last 6 months?

- ☐ 1 no change
- ☐ 2 become easier
- ☐ 3 become harder
- ☐ 4 don't know

B20. If you have bought ketamine, what form did it ever come in?
(Tick as many as applicable)

- ☐ 1 have never bought ketamine
- ☐ 2 liquid in vials
- ☐ 3 powder in bags
- ☐ 4 powder in vials with measured lids - spoons
- ☐ 5 powder in vials with measured lids - measured puffs
- ☐ 6 other, please specify

.....

B21. In what form was the ketamine you have usually used?
(Tick only one)

- ☐ 1 tablets/capsules
- ☐ 2 liquid in vials
- ☐ 3 powder in bags
- ☐ 4 powder in vials with measured lids - spoons

- ☐ powder in vials with measured lids - measured puffs
☐ other, please specify

B22. How do you usually administer ketamine? (*Tick only one*)

- ☐ Intramuscular injection
☐ Intravenous injection
☐ Intranasally\snorting
☐ Swallow
☐ Smoke

B23. Have you ever injected ketamine?

- ☐ No, *Go to B26*
☐ Yes

B24. How many times have you injected ketamine:

(a) in the last month?

(b) ever?

B25. When injecting ketamine:

(a) have you ever used a needle that was previously used by someone else?

- ☐ Yes
☐ No

(b) has anyone ever reused your needle after you have used it?

- ☐ Yes
☐ No

(c) do you reuse needles?

- ☐ Yes
☐ No

How often do you clean needles before reusing them?

- | | | | |
|--------------------------|-----------|--------------------------|--------|
| <input type="checkbox"/> | Always | <input type="checkbox"/> | Rarely |
| <input type="checkbox"/> | Often | <input type="checkbox"/> | Never |
| <input type="checkbox"/> | Sometimes | | |

B26. Have you ever injected any other drug?

- ☐ No, *Go to B29*
☐ Yes

B27. When injecting any other drug:

(a) have you ever used a needle that was previously used by someone else?

- ☐ Yes
☐ No

(b) has anyone ever reused your needle after you have used it?

- ☐ Yes
☐ No

(c) do you reuse needles?

- ☐ Yes
☐ No

How often do you clean needles before reusing them?

- ☐ Always
☐ Often
☐ Sometimes
☐ Rarely
☐ Never

B28. Do you have any problems getting clean needles and syringes?

- ☐ No
☐ Yes, please explain

.....
.....

B29. If you have never injected ketamine what are the TWO main reasons you never tried injecting ketamine?

- ☐ Not applicable (ie. have injected)
☐ dislike of needles/injecting
☐ fear of health problems
☐ injecting inconvenient
☐ satisfied with swallowing/snorting
☐ friends do not inject
☐ other _____

B30. Do you have to alter the constitution of ketamine before use?

- ☐ No
☐ Yes, heat up liquid to solid form
☐ Yes, melt solid to liquid

☐ other method, please explain

.....
.....

B31. How much ketamine do you usually use on a single occasion?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 1 bump | <input type="checkbox"/> less than 1ml |
| <input type="checkbox"/> 1-5 bumps | <input type="checkbox"/> 1-5ml |
| <input type="checkbox"/> 5-10 bumps | <input type="checkbox"/> 5-10ml |
| <input type="checkbox"/> 10-30 bumps | <input type="checkbox"/> more than 10ml |
| <input type="checkbox"/> more than 1g | |

B32. What is the maximum amount you have used on a single occasion?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> 1 bump | <input type="checkbox"/> less than 1ml |
| <input type="checkbox"/> 1-5 bumps | <input type="checkbox"/> 1-5ml |
| <input type="checkbox"/> 5-10 bumps | <input type="checkbox"/> 5-10ml |
| <input type="checkbox"/> 10-30 bumps | <input type="checkbox"/> more than 10ml |
| <input type="checkbox"/> more than 1g | |

B33. Where do you usually consume/administer ketamine? (*Choose 1 only*)

- ☐ at home
- ☐ at friends place
- ☐ dance parties/raves
- ☐ clubs
- ☐ pubs

B34. Have you ever consumed/administered ketamine in the following places?
(*Tick as many as applicable. [4]*)

- ☐ at home
- ☐ at friends place
- ☐ dance parties/raves
- ☐ clubs
- ☐ pubs

B35. Do you prefer to use ketamine on its own (without using other drugs concurrently)?

- ☐ Yes
- ☐ No

Why is that?

.....
.....
.....
.....

B36. Have you ever used ketamine deliberately with any other drug(s)?

- ☐ No
☐ Yes, Which drugs?

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> 1 ecstasy | <input type="checkbox"/> 7 amyl nitrate | <input type="checkbox"/> 13 GBH/fantasy |
| <input type="checkbox"/> 2 Speed | <input type="checkbox"/> 8 alcohol | <input type="checkbox"/> 14 nitrous oxide |
| <input type="checkbox"/> 3 MDA | <input type="checkbox"/> 9 benzo's | <input type="checkbox"/> 15 ethyl |
| <input type="checkbox"/> 4 cocaine | <input type="checkbox"/> 10 heroin | <input type="checkbox"/> 16 anti-depressants |
| <input type="checkbox"/> 5 LSD | <input type="checkbox"/> 11 steroids | <input type="checkbox"/> 17 other _____ |
| <input type="checkbox"/> 6 cannabis | <input type="checkbox"/> 12 tobacco | |

B37. Which drugs do you prefer to use ketamine with?

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> 1 ecstasy | <input type="checkbox"/> 7 amyl nitrate | <input type="checkbox"/> 13 GBH/fantasy |
| <input type="checkbox"/> 2 Speed | <input type="checkbox"/> 8 alcohol | <input type="checkbox"/> 14 nitrous oxide |
| <input type="checkbox"/> 3 MDA | <input type="checkbox"/> 9 benzo's | <input type="checkbox"/> 15 ethyl |
| <input type="checkbox"/> 4 cocaine | <input type="checkbox"/> 10 heroin | <input type="checkbox"/> 16 anti-depressants |
| <input type="checkbox"/> 5 LSD | <input type="checkbox"/> 11 steroids | <input type="checkbox"/> 17 other _____ |
| <input type="checkbox"/> 6 cannabis | <input type="checkbox"/> 12 tobacco | |

B38. Are there any drugs which you would NOT use ketamine with?

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> 1 ecstasy | <input type="checkbox"/> 7 amyl nitrate | <input type="checkbox"/> 13 GBH/fantasy |
| <input type="checkbox"/> 2 Speed | <input type="checkbox"/> 8 alcohol | <input type="checkbox"/> 14 nitrous oxide |
| <input type="checkbox"/> 3 MDA | <input type="checkbox"/> 9 benzo's | <input type="checkbox"/> 15 ethyl |
| <input type="checkbox"/> 4 cocaine | <input type="checkbox"/> 10 heroin | <input type="checkbox"/> 16 anti-depressants |
| <input type="checkbox"/> 5 LSD | <input type="checkbox"/> 11 steroids | <input type="checkbox"/> 17 other _____ |
| <input type="checkbox"/> 6 cannabis | <input type="checkbox"/> 12 tobacco | |

(a) Please explain,

.....

.....

.....

.....

Part C - Reasons for using Ketamine

C1. What were your THREE MAIN REASONS for (a) first trying ketamine and for (b) continuing to use ketamine?

	(a) First	(b) Continued Use
1. for the effect	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. boredom/release from routine	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. friends were using at the time	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. curiosity	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. cope with other problems	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. using other drugs at the same time	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. couldn't get any other drugs	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. relatively cheap	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. have a habit	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. tolerance to other drugs	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. to feel good	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. to party/have fun	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. other	13 <input type="checkbox"/>	13 <input type="checkbox"/>

C2. What are the best things about using ketamine? (*tick as many as applicable*)

- 1 ☐ group experience
- 2 ☐ heightened/altered senses
- 3 ☐ euphoria/rush
- 4 ☐ release from stress
- 5 ☐ helps me dance all night
- 6 ☐ sense of well-being
- 7 ☐ escape reality
- 8 ☐ creativity
- 9 ☐ bringing other drugs on/prolonging the effects
- 10 ☐ out of body experience
- 11 ☐ other _____

C3. What are the worst things about ketamine?

- ☐ 1 nothing
- ☐ 2 coming down effects
- ☐ 3 health risks
- ☐ 4 psychological problems
- ☐ 5 tolerance
- ☐ 6 qualities issues/impurities
- ☐ 7 limited availability
- ☐ 8 fear of 'K-hole'
- ☐ 9 other _____

C4. What are the main things you do while you are on ketamine? (*Choose only two*)

- ☐ 1 dance at dance parties/raves/clubs etc.
- ☐ 2 chill out relax
- ☐ 3 stay at home/friend's places
- ☐ 4 listen to music
- ☐ 5 other _____

C5. Who do you usually use ketamine with?

- ☐ 1 alone
- ☐ 2 partner
- ☐ 3 small group (2-4)
- ☐ 4 large group (5+)
- ☐ 5 dealer
- ☐ 6 family
- ☐ 7 workmates
- ☐ 8 acquaintances
- ☐ 9 other _____

C6. Approximately how many people do you know that have used ketamine?

- ☐ 1 none
- ☐ 2 1-2
- ☐ 3 3-10
- ☐ 4 11-20
- ☐ 5 21-50
- ☐ 6 more than 50

C7. How many people have you given ketamine to for the first time?

..... people

Part D - Effects of Ketamine

D1. How long does it take for ketamine to take an effect?

(a) orally

- 1 ☐ never swallowed
- 2 ☐ less than 2 minutes
- 3 ☐ 2-5 minutes
- 4 ☐ 5-10 minutes
- 5 ☐ 10-15 minutes
- 6 ☐ 15-20 minutes
- 7 ☐ 20-30 minutes
- 8 ☐ other

(b) intravenous

- 1 ☐ never injected into veins
- 2 ☐ less than 2 minutes
- 3 ☐ 2-5 minutes
- 4 ☐ 5-10 minutes
- 5 ☐ 10-15 minutes
- 6 ☐ 15-20 minutes
- 7 ☐ 20-30 minutes
- 8 ☐ other

(c) intramuscular

- 1 ☐ never injected into muscle
- 2 ☐ less than 2 minutes
- 3 ☐ 2-5 minutes
- 4 ☐ 5-10 minutes
- 5 ☐ 10-15 minutes
- 6 ☐ 15-20 minutes
- 7 ☐ 20-30 minutes
- 8 ☐ other

(d) intranasal\snorting

- 1 ☐ never snorted
- 2 ☐ less than 2 minutes
- 3 ☐ 2-5 minutes
- 4 ☐ 5-10 minutes
- 5 ☐ 10-15 minutes
- 6 ☐ 15-20 minutes
- 7 ☐ 20-30 minutes
- 8 ☐ other

D2. How long does the ketamine effect last for?

(a) oral

- 1 ☐ never swallowed
- 2 ☐ less than 30 minutes
- 3 ☐ 30-60 minutes
- 4 ☐ 60-90 minutes
- 5 ☐ 90-120 minutes
- 6 ☐ more than 2 hours

(b) intravenous

- 1 ☐ never injected into veins
- 2 ☐ less than 30 minutes
- 3 ☐ 30-60 minutes
- 4 ☐ 60-90 minutes
- 5 ☐ 90-120 minutes
- 6 ☐ more than 2 hours

(c) intramuscular

- 1 ☐ never injected into muscle
- 2 ☐ less than 30 minutes
- 3 ☐ 30-60 minutes
- 4 ☐ 60-90 minutes
- 5 ☐ 90-120 minutes
- 6 ☐ more than 2 hours

(d) intranasal\snorting

- 1 ☐ never snorted
- 2 ☐ less than 30 minutes
- 3 ☐ 30-60 minutes
- 4 ☐ 60-90 minutes
- 5 ☐ 90-120 minutes
- 6 ☐ more than 2 hours

D3. In general, do you enjoy the effects of ketamine?

- 1 ☐ Yes
- 2 ☐ No

D4. Do you think ketamine heightens the experience at dance parties etc.?

- 1 ☐ yes
- 2 ☐ no
- 3 ☐ not applicable

D5. The following list relates to the physical effects of ketamine:

- (a) have you EVER experienced any of the following effects?
and (b) indicate which of the effects you USUALLY experience?

From those which you have experienced, indicate whether you believe they are POSITIVE or NEGATIVE.

	Ever	Usually	Positive	Negative
1. increased heart rate	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. over-excited breathing	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. difficulty breathing	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. vomiting	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. convulsions	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. nausea	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. increased body temperature	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. lack of coordination	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. temporary paralysis	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. blurred vision	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. inability to move	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. feeling no pain	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. muscle spasms	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. inability to speak	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>

D6. The following list relates to the psychological/behavioural effects of ketamine:

- (a) have you EVER experienced any of the following effects?
and (b) indicate which of the effects you USUALLY experience.

From those which you have experienced, indicate whether you believe they are POSITIVE or NEGATIVE.

	Ever	Usually	Positive	Negative
1. insomnia	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. anorexia	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. dizziness	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. a feeling that you have been separated from your environment	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. a feeling that your mind has been separated from your body	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>

<i>(continued)</i>	Ever	Usually	Positive	Negative
6. auditory hallucinations	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. visual hallucinations	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. confusion	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. excitement	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. irrational behaviour	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. paranoia	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. loose association	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. unusual thought content	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. impaired memory	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>	14 <input type="checkbox"/>
15. euphoria	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. seeing colours	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. aggression	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. novel bodily sensations	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. weightlessness	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>	19 <input type="checkbox"/>
20. altered body perceptions	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>	20 <input type="checkbox"/>
21. repeating yourself	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>	21 <input type="checkbox"/>
22. anxiety	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>	22 <input type="checkbox"/>
23. absence of time	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>	23 <input type="checkbox"/>
24. agitation	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>	24 <input type="checkbox"/>

D7. Have you ever experienced the 'K-HOLE'?

- 1 ☐ No
2 ☐ Yes, please explain what you experienced

.....
.....
.....
.....
.....
.....

(a) What do you believe the 'K-HOLE' experience is?

.....
.....
.....
.....
.....
.....

Problems

D8. Have you ever experienced severe side effects as a result of ketamine use?

- ₁ ☐ No
₂ ☐ Yes, explain
.....
.....

D9. Have you ever had to deal with someone who has suffered badly following ketamine use?

- ₁ ☐ No
₂ ☐ Yes, what did you do and was it effective?
.....
.....
.....

D10. Has ketamine use ever caused you problems:

(a) in personal relationships?

- ₁ ☐ no, never
₂ ☐ yes
How has ketamine affected your personal relationships?
.....
.....
.....

(b) with the law?

- ₁ ☐ no, never
₂ ☐ yes
How has ketamine caused you legal problems?
.....
.....
.....

(c) financially?

- ₁ ☐ no, never
₂ ☐ yes
How has ketamine caused you financial problems?
.....
.....
.....

(d) with work performance?

- ₁ ☐ no, never

2 ☐

yes

How has ketamine affected your work performance?

.....
.....
.....

D11. (a) Did you ever think that your ketamine use was out of control?

- 0 ☐ never or almost never
1 ☐ sometimes
2 ☐ often
3 ☐ always or nearly always

(b) Did the prospect of not being able to get any ketamine make you anxious or worried?

- 0 ☐ never or almost never
1 ☐ sometimes
2 ☐ often
3 ☐ always or nearly always

(c) How much did you worry about your ketamine use?

- 0 ☐ not at all
1 ☐ a little
2 ☐ often
3 ☐ always or nearly always

(d) Do you wish you could stop?

- 0 ☐ never or almost never
1 ☐ sometimes
2 ☐ often
3 ☐ always or nearly always

(e) How difficult would you find it to stop or go without?

- 0 ☐ not difficult at all
1 ☐ quite difficult
2 ☐ very difficult
3 ☐ impossible

D12. Do you feel that you need more of ketamine to get the same effect each time you use?

- 1 ☐ yes
2 ☐ no

Recovery from the effect of ketamine

D13. How long does it take for the effects of ketamine to wear off?

- | | | | |
|--------------------------|--------------------|--------------------------|----------------------|
| <input type="checkbox"/> | less than one hour | <input type="checkbox"/> | okay the next day |
| <input type="checkbox"/> | one to two hours | <input type="checkbox"/> | a day or two |
| <input type="checkbox"/> | two to three hours | <input type="checkbox"/> | longer than two days |

D14. Do you experience any of the following at least 12 hours after use (ie. at least the next day)?

- | | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | vivid dreams |
| <input type="checkbox"/> | visual hallucinations |
| <input type="checkbox"/> | auditory hallucinations |
| <input type="checkbox"/> | delirium |
| <input type="checkbox"/> | confusion |
| <input type="checkbox"/> | excitement |
| <input type="checkbox"/> | irrational behaviour |
| <input type="checkbox"/> | anxiety |
| <input type="checkbox"/> | insomnia |
| <input type="checkbox"/> | other _____ |
| <input type="checkbox"/> | none |

Part E - Lifestyle

E1. How often do you have a drink containing alcohol?

- ☐ 1 daily
- ☐ 2 couple of times per week
- ☐ 3 weekly
- ☐ 4 couple of times per month
- ☐ 5 monthly
- ☐ 6 rarely
- ☐ 7 never

E2. On a typical day when you are drinking, how many drinks would you have?

..... drinks

E3. Do you smoke cigarettes?

- ☐ 1 Yes
- ☐ 2 No

(a) On average over the last month how many cigarettes would you smoke per day?

..... cigarettes per day (on average)

E4. Have you ever used any of the following drugs? If yes, please indicate the age you were at first use and frequency of use in the last two months

	Yes,	Age of first use	Frequency last 12 months
1. ecstasy	<input type="checkbox"/> (1=daily 2=couple/week
2. speed	<input type="checkbox"/> 3=weekly 4=couple/month
3. cocaine	<input type="checkbox"/> 5=monthly 6=few/year
4. LSD	<input type="checkbox"/> 7=yearly 8=none)
5. Cannabis	<input type="checkbox"/>
6. Amyl nitrate	<input type="checkbox"/>
7. Benzo's	<input type="checkbox"/>
8. Heroin	<input type="checkbox"/>
9. methadone	<input type="checkbox"/>
10. anabolic steroids	<input type="checkbox"/>
11. GBH/fantasy	<input type="checkbox"/>
12. MDA	<input type="checkbox"/>
13. nitrous oxide	<input type="checkbox"/>

E5. Have you ever injected any drug other than ketamine?

- 1 ☐ No
2 ☐ Yes, please indicate below (last 12 months)

	1 time	2-5 times	6-10 times	10-20 times	20+ times
1. ecstasy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. speed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. cocaine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. LSD	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Benzo's	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Heroin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. Methadone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. anabolic steroids	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. GBH/fantasy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. MDA	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Part F - Deterrents

F1. Do you intend to use ketamine again?

- 1 ☐ No
2 ☐ Yes
3 ☐ Don't know

F2. How likely are the following in deterring you from using ketamine?

	Extremely Likely	Likely	Don't know	Unlikely	Extremely Unlikely
(a) cost doubling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(b) increased criminal penalties	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(c) greater attention of the police in enforcing laws	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(d) ill health (general)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(e) ketamine side effects	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(f) lack of public acceptance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
(g) information on dangers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

F3. Is there anything else that you can think of that might deter you from using ketamine?

Thank you for your time. Please use the space below if there is anything else you would like to say about ketamine or this study.