PUBLIC HEALTH DIVISION
CENTER FOR HEALTH PROTECTION
Oregon Psilocybin Services
http://oregon.gov/psilocybin

303 Client Data Form

For use beginning January 1, 2026

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

- ☐ Afro-Latino/a/x/e
- ☐ Central American
- ☐ Cuban
- ☐ Dominican
- ☐ Guatemalan
- ☐ Mexican
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ South American
- ☐ Other Hispanic or Latino/a/x/e

Native Hawaiian and Pacific Islander

- ☐ CHamoru (Chamorro)
- ☐ Communities of the Micronesian Region
- ☐ Fijian
- ☐ Marshallese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Tongan
- ☐ Other Pacific Islander

White

- ☐ English
- ☐ German
- ☐ Irish
- ☐ Italian
- ☐ Polish
- ☐ Romanian
- ☐ Russian
- ☐ Scottish
- ☐ Slavic
- ☐ Ukrainian
- ☐ Other White

American Indian and Alaska Native

- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis or First Nation
- ☐ Indigenous Mexican, Central American, or South American

Black and African American

- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Haitian
- ☐ Jamaican
- ☐ Nigerian
- ☐ Somali
- ☐ Other African (Black)
- ☐ Other Black

Jewish

- ☐ Ashkenazi
- ☐ Sephardi
- ☐ Other Jewish

Middle Eastern/North African/SWANA

- ☐ Egyptian
- ☐ Iraqi
- ☐ Iranian
- ☐ Israeli
- ☐ Lebanese
- ☐ Palestinian
- ☐ Syrian
- ☐ Turkish
- ☐ Other Middle Eastern/ North African/SWANA

Asian

- ☐ Afghan
- ☐ Asian Indian
- ☐ Cambodian/Khmer
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Pakistani
- ☐ South Asian
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian

Additional categories

- ☐ Other (not listed)
- ☐ Don't know
- ☐ 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?

☐ Yes, please select your primary racial or ethnic identity below.
☐ I do not have just one primary racial or ethnic identity.
☐ No. I identify as Biracial or Multiracial.
☐ Not applicable. I only checked one category above.

Hispanic and Latino/a/x/e

☐ Afro-Latino/a/x/e
☐ Central American
☐ Cuban
☐ Dominican
☐ Guatemalan
☐ Mexican
☐ Puerto Rican
☐ Salvadoran
☐ South American
☐ Other Hispanic or Latino/a/x/e

Native Hawaiian and Pacific Islander

☐ CHamoru (Chamorro)
☐ Communities of the Micronesian Region
☐ Fijian
☐ Marshallese
☐ Native Hawaiian
☐ Samoan
☐ Tongan
☐ Other Pacific Islander

White

☐ English
☐ German
☐ Irish
☐ Italian
☐ Polish
☐ Romanian
☐ Russian
☐ Scottish
☐ Slavic
☐ Ukrainian
☐ Other White

American Indian and Alaska Native

☐ American Indian
☐ Alaska Native
☐ Canadian Inuit, Metis or First Nation
☐ Indigenous Mexican, Central American, or South American

Black and African American

☐ African American
☐ Afro-Caribbean
☐ Ethiopian
☐ Haitian
☐ Jamaican
☐ Nigerian
☐ Somali
☐ Other African (Black)
☐ Other Black

Jewish

☐ Ashkenazi
☐ Sephardi
☐ Other Jewish

Middle Eastern/North African/SWANA

☐ Egyptian
☐ Iraqi
☐ Iranian
☐ Israeli
☐ Lebanese
☐ Palestinian
☐ Syrian
☐ Turkish
☐ Other Middle Eastern/ North African/SWANA

Asian

☐ Afghan
☐ Asian Indian
☐ Cambodian/Khmer
☐ Chinese
☐ Communities of Myanmar
☐ Filipino/a
☐ Hmong
☐ Indonesian
☐ Japanese
☐ Korean
☐ Laotian
☐ Pakistani
☐ South Asian
☐ Taiwanese
☐ Thai
☐ Vietnamese
☐ Other Asian

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

3. Preferred Spoken Language

☐ Arabic	☐ Chuukese	☐ Korean	☐ Romanian	☐ Ukrainian
☐ Bosnian	☐ English	☐ Lao	☐ Russian	☐ Vietnamese
☐ Burmese	☐ Farsi	☐ Marshallese	☐ Somali	☐ Other
☐ Cambodian	☐ French	☐ Oromo (Cushite)	☐ Spanish	☐ Don't know
☐ Chinese	☐ German	☐ Pohnpeian	☐ Thai	☐ Don't want to answer
	☐ Japanese			

4. Preferred Written Language

☐ Arabic	☐ Chuukese	☐ Korean	☐ Romanian	☐ Ukrainian
☐ Bosnian	☐ English	☐ Lao	☐ Russian	☐ Vietnamese
☐ Burmese	☐ Farsi	☐ Marshallese	☐ Somali	☐ Other
☐ Cambodian	☐ French	☐ Oromo (Cushite)	☐ Spanish	☐ Don't know
☐ Chinese, simplified	☐ German	☐ Pohnpeian	☐ Thai	☐ Don't want to answer
☐ Chinese, traditional	☐ 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?

☐ Since birth	☐ 21-40 years old	☐ 61-80 years old	☐ Don't want to answer
☐ Under 21 years old	☐ 41-60 years old	☐ 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?

☐ Since birth	☐ 21-40 years old	☐ 61-80 years old	☐ Don't want to answer
☐ Under 21 years old	☐ 41-60 years old	☐ 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?

☐ Since birth	☐ 21-40 years old	☐ 61-80 years old	☐ Don't want to answer
☐ Under 21 years old	☐ 41-60 years old	☐ 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?

☐ Since birth	☐ 21-40 years old	☐ 61-80 years old	☐ Don't want to answer
☐ Under 21 years old	☐ 41-60 years old	☐ 81+ years old	

Do you have **difficulty dressing or bathing**?

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

If Yes, at what age did this condition begin?

☐ Since birth ☐ 21-40 years old ☐ 61-80 years old ☐ Don't want to answer

☐ Under 21 years old ☐ 41-60 years old ☐ 81+ years old

Do you have serious **difficulty learning how to do things most people your age can learn**?

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

If Yes, at what age did this condition begin?

☐ Since birth ☐ 21-40 years old ☐ 61-80 years old ☐ Don't want to answer

☐ Under 21 years old ☐ 41-60 years old ☐ 81+ years old

Using your **usual (customary) language**, do you have **serious difficulty communicating** (for example understanding or being understood by others)?

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

☐ Don't know what this question is asking

If Yes, at what age did this condition begin?

☐ Since birth ☐ 21-40 years old ☐ 61-80 years old ☐ Don't want to answer

☐ Under 21 years old ☐ 41-60 years old ☐ 81+ years old

Because of a **physical, mental, or emotional condition**, do you have **difficulty doing errands alone** such as visiting a doctor's office or shopping?

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

If Yes, at what age did this condition begin?

☐ Since birth ☐ 21-40 years old ☐ 61-80 years old ☐ Don't want to answer

☐ Under 21 years old ☐ 41-60 years old ☐ 81+ years old

Do you have **serious difficulty** with the following**: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations**?

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

☐ Don't know what this question is asking

If Yes, at what age did this condition begin?

☐ Since birth ☐ 21-40 years old ☐ 61-80 years old ☐ Don't want to answer

☐ Under 21 years old ☐ 41-60 years old ☐ 81+ years old

6. Gender Identity

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

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

Are you Transgender? **Select one.**

- ☐ Yes
- ☐ No
- ☐ Questioning/Exploring
- ☐ Don't know
- ☐ Don't know what this question is asking
- ☐ Don't want to answer

7. Sex

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

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Not Listed
- ☐ Don't know
- ☐ Don't know what this question is asking
- ☐ Don't want to answer

8. Sexual Orientation

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

- ☐ Same-gender loving
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Pansexual
- ☐ Straight or heterosexual
- ☐ Asexual Spectrum
- ☐ Queer
- ☐ Questioning/Exploring
- ☐ Not listed
- ☐ Don't know
- ☐ Don't know what this question is asking
- ☐ Don't want to answer

9. Annual Household Income

- ☐ $0-$11,200
- ☐ $11,001-$44,725
- ☐ $44,726-$95,375
- ☐ $95,376-$182,100
- ☐ $182,101-$231,250
- ☐ $231,251-$578,125
- ☐ $578,126+
- ☐ Don't want to answer

10. Age

- ☐ 21-24 years old
- ☐ 25-29 years old
- ☐ 30-34 years old
- ☐ 35-39 years old
- ☐ 40-44 years old
- ☐ 45-49 years old
- ☐ 50-54 years old
- ☐ 55-59 years old
- ☐ 60-64 years old
- ☐ 65-69 years old
- ☐ 70-74 years old
- ☐ 75-79 years old
- ☐ 80-84 years old
- ☐ 85+ years old
- ☐ Don't want to answer

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))?

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

12. County of Residence

Oregon County:

- ☐ Baker
- ☐ Benton
- ☐ Clackamas
- ☐ Clatsop
- ☐ Columbia
- ☐ Coos
- ☐ Crook
- ☐ Curry
- ☐ Deschutes
- ☐ Douglas
- ☐ Gilliam
- ☐ Grant
- ☐ Harney
- ☐ Hood River
- ☐ Jackson
- ☐ Jefferson
- ☐ Josephine
- ☐ Klamath
- ☐ Lake
- ☐ Lane
- ☐ Lincoln
- ☐ Linn
- ☐ Malheur
- ☐ Marion
- ☐ Morrow
- ☐ Multnomah
- ☐ Polk
- ☐ Sherman
- ☐ Tillamook
- ☐ Umatilla
- ☐ Union
- ☐ Wallowa
- ☐ Wasco
- ☐ Washington
- ☐ Wheeler
- ☐ 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:

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