SELF-ADMINISTRATION QUESTIONNAIRE

As you will remember one of the first steps agreed upon at the meeting in North Carolina was to share information on the results of studies using self-administration substitution procedures.

The enclosed questionnaire is our first attempt to collate information from the various self-administration laboratories who have agreed to cooperate in this project. We are maximally interested at this stage in results obtained with certain "standard" compounds to determine the extent of inter-laboratory variability. Therefore the questionnaire should be filled out only for drugs which are generally available and not for drugs being currently developed by a pharmaceutical firm. Of the highest priority are drugs such as cocaine, amphetamines (and related phenethylamines); barbiturates; morphine and other opioids.

It is absolutely imperative that this material be returned to Professor C. R. Schuster by Sept. 15, 1973 at the address below. If this deadline is met the data will be analyzed by December of 1973. At that time a decision will as well be made as to the next logical step. If a substantial number of laboratories have already investigated enough "standard" compounds and there is little variability in results we will proceed immediately with certain "unknown" drugs. Clearly, nothing can be decided until the data is sent in and it is for this reason we strongly encourage you to fill out the questionnaire as quickly as possible.

Please copy the enclosed questionnaire and use 1 copy for each of the compounds you report and/or each of the methods you used.

Mailing address: Dr. C. R. Schuster
ISGIDAR
Department of Psychiatry
University of Chicago
950 E. 59th Street
Chicago, Illinois 60637
SELF-ADMINISTRATION QUESTIONNAIRE

Infusion Apparatus
Brand
Speed
Infusion Volume
Infusion Duration

Stimuli Used
Session ON - Light
   Tone
   Other
Infusion ON - Light
   Tone
   Other

Session Description
Duration

Session Frequency
Daily
Weekdays only
Other

Time of Day
Light Hours
Dark Hours
Both Light & Dark

Schedule of Reinforcement
Fixed Ratio (specify number)
Other
Medical Treatments & Disease Prophylaxis

Penicillin or other antibodies

Isoniazid

Other

Organismic Variables

Species_____________________

Size_____________________

Sex_____________________

Estimated Age_____________________

Environmental Variables - Please check appropriate box.

Housing:

Cubicle -

Open [ ]

Closed [ ]

Restraint:

Arm and Harness [ ]

Chair [ ]

Other (explain)_____________________

Duration of stay in experimental cubicle:

Session only [ ]

24 hours/day [ ]

Manipulandum

Lever Switch [ ]

(brand_____________________

Other_____________________

Specify baseline drug (e.g. cocaine) used to train and maintain responding between test drugs

Baseline Drug_____________________.
Drugs Tested:
Name__________________________
Dosages Tested__________________
Number of animals at each dose___________
Dosages generating response rates significantly above control rates_____________________
Dosage generating maximal rate__________________
Rates (responses/unit time) of drug reinforced responding at the various doses tested.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Mg/kg/unit time of drug intake at the various doses tested.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Solvent if other than saline____________________
Is the above data published?
Yes [ ]
No [ ]
If yes, where?________________________________________.