



NATIONAL NETWORK *of* DEPRESSION CENTERS

Ketamine Site Survey

Background Questions

1. Your Name

2. Your Institution

3. Does your site currently offer intravenous (IV) ketamine for clinical treatment?

- No
- Yes
- We are in the process of building the service

4. Does your site currently offer intranasal (IN) esketamine for clinical treatment?

- No
- Yes
- We are in the process of building the service

5. Do you offer any other modalities of treatment, eg intranasal ketamine, intramuscular ketamine or oral ketamine?

- No
- Yes, and the modality is:



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PATIENTS TREATED WITH ESKETAMINE AND/OR KETAMINE

The questions below refer to patients treated with esketamine and/or ketamine. If not applicable, please scroll to question #24. Thank you!

6. What is the approximate number of patients seen per week at your clinic?

7. What are the main indications for treatment?

(Please indicate all that apply, and feel free to share any ICD-10 codes that you find helpful for billing purposes under "Other" below.)

- Treatment-resistant major depressive disorder (MDD)
- Treatment-resistant bipolar disorder
- Psychotic Treatment-resistant depression (MDD or bipolar)
- Other (please specify)

8. What co-morbidities do you frequently encounter in your clinic?

(Please indicate all that apply.)

- Anxiety Disorders
- Post-Traumatic Stress Disorder
- Personality Disorders
- Other (please specify)
- Substance Use Disorders
- Psychotic Disorders

9. Have you had any concerns about worsening addictive behaviors?

- No
- Yes (please specify)

10. What ages are you currently treating?

(Please select all that apply)

- < 18 years old
- 18 - 65 years old
- > 65 years old

11. Of your patients receiving ketamine or esketamine, please indicate the payer source for the treatments in approximate percentages:

	0-20%	21-40%	41-60%	61-80%	81-100%
Ketamine / Insured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ketamine / Self-pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esketamine / Insured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esketamine / Self-pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Does/will your clinic include a research component?

- No
- Yes

13. Does your clinic support any active industry-sponsored trials (eg, long-term clinical trial of intranasal esketamine)?

- No
- Yes (please specify)

14. Does your clinic have any active federally or foundationally funded ketamine-related grants/awards?

- No
- Yes (please specify)

15. Are you willing to continue this survey by answering 14 more questions regarding intravenous (IV) and intranasal (IN) ketamine administration?

Yes

No



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INTRAVENOUS KETAMINE questions

The questions below refer to patients treated with intravenous ketamine. If not applicable, please scroll to question #24. Thank you!

16. Where are the infusions administered?

- Dedicated infusion room/space
- ECT suite or recovery space in surgical post-operative care unit (PACU)
- Other (please specify)

17. What IV dosing is used at your site?

- 0.5 mg/kg
- Flexible
- Other (please specify)

18. What IV duration is used in your facility?

- 40 minutes
- 100 minutes
- Flexible
- Other (please specify)

19. What is your site's standard frequency of IV administration during the acute/index phase of treatment?

- 2x per week
- 3x per week
- Other (please specify)

20. Does your facility offer maintenance ketamine infusions?

- No
- Yes (please specify)

21. Is an anesthesia provider present during portions or all of the infusion (eg, staff anesthesiologist, anesthesia resident and/or certified registered nurse anesthetist [CRNA])?

- No
- Yes (please specify)

22. Is a psychiatrist present DURING the infusion?

- No
- Yes (please provide additional details about the psychiatrist's role during infusion)

23. Is a psychiatrist present AFTER ketamine administration (ie, post-infusion monitoring)?

- No
- Yes (please provide additional details about the psychiatrist's role in post-infusion monitoring)



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INTRANASAL ESKETAMINE questions

The questions below refer to patients treated with intranasal esketamine. If not applicable, please scroll to question #28 below. Thank you!

24. Where are/will you administer insufflations?

(Please select all that apply.)

- Dedicated insufflation space/room
- Shared space (eg, transcranial magnetic stimulation [TMS] treatment room)
- ECT suite or recovery space in surgical post-operative care unit (PACU)
- Private office (eg, individual clinician's offices)
- Other (please specify)

25. Who are you/will you have monitor insufflations at your institution?

- Nurse/nursing assistant (RN and/or CNA)
- Nurse practitioner (ARNP)
- Psychiatrist (MD/DO)
- Other Healthcare Practitioner (please specify title, degree and/or training)

26. How are you monitoring or plan to monitor REMS-related and other side effects during and in the mandatory 2 hour post-insufflation period?

- Clinical assessment (eg, presence/absence of sedation or dissociation)
- Rating scales
- Other (please specify)

27. Is/will a psychiatrist be present after insufflation (eg, during the 2 hour post-treatment monitoring)?
(Please provide any additional comments about post-insufflation monitoring below.)

- No
- Yes (please specify)



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END

Pandemic impact

28. Has the COVID-19 pandemic affected your ketamine clinical services?

- No
- Yes (please describe its impact)

29. Are there any further comments or questions that you would like to add?