Scale Survey (Acute Subjective Effects)

Start of Block: Welcome and Consent

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Consent\_intro **Welcome to this survey about your first psychedelic experience!**

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Consent\_choice **Introduction**   
You have been invited to participate in a study about your emotions, beliefs, behaviors, and experiences related to using a drug.   
    
**Volunteer Status**   
Your participation in the study is completely voluntary. You are free to withdraw from participating at any time.    
    
**Purpose**   
The purpose of this study is to examine aspects of experiences with drugs.   
    
**Procedure**   
In this study, you will be asked to complete a series of questionnaires in online surveys and to think about aspects of your emotions, beliefs, behaviors, and experiences.   
    
**Confidentiality**   
Your identity and data will be kept completely confidential. Your data from the study will be coded with a randomly assigned identification number. No personally identifying information will be disclosed, even in the event of publication of this research. The data that you contribute will be kept in a secure location, and only the experimenters will have access to it. You will not be asked for any identifying information.   
    
**Risks**   
The assignments and questions involved in this study generally refer to feelings and activities most people experience in their daily life. There are minimal risks involved in this study. If, for any reason, you feel uncomfortable with any aspect of this study, please contact the Johns Hopkins Yaden Lab at YadenLab@jhmi.edu.   
    
**Benefits**   
As a result of being in this study, you may gain awareness of aspects of your emotions, beliefs, behaviors, and experiences.    
    
**For Further Information**   
If you have questions, concerns, or complaints about the study please contact the Johns Hopkins Yaden Lab at YadenLab@jhmi.edu. If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Johns Hopkins University School of Medicine Institutional Review Board at jhmeirb@jhmi.edu.    
    
**Participant Statement:**   
I have read the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

* **Agree** (1)
* **Disagree** (0)

End of Block: Welcome and Consent

Start of Block: Remember-- First Experience

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PsydelSub\_Experience **Have you had an experience with a psychedelic substance?**   
    
For the purposes of this survey, "classic psychedelic" means only psilocybin mushrooms (magic mushrooms, shrooms), LSD (acid), mescaline (including Peyote and San Pedro cacti), Ayahuasca, N,N-DMT, or 5-MeO-DMT.

* Yes (1)
* No (0)

Display This Question:

If Have you had an experience with a psychedelic substance?   For the purposes of this survey, "clas... = No

Disqualify\_1 Thank you for your interest in this survey. Unfortunately you do not meet criteria to continue with this survey. We regularly do surveys on a variety of topics related to psychedelics, and you may be appropriate for surveys in the future. You can learn more about ongoing research at https://hopkinspsychedelic.org/ .

FirstPyschedelExp Please take a moment to remember your first psychedelic experience. This experience should be the first time you felt the effects of a psychedelic. This should be a normal dose (i.e., *not* a microdose).   
    
As a reminder, for the purposes of this survey, "classic psychedelic" means only psilocybin mushrooms, LSD (acid), mescaline (including Peyote and San Pedro cacti), Ayahuasca, N,N-DMT, or 5-MeO-DMT.   
    
**Can you remember your first psychedelic experience?**

* Yes (1)
* No (2)

Display This Question:

If Have you had an experience with a psychedelic substance?   For the purposes of this survey, "clas... = No

Disqualify\_2 Thank you for your interest in this survey. Unfortunately, you do not meet criteria to continue with this survey. We regularly do surveys on a variety of topics related to psychedelics, and you may be appropriate for surveys in the future. You can learn more about ongoing research at https://hopkinspsychedelic.org/ .

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NumPsychedelExp **How many times in your life have you taken a classic psychedelic? Please do not count microdoses (very low doses with minimal subjective effects)**.   
    
If needed, please take your best guess. As a reminder, for the purposes of this survey, "classic psychedelic" means only psilocybin mushrooms, LSD (acid), mescaline (including Peyote and San Pedro cacti), Ayahuasca,  N,N-DMT, or 5-MeO-DMT.

▼ 1 (1) ... 101+ (101)

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Age\_firstpsychedelex **How old were you when you had your first psychedelic experience?**

▼ 2 (2) ... 101+ (101)

End of Block: Remember-- First Experience

Start of Block: Demographics-- BasicDemoLog\_RepLikex

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Q1   
Please answer the following demographic questions.   
  **What is your age?**

▼ 15 (15) ... 101+ (101)

Q2 **What is your race?**

* White/Caucasian (1)
* Black/African American (2)
* Asian (3)
* Native Hawaiian or Pacific Islander (4)

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Q3 **Are you hispanic?**

* Yes (1)
* No (0)

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Q4 **What is your sexual orientation?**

* Heterosexual (straight) (1)
* Gay (2)
* Lesbian (3)
* Queer (4)
* Bisexual (5)
* Asexual (6)
* Aromantic (7)
* Pansexual (8)
* Questioning or unsure (9)
* Other (10) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Q5 **What is your gender identity?**

* Male (1)
* Female (2)
* Transgender (3)
* Non-binary (4)
* Genderqueer or genderfluid (5)
* Agender (6)
* Unsure (7)
* Other (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Q6 People talk about social classes such as the poor, the working class, the middle class, the upper-middle class, and the upper class. **Which of these classes would you say you belong to?**

* Poor (1)
* Working class (2)
* Middle class (3)
* Upper-middle class (4)
* Upper class (5)

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Q7 **What is your yearly household income?**

* < $50K (1)
* $50K - 100K (2)
* > $100K (3)

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Q8 **What is your highest education level and/or degree?**

* High school/GED (1)
* Associate of Arts (AA) (2)
* Bachelor's Degree (graduated college) (3)
* Master's Degree (4)
* MD/PhD/JD (5)

Q9 **What is your current marital/partnership status?**

* Married or living with partner (1)
* Divorced/separated (2)
* Widowed (3)
* Never married (4)

Q10 **What is your current employment status?**

* Full-time employment (1)
* Part-time employment (2)
* Unemployed (3)
* Retired (4)

End of Block: Demographics-- BasicDemoLog\_RepLikex

Start of Block: Experience -- Memories of Your First Psychedelic Experience

Remeber\_firstExp Take a few moments now to recollect and bring to mind your first psychedelic experience.  
  
  
**Please answer all of the following questions in this survey ONLY with respect to your first psychedelic experience.**

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ClearMemory **How clear are your memories of your first psychedelic experience?**

* Not very clear (1)
* Somewhat clear (2)
* Clear (3)
* Very clear (4)
* Completely clear (5)

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Spec\_PsychedelSub **Please indicate which classic psychedelic substance you took for your first psychedelic experience:**

* Psilocybin mushrooms (magic mushrooms) (1)
* LSD (Acid) (3)
* Mescaline (including Peyote and San Pedro cacti) (4)
* Ayahuasca (5)
* DMT (6)
* 5-MeO-DMT (7)

TimeSinceFirstExp Approximately how long ago did your first psychedelic experience occur?

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|  | 0 | 3 | 5 | 8 | 10 | 13 | 15 | 18 | 20 | 23 | 25 | 28 | 30 | 33 | 35 | 38 | 40 | 43 | 45 | 48 | 50 |

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| Years ago () |  |

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SizeDose **How would you characterize this dose?**

* Low (1)
* Moderate (2)
* Moderately High (3)
* High (4)

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OtherPsychoSub **Were you under the influence of any other psychoactive substance at the time of the experience (excluding caffeine and nicotine)?**

* Yes (1)
* No (0)
* Unsure (7)

Display This Question:

If Were you under the influence of any other psychoactive substance at the time of the experience (e... = Yes

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OtherPsychoSub\_spec **Which other substance(s) were you under the influence of? Select all that apply.  
Note: This includes medications prescribed or not prescribed.**

* Alcohol (2)
* MDMA (3)
* Classic Psychedelics (e.g., psilocybin, LSD, 5-MeO-DMT) (4)
* Novel psychoactive substances (5)
* Cannabis/Marijuana (7)
* Amphetamines (9)
* Opiates (11)
* Ketamine (14)
* Inhalants (15)
* Cocaine (17)
* Benzodiazepines (21)
* Other non-medical (22)
* Other medical (14)

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Motivation\_firstexp **What were your principal motivations in having this psychedelic experience? Select all that apply.**

* Recreational (1)
* Spiritual exploration (2)
* Experimentation (3)
* To learn about myself (4)
* To heal a trauma (6)
* To treat an addiction (7)
* To treat depression (8)
* To treat anxiety (9)
* To distract myself/escape from problems (10)
* Other (11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Context\_firstexp **In what context did you have this psychedelic experience?**

* In my home (1)
* At someone else's home (2)
* Somewhere open/in nature (3)
* At a festival or large party (5)
* Other (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

formritual\_firstexp **Did your first psychedelic experience occur in the context of a formal ceremony or ritual (e.g. with a shaman or other spiritual leader facilitating the session)?**

* Yes (1)
* No (2)

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Firstexp\_withppl **Did you have this psychedelic experience mostly alone or mostly with others?**

* Alone (1)
* With others (2)

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PhysComfort\_firstexp **The physical comfort and safety of the surroundings were conducive to (supportive of) having a positive experience.**

* Yes (1)
* No (2)

Describe\_firstexp **Optional**: If you'd like, you can describe this psychedelic experience in the box below. Your description can be as long or as short as you wish.

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End of Block: Experience -- Memories of Your First Psychedelic Experience

Start of Block: Mystical Experience Questionnaire Revised (MEQ) - 30 ITEMS

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MEQ\_1   
Looking back at your first psychedelic experience, please rate the degree to which at any time during that session you experienced the following phenomena. Answer each question according to your feelings, thoughts, and experiences at the time of your first psychedelic experience. Use the scale in making each of your ratings:   
  
 **1. Loss of your usual sense of time.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_2 **2. Experience of amazement.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_3   
**3. Sense that the experience cannot be described adequately in words.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_4 **4. Gain of insightful knowledge experienced at an intuitive level.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_5   
**5. Feeling that you experienced eternity or infinity.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_6 **6. Experience of oneness or unity with objects and/or persons perceived in your surroundings.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_7   
**7. Loss of your usual sense of space.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_8 **8. Feelings of tenderness and gentleness.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_9   
**9. Certainty of encounter with ultimate reality (in the sense of being able to “know” and “see” what is really real at some point during your experience.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_10 **10. Feeling that you could not do justice to your experience by describing it in words.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_11   
**11. Loss of usual awareness of where you were.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_12 **12. Feelings of peace and tranquility.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_13   
**13. Sense of being “outside of” time, beyond past and future.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_14 **14. Freedom from the limitations of your personal self and feeling a unity or bond with what was felt to be greater than your personal self.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_15   
**15. Sense of being at a spiritual height.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_16 **16. Experience of pure being and pure awareness (beyond the world of sense impressions).**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_17   
**17. Experience of ecstasy.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_18 **18. Experience of the insight that “all is One”.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_19   
**19. Being in a realm with no space boundaries.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_20 **20. Experience of oneness in relation to an “inner world” within.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_21   
**21. Sense of reverence.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_22 **22. Experience of timelessness.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_23   
**23. You are convinced now, as you look back on your experience, that in it you encountered ultimate reality (i.e., that you “knew” and “saw” what was really real).**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_24 **24. Feeling that you experienced something profoundly sacred and holy.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_25   
**25. Awareness of the life or living presence in all things.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_26 **26. Experience of the fusion of your personal self into a larger whole.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_27   
**27. Sense of awe or awesomeness.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_28 **28. Experience of unity with ultimate reality.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_29   
**29. Feeling that it would be difficult to communicate your own experience to others who have not had similar experiences.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

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MEQ\_30 **30. Feelings of joy.**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 - strong (equivalent in degree to any previous strong experience or expectation of this description) (4)
* 5 - extreme (more than ever before in my life and stonger than 4) (5)

End of Block: Mystical Experience Questionnaire Revised (MEQ) - 30 ITEMS

Start of Block: Challenging Experience Questionnaire (CEQ) - 26 ITEMS

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CEQ\_1   
Looking back at your first psychedelic experience, please rate the degree to which at any time during that session you experienced the following phenomena. Answer each question according to your feelings, thoughts, and experiences at the time of your first psychedelic experience. In making each of your ratings, use the provided scale:   
    
**1. Isolation and loneliness**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_2 **2. Sadness**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_3   
**3. Feeling my heart beating**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_4 **4. I had the feeling something horrible would happen**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_5   
**5. Feeling my body shake/tremble**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_6 **6. Feelings of grief**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_7   
**7. Experience of fear**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_8 **8. Fear that I might lose my mind or go insane**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_9   
**9. I felt like crying**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_10 **10. Feeling of isolation from people and things**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_11   
**11. Feelings of despair**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_12 **12.**I had the feeling that people were plotting against me

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_13   
**13. I was afraid that the state I was in would last forever**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_14 **14. Anxiousness**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_15   
**15. I felt shaky inside**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_16 **16. I had the profound experience of my own death**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_17   
**17. I felt my heart beating irregularly or skipping beats**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_18 **18. Pressure or weight in my chest or abdomen**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_19   
**19. I experienced a decreased sense of sanity**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_20 **20. I felt as if I was dead or dying**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_21   
**21. Panic**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_22 **22. Experience of antagonism toward people around me**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_23   
**23. Despair**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_24 **24. I felt isolated from everything and everyone**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_25   
**25. Emotional and/or physical suffering**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

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CEQ\_26 **26. I felt frightened**

* 0 - none; not at all (0)
* 1 - so slight cannot decide (1)
* 2 - slight (2)
* 3 - moderate (3)
* 4 – strong (4)
* 5 – extreme (more than ever before in my life) (5)

End of Block: Challenging Experience Questionnaire (CEQ) - 26 ITEMS

Start of Block: Awe Experience Scale (AWE-S)

AWE.S **Instructions**: Please answer the following questions about your first psychedelic experience and any experience of awe therein. While you may have had other experiences that are relevant to the following questions, please answer only about your first psychedelic experience.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree (1) | Moderately Disagree (2) | Somewhat Disagree (3) | Neutral (4) | Somewhat Agree (5) | Moderately Agree (6) | Strongly agree (7) |
| I sensed things momentarily slow down. (AWE.S\_1) |  |  |  |  |  |  |  |
| I noticed time slowing. (AWE.S\_2) |  |  |  |  |  |  |  |
| I felt my sense of time change. (AWE.S\_3) |  |  |  |  |  |  |  |
| I experienced the passage of time differently. (AWE.S\_4) |  |  |  |  |  |  |  |
| I had the sense that a moment lasted longer than usual. (AWE.S\_5) |  |  |  |  |  |  |  |
| I felt that my sense of self was diminished. (AWE.S\_6) |  |  |  |  |  |  |  |
| I felt my sense of self shrink. (AWE.S\_7) |  |  |  |  |  |  |  |
| I experienced a reduced sense of self. (AWE.S\_8) |  |  |  |  |  |  |  |
| I felt my sense of self become somehow smaller. (AWE.S\_9) |  |  |  |  |  |  |  |
| I felt small compared to everything else. (AWE.S\_10) |  |  |  |  |  |  |  |
| I had the sense of being connected to everything (AWE.S\_11) |  |  |  |  |  |  |  |
| I felt a sense of communion with all living things. (AWE.S\_12) |  |  |  |  |  |  |  |
| I experienced a sense of oneness with all things. (AWE.S\_13) |  |  |  |  |  |  |  |
| I felt closely connected to humanity. (AWE.S\_14) |  |  |  |  |  |  |  |
| I had a sense of complete connectedness. (AWE.S\_15) |  |  |  |  |  |  |  |
| I felt that I was in the presence of something grand. (AWE.S\_16) |  |  |  |  |  |  |  |
| I experienced something greater than myself. (AWE.S\_17) |  |  |  |  |  |  |  |
| I felt in the presence of greatness. (AWE.S\_18) |  |  |  |  |  |  |  |
| I perceived something that was much larger than me. (AWE.S\_19) |  |  |  |  |  |  |  |
| I perceived vastness. (AWE.S\_20) |  |  |  |  |  |  |  |
| I felt my jaw drop. (AWE.S\_21) |  |  |  |  |  |  |  |
| I had goosebumps. (AWE.S\_22) |  |  |  |  |  |  |  |
| I gasped. (AWE.S\_23) |  |  |  |  |  |  |  |
| I had chills. (AWE.S\_24) |  |  |  |  |  |  |  |
| I felt my eyes widen. (AWE.S\_25) |  |  |  |  |  |  |  |
| I felt challenged to mentally process what I was experiencing. (AWE.S\_26) |  |  |  |  |  |  |  |
| I found it hard to comprehend the experience in full. (AWE.S\_27) |  |  |  |  |  |  |  |
| I felt challenged to understand the experience. (AWE.S\_28) |  |  |  |  |  |  |  |
| I struggled to take in all that I was experiencing at once. (AWE.S\_29) |  |  |  |  |  |  |  |
| I tried to understand the magnitude of what I was experiencing. (AWE.S\_30) |  |  |  |  |  |  |  |

End of Block: Awe Experience Scale (AWE-S)

Start of Block: Psychological Insight Questionnaire (PIQ) - 23 ITEMS

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PsychInsight1 Looking back at your first psychedelic experience, please rate the degree to which at any time during that session you experienced the following phenomena. Answer each question according to your feelings, thoughts, and experiences at the time of your first psychedelic experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | No; not at all (0) | So slightly cannot decide (1) | Slightly (2) | Moderately (3) | Strongly (4) | Extremely (more than ever before in my life) (5) |
| 1. Awareness of uncomfortable or painful feelings I previously avoided. (PsychInsight\_1) |  |  |  |  |  |  |
| 2. Realized the importance of my life. (PsychInsight\_2) |  |  |  |  |  |  |
| 3. Discovered I could explore uncomfortable or painful feelings I previously avoided. (PsychInsight\_3) |  |  |  |  |  |  |
| 4. Awareness of information that helped me understand my life. (PsychInsight\_4) |  |  |  |  |  |  |
| 5. Awareness of dysfunctional patterns in my actions, thoughts, and/or feelings. (PsychInsight\_5) |  |  |  |  |  |  |
| 6. Discovered a vivid sense of the paradoxes in life. (PsychInsight\_6) |  |  |  |  |  |  |
| 7. Realized the nature and/or origins of my defenses or other coping strategies. (PsychInsight\_7) |  |  |  |  |  |  |
| 8. Awareness of my life purpose, goals, and/or priorities. (PsychInsight\_8) |  |  |  |  |  |  |
| 9. Realized how current feelings or perceptions are related to events from my past. (PsychInsight\_9) |  |  |  |  |  |  |
| 10. Discovered a clear pattern of avoidance in my life. (PsychInsight\_10) |  |  |  |  |  |  |
| 11. Discovered new actions that may help me achieve my goals. (PsychInsight\_11) |  |  |  |  |  |  |

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PsychInsight2 Reminder of instructions: Looking back at your first psychedelic experience, please rate the degree to which at any time during that session you experienced the following phenomena. Answer each question according to your feelings, thoughts, and experiences at the time of your first psychedelic experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | No; not at all (0) | So slightly cannot decide (1) | Slightly (2) | Moderately (3) | Strongly (4) | Extremely (more than ever before in my life) (5) |
| 12. Gained resolution or clarity about past traumas or hurtful events. (PsychInsight\_12) |  |  |  |  |  |  |
| 13. Experienced validation of my life, character, values, or beliefs. (PsychInsight\_13) |  |  |  |  |  |  |
| 14. Gained a deeper understanding of events/memories from my past. (PsychInsight\_14) |  |  |  |  |  |  |
| 15. Realized I could experience memories previously too difficult to experience. (PsychInsight\_15) |  |  |  |  |  |  |
| 16. Gained a deeper understanding of previously held beliefs and/or values. (PsychInsight\_16) |  |  |  |  |  |  |
| 17. Discovered how aspects of my life are affecting my well-being. (PsychInsight\_17) |  |  |  |  |  |  |
| 18. Realized ways my beliefs may be dysfunctional. (PsychInsight\_18) |  |  |  |  |  |  |
| 19. Discovered clear similarities between my past and present interpersonal relationships. (PsychInsight\_19) |  |  |  |  |  |  |
| 20. Discovered new insights about my work or career. (PsychInsight\_20) |  |  |  |  |  |  |
| 21. Realized how critical or judgmental views I hold towards myself are dysfunctional. (PsychInsight\_21) |  |  |  |  |  |  |
| 22. Awareness of beneficial patterns in my actions, thoughts, and/or feelings. (PsychInsight\_22) |  |  |  |  |  |  |
| 23. Realized the point of view or actions of others that had been difficult to understand previously. (PsychInsight\_23) |  |  |  |  |  |  |

End of Block: Psychological Insight Questionnaire (PIQ) - 23 ITEMS

Start of Block: Persisting Effects: Attitudes about Self – 18 ITEMS

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PEQ\_AttitudeSelf\_1   
   
   
This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status prior to your first psychedelic experience, please evaluate your present condition.    
    
    
**1. You feel less creative.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_2 **2. You feel more creative.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_3   
   
   
**3. You are a more authentic person.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_4 **4. You are a less authentic person.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_5   
   
   
  
**5. You have more good-natured humor/playfulness/lightness of being.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_6 **6. You have less good-natured humor/playfulness/lightness of being.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_7   
   
   
  
**7. You have less patience/ability to tolerate frustration.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_8 **8. You have more patience/ability to tolerate frustration.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_9   
   
**9. You have less mental flexibility/open-mindedness.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_10 **10. You have more mental flexibility/open-mindedness.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_11   
   
   
**11. Your self-confidence/self-assurance has increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_12 **12. Your self-confidence/self-assurance has decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_13   
   
**13. You are more honest with yourself.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_14 **14. You are less honest with yourself.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_15   
   
   
   
**15. You are less able to tolerate your own suffering.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_16 **16. You are more able to tolerate your own suffering.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_17   
   
   
**17. You are less concerned with thoughts and feelings about your body.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeSelf\_18 **18. You are more concerned with thoughts and feelings about your body.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

End of Block: Persisting Effects: Attitudes about Self – 18 ITEMS

Start of Block: Persisting Effects: Attitudes about Life – 26 ITEMS

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PEQ\_AttitudeLife\_1   
   
This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
    
**1. The experience has changed your philosophy of life positively.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_2 **2. The experience has changed your philosophy of life negatively.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_3   
   
   
   
  
**3. Your appreciation for life has increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_4 **4. Your appreciation for life has decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_5   
   
**5. Your life has a diminished dynamic quality.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_6 **6. Your life has a heightened dynamic quality.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_7   
   
   
   
**7. Your life has less meaning.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_8 **8. Your life has more meaning.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_9   
   
   
   
**9. You have less enthusiasm for life in general.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_10 **10. You have more enthusiasm for life in general.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_11   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.    
  
 **11. Your sense of values (i.e., what is important to you in life) has changed positively.**

* none; none at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_12 **12. Your sense of values (i.e., what is important to you in life) has changed negatively.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_13   
   
   
   
   
   
**13. Your life has more richness.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_14 **14. Your life has less richness.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_15   
   
   
   
   
   
**15. You have more joy in your life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_16 **16. You have less joy in your life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_17   
   
   
   
   
**17. Your experience has been a hindrance for your life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_18 **18. Your experience has been valuable for your life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_19   
   
   
   
   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.    
    
**19. You have more optimism.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_20 **20. You have less optimism.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_21   
   
   
   
   
   
**21. You have more trust that everything in life will work out all right.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_22 **22. You have less trust that everything in life will work out all right.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_23   
   
   
   
   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
   
 **23. You are more preoccupied with your future.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_24 **24. You are less preoccupied with your future.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_25   
   
   
   
   
   
**25. You are less concerned with your past.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_AttitudeLife\_26 **26. You are more concerned with your past.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

End of Block: Persisting Effects: Attitudes about Life – 26 ITEMS

Start of Block: Persisting Effects: Behavioral Changes – 2 ITEMS

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PEQ\_Behavior\_1   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.    
  
 **1. Your behavior has changed in ways you would consider negative since the experience.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Behavior\_2 **2. Your behavior has changed in ways you would consider positive since the experience.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

End of Block: Persisting Effects: Behavioral Changes – 2 ITEMS

Start of Block: Persisting Effects: Miscellaneous – 9 ITEMS

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PEQ\_Misc\_1   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
   **1. You are now more certain about the veracity of certain metaphysical religious teachings or concepts (e.g. nirvana, heaven, hell, karma, reincarnation).**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Misc\_2 **2. You are now less certain about the veracity of certain metaphysical religious teachings or concepts (e.g. nirvana, heaven, hell, karma, reincarnation).**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Misc\_3   
   
**3. You spend less time in devotional life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Misc\_4 **4. You spend more time in devotional life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Misc\_5   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
   **5. You have learned something useful from the experience.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Misc\_6 **6. You feel that you now know a new dimension of life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Misc\_7   
**7. You are convinced now in retrospect that you encountered ultimate reality in your experience (i.e., that what you "knew" and "saw" was really real).**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Misc\_8 **8. You now feel that the meaning of your own experience is beyond words.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Misc\_9 **9. You now feel that your life has taken a definite change of course because of this experience.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

End of Block: Persisting Effects: Miscellaneous – 9 ITEMS

Start of Block: Persisting Effects: Mood Changes – 18 ITEMS

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PEQ\_MoodChanges\_1   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.    
    
**1. Feelings of sadness or depression have decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_2 **2. Feelings of sadness or depression have increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_3   
   
   
**3. Feelings of anxiety or nervousness have decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_4 **4. Feelings of anxiety or nervousness have increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_5   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.     
  
 **5. You now feel more love and openheartedness.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_6 **6. You now feel less love and openheartedness.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_7   
   
   
**7. You experience less inner peace (i.e. centeredness, serenity, calmness, contentment).**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_8 **8. You experience more inner peace (i.e. centeredness, serenity, calmness, contentment).**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_9   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**9. Your feelings of positive emotions (e.g. love, joy, appreciation, gratitude, contentment) have decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_10 **10. Your feelings of positive emotions (e.g. love, joy, appreciation, gratitude, contentment) have increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_11   
   
   
**11. You feel more inspired.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_12 **12. You feel less inspired.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_13   
   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
   
 **13. Feelings of anger (e.g., bitterness, hostility, scorn) have increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_14 **14. Feelings of anger (e.g., bitterness, hostility, scorn) have decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_15   
   
   
**15. Feelings of guilt have increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_16 **16. Feelings of guilt have decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_17   
   
   
**17. You experience more joy.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_MoodChanges\_18 **18. You experience less joy.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

End of Block: Persisting Effects: Mood Changes – 18 ITEMS

Start of Block: Persisting Effects: Relationships – 20 ITEMS

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PEQ\_Relationship\_1   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**1. You have become more sensitive to the needs of others.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_2 **2. You have become less sensitive to the needs of others.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_3   
**3. You now feel a decreased desire for service to others.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_4 **4. You now feel an increased desire for service to others.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_5   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**5. You are more tolerant toward others.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_6 **6. You are less tolerant toward others.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_7   
**7. You have a more positive relationship with others.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_8 **8. You have a more negative relationship with others.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_9   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**9. You express more hatred toward others.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_10 **10. You express more love toward others.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_11   
**11. You have reduced interpersonal perceptiveness (i.e., empathy, sensitivity).**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_12 **12. You have greater interpersonal perceptiveness (i.e., empathy, sensitivity).**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_13   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**13. Your expression of anger in ways that unnecessarily hurt others (e.g. ridicule, outward expression of irritability) has decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_14 **14. Your expression of anger in ways that unnecessarily hurt others (e.g. ridicule, outward expression of irritability) has increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_15   
**15. Your social concern/compassion has decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_16 **16. Your social concern/compassion has increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_17   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
   
 **17. Your concern about vulnerable people has decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_18 **18. Your concern about vulnerable people has increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_19   
**19. Your interest in promoting awareness of social justice issues has decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Relationship\_20 **20. Your interest in promoting awareness of social justice issues has increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

End of Block: Persisting Effects: Relationships – 20 ITEMS

Start of Block: Persisting Effects: Religion – 12 ITEM

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PEQ\_Religion\_1   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**1. You feel more effective overall in your role as a religious leader.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Religion\_2 **2. You feel less effective overall in your role as a religious leader.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Religion\_3   
   
**3. You now have a deeper understanding of the essence of your religious tradition.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Religion\_4 **4. You now have a less deep understanding of the essence of your religious tradition.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Religion\_5   
   
**5. You now have more passion for sharing the essence of your religious understanding/faith.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Religion\_6 **6. You now have less passion for sharing the essence of your religious understanding/faith.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Religion\_7   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**7. You now have more eagerness to engage in the world as a religious professional.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Religion\_8 **8. You now have less eagerness to engage in the world as a religious professional.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Religion\_9   
   
**9. You are less certain about the positive role of religion in the world.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Religion\_10 **10. You are more certain about the positive role of religion in the world.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Religion\_11   
   
**11. In your religious thinking, you now have an increased tolerance of paradox (i.e., "Both/And" instead of "Either/Or").**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Religion\_12 **12. In your religious thinking, you now have a decreased tolerance of paradox (i.e., "Both/And" instead of "Either/Or").**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

End of Block: Persisting Effects: Religion – 12 ITEM

Start of Block: Persisting Effects: Spirituality – 59 ITEMS

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PEQ\_Spiritual\_1   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**1. You have an increased sense of reverence.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_2 **2. You have a decreased sense of reverence.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_3   
**3. Your appreciation for the whole of creation has decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_4 **4. Your appreciation for the whole of creation has increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_5   
**5. Time spent in quiet meditation or prayer has decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_6 **6. Time spent in quiet meditation or prayer has increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_7   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**7. You have more of a sense of the preciousness of life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_8 **8. You have less of a sense of the preciousness of life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_9   
   
**9. You experience profound sacredness less frequently.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_10 **10. You experience profound sacredness more frequently.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_11   
   
**11. You now believe less in some form of continuance after death.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_12 **12. You now believe more in some form of continuance after death.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_13   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.    
  
 **13. You are less apprehensive about your own death.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_14 **14. You are more apprehensive about your own death.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_15   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**15. You place less importance in your spiritual and/or religious understandings.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_16 **16. You place more importance in your spiritual and/or religious understandings.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_17   
   
**17. Your experience of sacredness in daily life has decreased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_18 **18. Your experience of sacredness in daily life has increased.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_19   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**19. You now experience a deeper sense of gratitude for life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_20 **20. You now experience a diminished sense of gratitude for life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_21   
**21. You have an increased sense of a personal relationship with the God of your understanding/ultimate reality/a higher power.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_22 **22. You have a decreased sense of a personal relationship with the God of your understanding/ultimate reality/a higher power.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_23   
**23. You feel more of a connection to the God of your understanding/ultimate reality/a higher power.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_24 **24. You feel less of a connection to the God of your understanding/ultimate reality/a higher power.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_25   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**25. Spirituality has become a more central part of your life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_26 **26. Spirituality has become a less central part of your life.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_27   
   
**27. Your prayers and/or meditations provide you with a diminished sense of emotional support.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_28 **28. Your prayers and/or meditations provide you with a greater sense of emotional support.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_29   
   
**29. You want more distance from the God of your understanding/ultimate reality/a higher power.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_30 **30. You want to grow closer to the God of your understanding/ultimate reality/a higher power.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_31   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.    
  
 **31. You feel more at home in the universe.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_32 **32. You feel less at home in the universe.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_33   
   
**33. You have a decreased sense that all of life is interconnected.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_34 **34. You have an increased sense that all of life is interconnected.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_35   
   
**35. You have an increased sense of an order to the universe that transcends human thinking.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_36 **36. You have a decreased sense of an order to the universe that transcends human thinking.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_37   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
 **37. You have an increased belief that there is a higher plane of consciousness or spirituality that binds all people.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_38 **38. You have a decreased belief that there is a higher plane of consciousness or spirituality that binds all people.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_39   
   
**39. You have a decreased feeling of an emotional bond with all of humanity.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_40 **40. You have an increased feeling of an emotional bond with all of humanity.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_41   
   
**41. You are more at home in the present moment.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_42 **42. You are less at home in the present moment**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_43   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.    
**43. You experience increased emotional closeness to someone who has died.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_44   
   
   
**44. You perceive life as more sacred.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_45 **45. You perceive life as less sacred.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_46   
   
**46. You feel more certain about a realm beyond time and space.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_47 **47. You feel less certain about a realm beyond time and space.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_48   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.   
     
**48. You feel less certain about the reality of the spiritual dimension of consciousness.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_49 **49. You feel more certain about the reality of the spiritual dimension of consciousness.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_50   
   
**50. You feel less certain about the reality of unconditional love (also sometimes called divine love, metta, relative bodhicitta, agape, or grace).**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_51 **51. You feel more certain about the reality of unconditional love (also sometimes called divine love, metta, relative bodhicitta, agape, or grace).**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_52   
   
**52. You feel more certain about the intrinsic worth of each human being.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_53 **53. You feel less certain about the intrinsic worth of each human being.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_54   
   
Reminder of Instructions: This questionnaire assess any persisting effects that you consider due to the experiences during your first psychedelic experience and your contemplation of those experiences. Using for comparison your status before your first psychedelic experience, please evaluate your present condition.    
 **54. You now experience increased tolerance for religious diversity.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_55 **55. You now experience decreased tolerance for religious diversity.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_56   
   
**56. You are now less certain that some form of consciousness continues after death.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_57 **57. You are now certain that some form of consciousness continues after death.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_58   
   
**58. You now are less steady and centered in the presence of death.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

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PEQ\_Spiritual\_59 **59. You now are more steady and centered in the presence of death.**

* none; not at all (0)
* so slight cannot decide (1)
* slight (2)
* moderate (3)
* strong (4)
* extreme (more than ever before in your life) (5)

End of Block: Persisting Effects: Spirituality – 59 ITEMS

Start of Block: Emotional State Assessment Tool (ESAT)

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ESAT This questionnaire is about your general state of mind during your first psychedelic experience. **Please read each statement and indicate how much of the time the statement applied to you at the time of your first psychedelic experience.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Does not apply at all (1) | Slightly applies (2) | Moderately applies (3) | Very much applies (4) | Completely applies (5) |
| Felt nervous (ESAT\_1) |  |  |  |  |  |
| Felt anxious (ESAT\_2) |  |  |  |  |  |
| Been tense (ESAT\_3) |  |  |  |  |  |
| Been too tired to do very much (ESAT\_4) |  |  |  |  |  |
| Been low in energy (ESAT\_5) |  |  |  |  |  |
| Felt sluggish (ESAT\_6) |  |  |  |  |  |
| Felt blue (ESAT\_7) |  |  |  |  |  |
| Felt sad (ESAT\_8) |  |  |  |  |  |
| Felt depressed (ESAT\_9) |  |  |  |  |  |
| Felt full of energy (ESAT\_10) |  |  |  |  |  |
| Felt vigorous (ESAT\_11) |  |  |  |  |  |
| Felt active (ESAT\_12) |  |  |  |  |  |
| Felt happy (ESAT\_13) |  |  |  |  |  |
| Been cheerful (ESAT\_14) |  |  |  |  |  |
| Been able to laugh about lots of things (ESAT\_15) |  |  |  |  |  |
| Felt serene (ESAT\_16) |  |  |  |  |  |
| Felt relaxed (ESAT\_17) |  |  |  |  |  |
| Felt calm (ESAT\_18) |  |  |  |  |  |

End of Block: Emotional State Assessment Tool (ESAT)

Start of Block: Ego Dissolution Inventory (EDI)

EDI Please rate to what extent each of the following statements applies to your first psychedelic experience.   
  
Below each statement is a line with the endpoints “No, not more than usually” and “Yes, I experienced this completely/entirely.” The line is used to assess alterations from your normal state. Your normal state corresponds to a mark at the very left end of the scale, i.e. "No, not more than usually."   
  
Only rate at the extreme ends if this truly applies.

|  |  |  |
| --- | --- | --- |
|  | (0) No, not more than usually | (100) Yes, much more than usually |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 0 | 50 | 100 |

|  |  |
| --- | --- |
| 1. I experienced a dissolution of my “self” or ego () |  |
| 2. I felt at one with the universe () |  |
| 3. I felt a sense of union with others () |  |
| 4. I experienced a decrease in my sense of self-importance () |  |
| 5. I experienced a disintegration of my “self” or ego () |  |
| 6. I felt far less absorbed by my own issues and concerns () |  |
| 7. I lost all sense of ego () |  |
| 8. All notion of self and identity dissolved away () |  |

End of Block: Ego Dissolution Inventory (EDI)

Start of Block: Satisfaction with Life Scale

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SLS\_1 Below are five statements that you may have agreed or disagreed with at the time of your first psychedelic experience. Please reflect on your first psychedelic experience as you respond to these statements and indicate how much you agreed with each statement during first psychedelic experience.  
  
Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.  
  
 7 - Strongly agree 6 - Agree 5 - Slightly agree 4 - Neither agree nor disagree 3 - Slightly disagree 2 - Disagree 1 - Strongly disagree   
  
 **In most ways my life is close to my ideal.**

* 7- Strongly agree (7)
* 6- Agree (6)
* 5- Slightly agree (5)
* 4- Neither agree nor disagree (4)
* 3- Slightly disagree (3)
* 2- Disagree (2)
* 1- Strongly disagree (7)

|  |
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SLS\_2 **The conditions of my life are excellent.**

* 7- Strongly agree (7)
* 6- Agree (6)
* 5- Slightly agree (5)
* 4- Neither agree nor disagree (4)
* 3- Slightly disagree (3)
* 2- Disagree (2)
* 1- Strongly disagree (1)

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SLS\_3 **I am satisfied with my life.**

* 7- Strongly agree (7)
* 6- Agree (6)
* 5- Slightly agree (5)
* 4- Neither agree nor disagree (4)
* 3- Slightly disagree (3)
* 2- Disagree (2)
* 1- Strongly disagree (1)

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SLS\_4 **So far I have gotten the important things I want in life**

* 7- Strongly agree (7)
* 6- Agree (6)
* 5- Slightly agree (5)
* 4- Neither agree nor disagree (4)
* 3- Slightly disagree (3)
* 2- Disagree (2)
* 1- Strongly disagree (1)

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SLS\_5 **If I could live my life over, I would change almost nothing.**

* 7- Strongly agree (7)
* 6- Agree (6)
* 5- Slightly agree (5)
* 4- Neither agree nor disagree (4)
* 3- Slightly disagree (3)
* 2- Disagree (2)
* 1- Strongly disagree (1)

End of Block: Satisfaction with Life Scale

Start of Block: Non-Dual Awareness Scale- State Version

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NADA-S Please read each statement and indicate the extent to which you agreed with each statement at the time of your first psychedelic experience. In other words, how well does the statement describe what you experienced at the time of your first psychedelic experience.   
  
Please respond on a scale of 1 (Not at all) to 10 (Very much).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. Not at all (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | 6 (6) | 7 (7) | 8 (8) | 9 (9) | 10. Very much (10) |
| I experienced all things seeming to unify into a single whole. (NADA-S\_UnifyWhole) |  |  |  |  |  |  |  |  |  |  |
| I experienced all sense of self and identity dissolve away. (NADA-S\_SenseSelf) |  |  |  |  |  |  |  |  |  |  |
| I felt surrounded and filled with a blissful warmth or energy. (NADA-S\_BlissWarmth) |  |  |  |  |  |  |  |  |  |  |

End of Block: Non-Dual Awareness Scale- State Version

Start of Block: 11D-ASC

11D-ASC Please respond to the items based on your state of mind at the time of your first psychedelic experience.  
  
Response are anchored by "No more than usual" (0%) to "Much more than usual" (100%)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 | 100 |

|  |  |
| --- | --- |
| Everything seemed to unify into an oneness. () |  |
| It seemed to me that my environment and I were one. () |  |
| I experienced a touch of eternity. () |  |
| Conflicts and contradictions seemed to dissolve. () |  |
| I experienced past, present, and future as an oneness. () |  |
| I had the feeling of being connected to a superior power. () |  |
| I experienced a kind of awe () |  |
| My experience had religious aspects. () |  |
| I enjoyed boundless pleasure. () |  |
| I experienced a profound peace in myself. () |  |
| I experienced an all-embracing love. () |  |
| I felt very profound. () |  |
| I gained clarity into connections that puzzled me before. () |  |
| I had very original thoughts. () |  |
| It seemed to me as though I did not have a body anymore. () |  |
| I had the feeling of being outside of my body. () |  |
| I felt as though I were floating. () |  |
| I felt like a marionette. () |  |
| I had difficulty making even the smallest decision. () |  |
| I had difficulty in distinguishing important from unimportant things. () |  |
| I felt as though I were paralyzed. () |  |
| I felt isolated from everything and everyone. () |  |
| I was not able to complete a thought, my thought repeatedly became disconnected. () |  |
| I had the feeling that I no longer had a will of my own. () |  |
| I was afraid that the state I was in would last forever. () |  |
| I was afraid without being able to say exactly why. () |  |
| I experienced everything terrifyingly distorted. () |  |
| I experienced my surroundings as strange and weird. () |  |
| I felt threatened. () |  |
| I had the feeling something horrible would happen () |  |
| I saw scenes rolling by in total darkness or with my eyes closed. () |  |
| I could see pictures from my past or fantasy extremely clearly. () |  |
| My imagination was extremely vivid. () |  |
| I saw regular patterns in complete darkness or with closed eyes. () |  |
| I saw colors before me in total darkness or with closed eyes. () |  |
| I saw lights or flashes of light in total darkness or with closed eyes. () |  |
| Noises seemed to influence what I saw. () |  |
| The shapes of things seemed to change by sounds and noises. () |  |
| The colors of things seemed to be changed by sounds and noises. () |  |
| Everyday things gained a special meaning. () |  |
| Things around me had a new strange meaning for me. () |  |
| Objects around me engaged me emotionally much more than usual. () |  |

End of Block: 11D-ASC

Start of Block: External and Internal Scale of Inspiration EISI

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EISI This scale consists of a series of questions about times when you’ve felt moved or inspired, as well as some of your typical day-to-day actions associated with these experiences.   
  
Each item below contains a statement. Please indicate how strongly you agree or disagree with each of these statements. There are no right or wrong answers. Use the following scale to record your answers:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. Strongly Disagree (1) | 2 (2) | 3 (3) | 4. Neither agree nor disagree (4) | 5 (5) | 6 (6) | 7. Strongly Agree (7) |
| I am inspired by myself. (EISI\_1) |  |  |  |  |  |  |  |
| I am inspired by other people. (EISI\_2) |  |  |  |  |  |  |  |
| I am inspired by my own ideas and accomplishments. (EISI\_3) |  |  |  |  |  |  |  |
| I am inspired by the ideas and accomplishments of other people. (EISI\_4) |  |  |  |  |  |  |  |
| When I reflect upon my own life, I feel inspired. (EISI\_5) |  |  |  |  |  |  |  |
| When I reflect upon other people’s lives, I feel inspired. (EISI\_6) |  |  |  |  |  |  |  |
| I often feel inspired when I am alone. (EISI\_7) |  |  |  |  |  |  |  |
| I often feel inspired when I surrounded by other people. (EISI\_8) |  |  |  |  |  |  |  |
| I am inspired when thinking of myself as an independent person. (EISI\_9) |  |  |  |  |  |  |  |
| I am inspired when thinking of myself as part of a larger group. (EISI\_10) |  |  |  |  |  |  |  |
| Feelings of inspiration arise from within oneself. (EISI\_11) |  |  |  |  |  |  |  |
| Feelings of inspiration arise from something outside or beyond oneself. (EISI\_12) |  |  |  |  |  |  |  |
| To understand why I feel inspired, I think about my own strengths and qualities. (EISI\_13) |  |  |  |  |  |  |  |
| To understand why I feel inspired, I think about the situation circumstances I am in and people I am with. (EISI\_14) |  |  |  |  |  |  |  |
| I often experience times of inspiration. (EISI\_15) |  |  |  |  |  |  |  |
| I often feel inspired my myself and my own doings. (EISI\_16) |  |  |  |  |  |  |  |
| I often feel inspired my others and their doings. (EISI\_17) |  |  |  |  |  |  |  |
| When I am inspired, I am motivated to help others. (EISI\_18) |  |  |  |  |  |  |  |
| When I am inspired, I am motivated to pursue my own goals. (EISI\_19) |  |  |  |  |  |  |  |
| During times of inspiration, I feel a strong urge to do things that will benefit others. (EISI\_20) |  |  |  |  |  |  |  |
| During times of inspiration, I feel a strong urge to do things that benefit myself. (EISI\_21) |  |  |  |  |  |  |  |
| When I am inspired, I feel compassion towards others. (EISI\_22) |  |  |  |  |  |  |  |
| When I am inspired, I feel love for others. (EISI\_23) |  |  |  |  |  |  |  |
| When I am inspired, I feel pride about myself. (EISI\_24) |  |  |  |  |  |  |  |
| When I am inspired, I feel excited. (EISI\_25) |  |  |  |  |  |  |  |
| When I am inspired, I feel driven to achieve. (EISI\_26) |  |  |  |  |  |  |  |

End of Block: External and Internal Scale of Inspiration EISI

Start of Block: INOE\_Prompt

Q838 Please reflect on your first psychedelic experience and respond to the questions below only in reference to the thoughts, feeling, experiences, and emotions you had over the course of your first psychedelic experience.

End of Block: INOE\_Prompt

Start of Block: INOE\_Fear

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INOE\_Fear I have had an experience of fear or horror that stood out from all other such experiences.

* Yes (1)
* No (0)

End of Block: INOE\_Fear

Start of Block: INOE\_Fear\_FU

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INOE\_Fear\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Fear\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Fear\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

|  |
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INOE\_Fear\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Fear\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Fear\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Fear\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Fear\_FU

Start of Block: INOE\_ESPminds

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INOE\_ESPminds I have had the experience of thinking of a person I haven’t heard from in ages, and later in the day they contacted me.

* Yes (1)
* No (0)

End of Block: INOE\_ESPminds

Start of Block: INOE\_ESPminds\_FU

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INOE\_ESPminds\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_ESPminds\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_ESPminds\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_ESPminds\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_ESPminds\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_ESPminds\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_ESPminds\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_ESPminds\_FU

Start of Block: INOE\_Goosebumps

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INOE\_Goosebumps I can recall a specific, intense experience in which all of my body hairs suddenly stood on end (not due to cold or illness).

* Yes (1)
* No (0)

End of Block: INOE\_Goosebumps

Start of Block: INOE\_Goosebumps\_FU

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INOE\_Goosebumps\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Goosebumps\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Goosebumps\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

|  |
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INOE\_Goosebumps\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

|  |
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INOE\_Goosebumps\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Goosebumps\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Goosebumps\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Goosebumps\_FU

Start of Block: INOE\_Love

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INOE\_Love I have had an experience of love that *stood out from all other such experiences.*

* Yes (1)
* No (0)

End of Block: INOE\_Love

Start of Block: INOE\_Love\_FU

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| --- |
|  |

INOE\_Love\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

|  |
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|  |

INOE\_Love\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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|  |

INOE\_Love\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

|  |
| --- |
|  |

INOE\_Love\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

|  |
| --- |
|  |

INOE\_Love\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

|  |
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|  |

INOE\_Love\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

|  |
| --- |
|  |

INOE\_Love\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Love\_FU

Start of Block: INOE\_Joy

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|  |

INOE\_Joy I have had an experience of joy, ecstasy, or bliss that stood out from all other such experiences.

* Yes (1)
* No (0)

End of Block: INOE\_Joy

Start of Block: INOE\_Joy\_FU

|  |
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|  |

INOE\_Joy\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

|  |
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INOE\_Joy\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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|  |

INOE\_Joy\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

|  |
| --- |
|  |

INOE\_Joy\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

|  |
| --- |
|  |

INOE\_Joy\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Joy\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

|  |
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|  |

INOE\_Joy\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Joy\_FU

Start of Block: INOE\_Pain

|  |
| --- |
|  |

INOE\_Pain I have had an experience of pain that stood out from all other such experiences.

* Yes (1)
* No (0)

End of Block: INOE\_Pain

Start of Block: INOE\_Pain\_FU

|  |
| --- |
|  |

INOE\_Pain\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

|  |
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|  |

INOE\_Pain\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

|  |
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|  |

INOE\_Pain\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

|  |
| --- |
|  |

INOE\_Pain\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

|  |
| --- |
|  |

INOE\_Pain\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

|  |
| --- |
|  |

INOE\_Pain\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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|  |

INOE\_Pain\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Pain\_FU

Start of Block: INOE\_Coincidences

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|  |

INOE\_Coincidences I have experienced a coincidence that seemed meaningful.

* Yes (1)
* No (0)

End of Block: INOE\_Coincidences

Start of Block: INOE\_Coincidence\_FU

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INOE\_Coincidence\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Coincidence\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Coincidence\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Coincidence\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Coincidence\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Coincidence\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Coincidence\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Coincidence\_FU

Start of Block: INOE\_Loss

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INOE\_Loss I have had an experience of loss (of any kind) that stood out from all other such experiences.

* Yes (1)
* No (0)

End of Block: INOE\_Loss

Start of Block: INOE\_Loss\_FU

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INOE\_Loss\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Loss\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Loss\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Loss\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Loss\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Loss\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Loss\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Loss\_FU

Start of Block: INOE\_Peace

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INOE\_Peace I have had an experience of peace or wholeness that *stood out from all other such experiences*.

* Yes (1)
* No (0)

End of Block: INOE\_Peace

Start of Block: INOE\_Peace\_FU

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INOE\_Peace\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Peace\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Peace\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Peace\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Peace\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Peace\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Peace\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Peace\_FU

Start of Block: INOE\_OBE

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INOE\_OBE I have had an experience in which it seemed as if I left my physical body.

* Yes (1)
* No (0)

End of Block: INOE\_OBE

Start of Block: INOE\_OBE\_FU

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INOE\_OBE\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_OBE\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_OBE\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_OBE\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_OBE\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_OBE\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_OBE\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_OBE\_FU

Start of Block: INOE\_MeaningLife

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INOE\_MeaningLife I have had an experience in which the meaning and purpose of my life suddenly seemed clear.

* Yes (1)
* No (0)

End of Block: INOE\_MeaningLife

Start of Block: INOE\_MeaningLife\_FU

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INOE\_MeaningLife\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_MeaningLife\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_MeaningLife\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_MeaningLife\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_MeaningLife\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_MeaningLife\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_MeaningLife\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_MeaningLife\_FU

Start of Block: INOE\_Messages

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INOE\_Messages I have experienced or felt things in the world around me that seemed to contain messages or hints.

* Yes (1)
* No (0)

End of Block: INOE\_Messages

Start of Block: INOE\_Messages\_FU

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INOE\_Messages\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Messages\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Messages\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Messages\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Messages\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Messages\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Messages\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Messages\_FU

Start of Block: INOE\_ESP

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INOE\_ESP I have had an impression that a specific event was occurring at some distant location that later turned out to be true.

* Yes (1)
* No (0)

End of Block: INOE\_ESP

Start of Block: INOE\_ESP\_FU

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INOE\_ESP\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_ESP\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_ESP\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_ESP\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_ESP\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_ESP\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_ESP\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_ESP\_FU

Start of Block: INOE\_Healing

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INOE\_Healing I have experienced a sudden and unexpected recovery from an illness (physical, mental, or any other kind).

* Yes (1)
* No (0)

End of Block: INOE\_Healing

Start of Block: INOE\_Healing\_FU

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INOE\_Healing\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Healing\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Healing\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Healing\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Healing\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Healing\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Healing\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Healing\_FU

Start of Block: INOE\_DeepInsight

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INOE\_DeepInsight I have experienced a sudden deep insight in which the nature of reality, the functioning of society, or other fundamental issues suddenly seemed clear.

* Yes (1)
* No (0)

End of Block: INOE\_DeepInsight

Start of Block: INOE\_DeepInsight\_FU

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INOE\_DeepInsight\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_DeepInsight\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_DeepInsight\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_DeepInsight\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_DeepInsight\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_DeepInsight\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_DeepInsight\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_DeepInsight\_FU

Start of Block: INOE\_NearDeath

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INOE\_NearDeath I have had an experience in which I felt as if I was about to die.

* Yes (1)
* No (0)

End of Block: INOE\_NearDeath

Start of Block: INOE\_NearDeath\_FU

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INOE\_NearDeath\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_NearDeath\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_NearDeath\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_NearDeath\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_NearDeath\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_NearDeath\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_NearDeath\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_NearDeath\_FU

Start of Block: INOE\_Absorbed

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INOE\_Absorbed I have had an experience in which I was completely absorbed in what I was doing and unaware of the passage of time.

* Yes (1)
* No (0)

End of Block: INOE\_Absorbed

Start of Block: INOE\_Absorbed\_FU

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INOE\_Absorbed\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Absorbed\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Absorbed\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Absorbed\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Absorbed\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Absorbed\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Absorbed\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Absorbed\_FU

Start of Block: INOE\_PresenceDead

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INOE\_PresenceDead I have sensed the presence of, or interacted with, a person who was dead, either directly or with the assistance of another person.

* Yes (1)
* No (0)

End of Block: INOE\_PresenceDead

Start of Block: INOE\_PresencDead\_FU

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INOE\_PresencDead\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_PresencDead\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_PresencDead\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_PresencDead\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_PresencDead\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_PresencDead\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_PresencDead\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_PresencDead\_FU

Start of Block: INOE\_DejaVu

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INOE\_DejaVu I can recall one specific experience in which a new situation felt so familiar to me that it seemed as if I had been there before.

* Yes (1)
* No (0)

End of Block: INOE\_DejaVu

Start of Block: INOE\_DejaVu\_FU

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INOE\_DejaVu\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_DejaVu\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_DejaVu\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_DejaVu\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_DejaVu\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_DejaVu\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_DejaVu\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_DejaVu\_FU

Start of Block: INOE\_Awe

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INOE\_Awe I have had an experience of awe, wonder, or amazement that stood out from all other such experiences.

* Yes (1)
* No (0)

End of Block: INOE\_Awe

Start of Block: INOE\_Awe\_FU

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INOE\_Awe\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Awe\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Awe\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Awe\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Awe\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Awe\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Awe\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Awe\_FU

Start of Block: INOE\_Places

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INOE\_Places I have felt a sense of deep attachment or connection to a specific place that stood out from all other such places.

* Yes (1)
* No (0)

End of Block: INOE\_Places

Start of Block: INOE\_Places\_FU

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INOE\_Places\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Places\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Places\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Places\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Places\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Places\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Places\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Places\_FU

Start of Block: INOE\_ObjectsAnimated

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INOE\_ObjAnimated I have seen and/or interacted with images, statues, or other physical objects that seemed to contain a non-ordinary presence or power.

* Yes (1)
* No (0)

End of Block: INOE\_ObjectsAnimated

Start of Block: INOE\_ObjectsAnimated\_FU

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INOE\_ObjAnimated\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_ObjAnimated\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_ObjAnimated\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_ObjAnimated\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_ObjAnimated\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_ObjAnimated\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_ObjAnimated\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_ObjectsAnimated\_FU

Start of Block: INOE\_Paralysis

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INOE\_Paralysis I have been unable to move or communicate because my body, my limbs, or my voice was paralyzed.

* Yes (1)
* No (0)

End of Block: INOE\_Paralysis

Start of Block: INOE\_Paralysis\_FU

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INOE\_Paralysis\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Paralysis\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Paralysis\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Paralysis\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Paralysis\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Paralysis\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Paralysis\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Paralysis\_FU

Start of Block: INOE\_Touch

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INOE\_Touch I have felt a physical touch when it did not seem like anyone was really there.

* Yes (1)
* No (0)

End of Block: INOE\_Touch

Start of Block: INOE\_Touch\_FU

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INOE\_Touch\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Touch\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Touch\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Touch\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Touch\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Touch\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Touch\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Touch\_FU

Start of Block: INOE\_PastLife

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INOE\_PastLife I have distinct memories that made it seem as if I had lived a past life in a different body.

* Yes (1)
* No (0)

End of Block: INOE\_PastLife

Start of Block: INOE\_PastLife\_FU

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INOE\_PastLife\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_PastLife\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_PastLife\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_PastLife\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_PastLife\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_PastLife\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_PastLife\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_PastLife\_FU

Start of Block: INOE\_LucidDreaming

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INOE\_LucidDreaming I have had the experience of being aware that I was dreaming while asleep.

* Yes (1)
* No (0)

End of Block: INOE\_LucidDreaming

Start of Block: INOE\_LucidDream\_FU

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INOE\_LucidDream\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_LucidDream\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_LucidDream\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_LucidDream\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_LucidDream\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_LucidDream\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_LucidDream\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_LucidDream\_FU

Start of Block: INOE\_Guidance

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INOE\_Guidance I have had an experience of being guided or influenced by what seemed to be a non-ordinary power or being.

* Yes (1)
* No (0)

End of Block: INOE\_Guidance

Start of Block: INOE\_Guidance\_FU

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INOE\_Guidance\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Guidance\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Guidance\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Guidance\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Guidance\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Guidance\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Guidance\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Guidance\_FU

Start of Block: INOE\_Compassion

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INOE\_Compassion I can recall a specific experience in which I felt compassion for the suffering of others (human or nonhuman) that stood out from all other such experiences.

* Yes (1)
* No (0)

End of Block: INOE\_Compassion

Start of Block: INOE\_Compassion\_FU

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INOE\_Compassion\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Compassion\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Compassion\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Compassion\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Compassion\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Compassion\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Compassion\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Compassion\_FU

Start of Block: INOE\_PlacesAnimated

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INOE\_PlacesAnimated I have experienced a particular place that seemed to contain a non-ordinary presence or power.

* Yes (1)
* No (0)

End of Block: INOE\_PlacesAnimated

Start of Block: INOE\_PlacesAnimated\_FU

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INOE\_PlaceAnimat\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_PlaceAnimat\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_PlaceAnimat\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_PlaceAnimat\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_PlaceAnimat\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_PlaceAnimat\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_PlaceAnimat\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_PlacesAnimated\_FU

Start of Block: INOE\_Light

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INOE\_Light I have perceived light or lights for which there seemed to be no ordinary source.

* Yes (1)
* No (0)

End of Block: INOE\_Light

Start of Block: INOE\_Light\_FU

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INOE\_Light\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Light\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Light\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Light\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Light\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Light\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Light\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Light\_FU

Start of Block: INOE\_Pleasure

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INOE\_Pleasure I have had an experience of pleasure that stood out from all other such experiences.

* Yes (1)
* No (0)

End of Block: INOE\_Pleasure

Start of Block: INOE\_Pleasure\_FU

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INOE\_Pleasure\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Pleasure\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Pleasure\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Pleasure\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Pleasure\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Pleasure\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Pleasure\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Pleasure\_FU

Start of Block: INOE\_Hopelessness

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INOE\_Hopelessness I have had a feeling of hopelessness that stood out from all other such feelings.

* Yes (1)
* No (0)

End of Block: INOE\_Hopelessness

Start of Block: INOE\_Hopelessness\_FU

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INOE\_Hopelessnes\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Hopelessnes\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Hopelessnes\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Hopelessnes\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Hopelessnes\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Hopelessnes\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Hopelessnes\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Hopelessness\_FU

Start of Block: INOE\_FacesVisual

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INOE\_FacesVisual I have seen what seemed like a face in a natural or human-made object.

* Yes (1)
* No (0)

End of Block: INOE\_FacesVisual

Start of Block: INOE\_FacesVisual\_FU

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INOE\_FacesVisual\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_FacesVisual\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_FacesVisual\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_FacesVisual\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_FacesVisual\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_FacesVisual\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_FacesVisual\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_FacesVisual\_FU

Start of Block: INOE\_DevotionPeople

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INOE\_DevotionPeople I have felt intense devotion toward a leader or influential person.

* Yes (1)
* No (0)

End of Block: INOE\_DevotionPeople

Start of Block: INOE\_DevotionPeople\_FU

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INOE\_DevotionPpl\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_DevotionPpl\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_DevotionPpl\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_DevotionPpl\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_DevotionPpl\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_DevotionPpl\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_DevotionPpl\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_DevotionPeople\_FU

Start of Block: INOE\_DiminishedSelf

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INOE\_DiminishedSelf I have felt small or insignificant relative to something vast or powerful.

* Yes (1)
* No (0)

End of Block: INOE\_DiminishedSelf

Start of Block: INOE\_DiminishedSelf\_FU

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INOE\_DiminSelf\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_DiminSelf\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_DiminSelf\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_DiminSelf\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_DiminSelf\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_DiminSelf\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_DiminSelf\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_DiminishedSelf\_FU

Start of Block: INOE\_Connectedness

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INOE\_Connectedness I have had an experience in which I became one with everyone at a large group event and lost my sense of individuality.

* Yes (1)
* No (0)

End of Block: INOE\_Connectedness

Start of Block: INOE\_Connectedness\_FU

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INOE\_Connected\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Connected\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Connected\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Connected\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Connected\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Connected\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Connected\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Connectedness\_FU

Start of Block: INOE\_PresenceNonOrd

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INOE\_PresenceNonOrd I have sensed the presence of what seemed to be non-ordinary forces or beings.

* Yes (1)
* No (0)

End of Block: INOE\_PresenceNonOrd

Start of Block: INOE\_PresenceNonOrd\_FU

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INOE\_PresNonOrd\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_PresNonOrd\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_PresNonOrd\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_PresNonOrd\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_PresNonOrd\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_PresNonOrd\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_PresNonOrd\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_PresenceNonOrd\_FU

Start of Block: INOE\_SoundsVoices

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INOE\_SoundsVoices I have heard a voice when it did not seem like anyone was really there.

* Yes (1)
* No (0)

End of Block: INOE\_SoundsVoices

Start of Block: INOE\_SoundsVoices\_FU

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INOE\_SoundVoic\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_SoundVoic\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_SoundVoic\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_SoundVoic\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_SoundVoic\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_SoundVoic\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_SoundVoic\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_SoundsVoices\_FU

Start of Block: INOE\_AnothSelfinBody

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INOE\_AnothSelfinBody I have had an experience in which it seemed like there was another self or being in my body.

* Yes (1)
* No (0)

End of Block: INOE\_AnothSelfinBody

Start of Block: INOE\_AnothSelfinBody\_FU

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INOE\_AnoSelfBody\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_AnoSelfBody\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_AnoSelfBody\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_AnoSelfBody\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_AnoSelfBody\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_AnoSelfBody\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_AnoSelfBody\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_AnothSelfinBody\_FU

Start of Block: INOE\_Automaticity

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INOE\_Automaticity I have had an experience in which it seemed like my body was performing actions outside my control (such as moving, speaking, or writing).

* Yes (1)
* No (0)

End of Block: INOE\_Automaticity

Start of Block: INOE\_Automaticity\_FU

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INOE\_Automat\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Automat\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Automat\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Automat\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Automat\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Automat\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Automat\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Automaticity\_FU

Start of Block: INOE\_DevotionObjects

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INOE\_DevotionObjects I have felt intense devotion or intense attachment toward an irreplaceable object or image.

* Yes (1)
* No (0)

End of Block: INOE\_DevotionObjects

Start of Block: INOE\_DevotionObjects\_FU

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INOE\_DevotObj\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_DevotObj\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_DevotObj\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_DevotObj\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_DevotObj\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_DevotObj\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_DevotObj\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_DevotionObjects\_FU

Start of Block: INOE\_Misfortune

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INOE\_Misfortune I have had an experience of misfortune that stood out from all other such experiences.

* Yes (1)
* No (0)

End of Block: INOE\_Misfortune

Start of Block: INOE\_Misfortune\_FU

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INOE\_Misfortune\_FU1 When you had the experience, were you … (Select the most important)

* Using drugs or alcohol (4)
* Affected by mental or physical illness (3)
* Falling asleep, waking up, or exhausted (2)
* Asleep (dreaming) (1)
* None of the above (0)

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INOE\_Misfortune\_FU2 Overall, how much of an impact has this experience had on your life?

* Little or no impact (0)
* Some impact (1)
* Major impact (2)

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INOE\_Misfortune\_FU3 Overall, has the lasting effect of this experience, on your life or beliefs, been more positive or negative?

* Very positive effect (4)
* Somewhat positive effect (3)
* Neutral or no effect (2)
* Somewhat negative effect (1)
* Very negative effect (0)

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INOE\_Misfortune\_FU4 Do you consider this experience spiritual or religious?

* Yes (1)
* No (0)

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INOE\_Misfortune\_FU5 Do you think science can explain how this experience happened?

* Yes, science can or will be able to explain it. (1)
* No, something More is involved. (0)

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INOE\_Misfortune\_FU6 Why do you think it happened to you? (Select the closest answer.)

* To offer me a sign or message (3)
* To reward or punish me for my actions (2)
* Due to destiny/fate (1)
* None of the above (may include chance/probability) (0)

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INOE\_Misfortune\_FU7 Who, if anyone, caused you to experience this? (Select the most important.)

* God or gods (2)
* Other spiritual beings or forces (including the dead) (1)
* None of the above (0)

End of Block: INOE\_Misfortune\_FU

Start of Block: INOE\_IndDiff

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INOE\_IndDiff\_Perspec How often do you look at life from a religious or spiritual perspective?

* Most of the time (2)
* Sometimes (1)
* Rarely or never (0)

INOE\_IndDiff\_Journal Please describe the most significant experience that came to mind as you filled out this survey

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End of Block: INOE\_IndDiff

Start of Block: APEQ

APEQ Here is a list of statements describing various thoughts, feelings, and behaviors that may have occurred during your first psychedelic experience. Please rate the degree to which these statements apply to your experience or parts of the experience.   
  
To do this, please mark the appropriate position on the line below by dragging the slider. 

|  |  |  |
| --- | --- | --- |
|  | NO, not at all | YES, extremely or absolutely |

|  |  |  |
| --- | --- | --- |
|  | 0 | 100 |

|  |  |
| --- | --- |
| I observed my external environment. () |  |
| I was engaged with what was going on inside me. () |  |
| It seemed to me as if some kind of blockage was being resolved. () |  |
| I learned to better understand certain emotional states. () |  |
| I tried to lessen, or rid myself of, certain perceptions or bodily sensations. () |  |
| I learned to fear or detest certain uncomfortable feelings or sensations more strongly. () |  |
| I was able to accept uncomfortable thoughts or memories. () |  |
| I felt tormented. () |  |
| I had a positive emotional breakthrough. () |  |
| I actively engaged with my surroundings. () |  |
| I discovered a deeper acceptance of certain difficult feelings or sensations. () |  |
| I looked inside. () |  |
| I was open to difficult sensations or emotional states. () |  |
| I panicked. () |  |
| I tried to change my mood. () |  |
| I noticed that I can tolerate certain mental states less than I thought. () |  |
| My attention was turned inward. () |  |
| I looked at painful memories with openness. () |  |
| I learned that it is better for me not to experience certain emotional states at all. () |  |
| I noticed that certain thoughts or memories are not as dangerous for me as I had previously thought. () |  |
| I interacted with other people. () |  |
| I felt a sense of relief. () |  |
| I experienced a state of distress. () |  |
| I attempted to suppress certain emotions or thoughts. () |  |
| I was absorbed in my inner experience. () |  |
| I moved my body. () |  |
| Things became easier for me in a liberating way. () |  |
| I made efforts to avoid or control difficult feelings. () |  |
| I learned that certain thoughts or memories are more dangerous for me than I previously thought. () |  |
| I learned to appreciate certain uncomfortable feelings or sensations more. () |  |
| I suffered from what I was experiencing. () |  |
| I managed to confront a personal fear. () |  |

End of Block: APEQ

Start of Block: APEQ-S

APEQ-S Here is a list of statements describing various thoughts, feelings, and behaviors that may have occurred during your first psychedelic experience. Please rate the degree to which these statements apply to your experience or parts of the experience.   
  
To do this, please mark the appropriate position on the line by dragging the slider.

|  |  |  |
| --- | --- | --- |
|  | NO, not at all | YES, extremely or absolutely |

|  |  |  |
| --- | --- | --- |
|  | 0 | 100 |

|  |  |
| --- | --- |
| It seemed to me as if some kind of blockage was being resolved. () |  |
| I tried to lessen, or rid myself of, certain perceptions or bodily sensations. () |  |
| I learned to fear or detest certain uncomfortable feelings or sensations more strongly. () |  |
| I had a positive emotional breakthrough. () |  |
| I discovered a deeper acceptance of certain difficult feelings or sensations. () |  |
| I panicked. () |  |
| I looked at painful memories with openness. () |  |
| I attempted to suppress certain emotions or thoughts. () |  |
| I learned that certain thoughts or memories are more dangerous for me than I previously thought. () |  |
| I learned to better understand certain emotional states. () |  |
| I suffered from what I was experiencing. () |  |
| I managed to confront a personal fear. () |  |

End of Block: APEQ-S

Start of Block: Belief Questions\_RGriff

Belief Questions\_RRG In the next section of the survey, you will be presented with statements about your beliefs or worldview at three timepoints: **BEFORE** your first psychedelic experience (e.g. during the month before your experience) **AFTER** your first psychedelic experience (e.g. during the month after your experience) **NOW**   
Please rate the extent to which you agree or disagree with the statements at those three timepoints. If you do not know, have no opinion or neither agree nor disagree, please select the middle option.

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SecSpirit\_Q1 Belief in ultimate preciousness of life, especially human life

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|  | Strongly disagree (-3) (1) | Disagree (-2) (2) | Somewhat disagree (-1) (3) | **Neither agree nor disagree (0)** (4) | Somewhat agree (+1) (5) | Agree (+2) (6) | Strongly agree (+3) (7) |
| **Before** your first psychedelic experience (e.g. during the month before your experience) (1) |  |  |  |  |  |  |  |
| **After** your first psychedelic experience (e.g. during the month after after your experience) (2) |  |  |  |  |  |  |  |
| **Now** (3) |  |  |  |  |  |  |  |

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SecSpirit\_Q2 Belief in the deep interconnectedness to life, especially human life

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree (-3) (1) | Disagree (-2) (2) | Somewhat disagree (-1) (3) | **Neither agree nor disagree (0)** (4) | Somewhat agree (+1) (5) | Agree (+2) (6) | Strongly agree (+3) (7) |
| **Before** your first psychedelic experience (e.g. during the month before your experience) (1) |  |  |  |  |  |  |  |
| **After** your first psychedelic experience (e.g. during the month after after your experience) (2) |  |  |  |  |  |  |  |
| **Now** (3) |  |  |  |  |  |  |  |

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SecSpirit\_Q3 Belief in connectedness to an ineffable mystery (sometimes described as higher power, ultimate reality, God)

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|  | Strongly disagree (-3) (1) | Disagree (-2) (2) | Somewhat disagree (-1) (3) | **Neither agree nor disagree (0)** (4) | Somewhat agree (+1) (5) | Agree (+2) (6) | Strongly agree (+3) (7) |
| **Before** your first psychedelic experience (e.g. during the month before your experience) (1) |  |  |  |  |  |  |  |
| **After** your first psychedelic experience (e.g. during the month after after your experience) (2) |  |  |  |  |  |  |  |
| **Now** (3) |  |  |  |  |  |  |  |

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SecSpirit\_Q4 Belief in the reality of beauty

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|  | Strongly disagree (-3) (1) | Disagree (-2) (2) | Somewhat disagree (-1) (3) | **Neither agree nor disagree (0)** (4) | Somewhat agree (+1) (5) | Agree (+2) (6) | Strongly agree (+3) (7) |
| **Before** your first psychedelic experience (e.g. during the month before your experience) (1) |  |  |  |  |  |  |  |
| **After** your first psychedelic experience (e.g. during the month after after your experience) (2) |  |  |  |  |  |  |  |
| **Now** (3) |  |  |  |  |  |  |  |

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SecSpirit\_Q5 Belief in the undeniable and uplifting mystery of existence (provoking awe and gratitude)

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|  | Strongly disagree (-3) (1) | Disagree (-2) (2) | Somewhat disagree (-1) (3) | **Neither agree nor disagree (0)** (4) | Somewhat agree (+1) (5) | Agree (+2) (6) | Strongly agree (+3) (7) |
| **Before** your first psychedelic experience (e.g. during the month before your experience) (1) |  |  |  |  |  |  |  |
| **After** your first psychedelic experience (e.g. during the month after after your experience) (2) |  |  |  |  |  |  |  |
| **Now** (3) |  |  |  |  |  |  |  |

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SecSpirit\_Q6 Belief in a deeper (or hidden) purpose to life

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|  | Strongly disagree (-3) (1) | Disagree (-2) (2) | Somewhat disagree (-1) (3) | **Neither agree nor disagree (0)** (4) | Somewhat agree (+1) (5) | Agree (+2) (6) | Strongly agree (+3) (7) |
| **Before** your first psychedelic experience (e.g. during the month before your experience) (1) |  |  |  |  |  |  |  |
| **After** your first psychedelic experience (e.g. during the month after after your experience) (2) |  |  |  |  |  |  |  |
| **Now** (3) |  |  |  |  |  |  |  |

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SecSpirit\_Q7 Belief in a deeper (or hidden) meaning to life

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|  | Strongly disagree (-3) (1) | Disagree (-2) (2) | Somewhat disagree (-1) (3) | **Neither agree nor disagree (0)** (4) | Somewhat agree (+1) (5) | Agree (+2) (6) | Strongly agree (+3) (7) |
| **Before** your first psychedelic experience (e.g. during the month before your experience) (1) |  |  |  |  |  |  |  |
| **After** your first psychedelic experience (e.g. during the month after after your experience) (2) |  |  |  |  |  |  |  |
| **Now** (3) |  |  |  |  |  |  |  |

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SecSpirit\_Q8 Belief in the reality of a larger sense of self, one that transcends the usual common narrative boundaries of self

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|  | Strongly disagree (-3) (1) | Disagree (-2) (2) | Somewhat disagree (-1) (3) | **Neither agree nor disagree (0)** (4) | Somewhat agree (+1) (5) | Agree (+2) (6) | Strongly agree (+3) (7) |
| **Before** your first psychedelic experience (e.g. during the month before your experience) (1) |  |  |  |  |  |  |  |
| **After** your first psychedelic experience (e.g. during the month after after your experience) (2) |  |  |  |  |  |  |  |
| **Now** (3) |  |  |  |  |  |  |  |

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SecSpirit\_Q9 Belief in the pervasiveness and importance of love

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|  | Strongly disagree (-3) (1) | Disagree (-2) (2) | Somewhat disagree (-1) (3) | **Neither agree nor disagree (0)** (4) | Somewhat agree (+1) (5) | Agree (+2) (6) | Strongly agree (+3) (7) |
| **Before** your first psychedelic experience (e.g. during the month before your experience) (1) |  |  |  |  |  |  |  |
| **After** your first psychedelic experience (e.g. during the month after after your experience) (2) |  |  |  |  |  |  |  |
| **Now** (3) |  |  |  |  |  |  |  |

End of Block: Belief Questions\_RGriff

Start of Block: Journal Reflection

Journal Please reflect on and describe your first psychedelic experience below. We would greatly appreciate as much detail as you are able to provide.

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End of Block: Journal Reflection