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)

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)

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)

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

Yes (1)

No (0)

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)

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)

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)