

## The Near-Death Experience Content (NDE-C) Scale

We would like you to answer the 20 following statements according to your feelings and thoughts at the time of the experience (not before, nor after) by choosing the answer that seems the most appropriate (only ONE answer by statement is allowed).

Every experience or sensation varies in intensity, which is why we would like you to specify the intensity of your experience using the rating scale (from 1 to 4) described below for each statement. If, on the contrary, you did not experience the phenomenon described in the statement, please choose '0 - Not at all; none'. If you happen to have experienced several times the same phenomenon during the experience, please answer by considering the most striking phenomenon.

Rating scale:

0 - Not at all; none

1 - Slightly

2 - Moderately

3 - Strongly; equivalent in degree to any other strong experience lived so far

4 - Extremely; more than any other time in my life and stronger than 3

	0	1	2	3	4
1. Your perception of time was altered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your thoughts speeded up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. You heard one or several voices which did not have any material incarnation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. You had the feeling of suddenly understanding everything about yourself, the others and/or the universe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. You had a feeling of peace and/or well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. You felt a sense of harmony or unity, as if you belonged to a larger whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. You saw or felt surrounded by a bright light without any determined material origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. You experienced unusual sensations (sight, hearing, smell, touch and/or taste)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You were aware of things beyond what your senses can usually perceive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. You gained insightful knowledge about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. You had the impression of being outside of, or separated from your own body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. You had the sensation of leaving the earthly world or of entering a new dimension and/or environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. You saw or relived events from your past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. You encountered a presence and/or an entity (who might be deceased)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. You had a feeling of non-existence, of being in a total void, and/or of fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. You came close to a border and/or point of no return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. You made the decision, or were forced, to come back from the experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. You had the feeling of dying and/or being dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. You saw or entered a gateway (for instance a tunnel or a door)

20. You sense that the experience cannot be described adequately in words