

## Conscious-experience questionnaire instructions

Each morning, upon awakening, fill out the questionnaire. It is important that you fill this out immediately upon awakening, before getting out of bed. Be aware that during the actual experiment, you will be prompted by an alarm to answer these same questions at different times of the night. Please read all the instructions carefully before your first night of sleep. Feel free to call/e-mail us at any point to clarify any questions you may have.

### 1a) Tell me everything that was going through your mind before the alarm sound?

Nothing                       Something but I do not remember                       Report

Were you dreaming just prior to the awakening?

If you were not dreaming, or you cannot report any content, check the '*Nothing*' box and answer only to the questions 1b and 2 before ending the questionnaire.

If you were dreaming, but do not remember anything about your experience, check the '*Something but I do not remember*' box. Indicate any impressions, general feelings, or state of mind you may have. Answer also to the questions 1b and 2 and end the questionnaire.

If you were dreaming and remember anything about your dream, check the '*Report*' box, and describe the experience that was going through your mind before the awakening. Please describe the experience in full by reporting images (a ship on the sea in a sunny day), thoughts (dogs are human's best friends), feelings (calm, cold), emotions (joy, sadness), etc.

### 1b) If 'nothing' or 'something but I do not remember': How sure are you?

Not sure                       Sure

If you have either checked the '*Nothing*' or '*Something but I do not remember*' box above, 'How sure are you' about your answer? How confident are you? If you are not sure to have experienced something or if you are not sure that nothing was in your mind prior to the awakening, then tick '*not sure*'. But if you are pretty confident that nothing was going in your mind or that there was definitively something but you cannot recall it, then tick '*sure*'. Answer also to the question 1c if you reported something and question 2 in both cases, and end the questionnaire.

### 1c) If 'something but I do not remember': Can you indicate any impression or general feeling if present?

### 1d) If 'report': Is there anything else that you can remember?

If you have reported a conscious experience above, take a moment to think more and add any additional information (including images, sounds, thoughts, feelings or emotions). Continue the questionnaire.

## 2) Were you asleep or awake?

Asleep 0 1 2 3 4 5 6 Awake

For example, rate 0 if you were fully asleep and rate 6 if you were fully awake.

## 3) Was your experience more like a snapshot or a story?

Snapshot 0 1 2 3 4 5 6 Story

*Snapshot* refers to an isolated observation, a single or short experience. *Story* refers to many observations or a series of events which take place in a more or less natural order. Rate 0 if, for example, you had an impression or a view of something brief or transitory such as a flash of a single image or a short isolated sound. Rate 6 if you experienced a full sequence of events, for example if you dreamt about one of Indiana Jones' movies.

**4a) Was your experience more like perceiving or thinking?**

**Perceiving 0 1 2 3 4 5 6 Thinking**

*Perceiving* corresponds to all your senses: seeing, hearing, tasting, smelling, or touching. *Thinking* corresponds to all your thoughts, judgments, and plans. Rate on a scale from 0 to 6 how much you were perceiving or thinking. For example, rate 0 if you were following a play at a theater without thinking anything, rate 6 if your experience was only related to thinking, e.g., if you were only thinking what time it was.

**4b) How would you describe your perception (if <6 for q°4a)?**

**Simple 0 1 2 3 4 5 6 Complex**

**Lacking all details 0 1 2 3 4 5 6 Complete of all details**

**Lacking all general concepts 0 1 2 3 4 5 6 Complete of all general concepts**

**Non-visual 0 1 2 3 4 5 6 Very visual**

Answer the question if you scored less than 6 at the previous question (4a), rate on a scale from 0 to 6 how your perception was. How would you characterize it?

*Simple* means not complicated whereas *complex* means complicated. For example, rate 0 if you were dreaming of being in a dark room with nothing else happening and rate 6 if you experienced the full chaos of a rush hour in a New York City street.

*Detail* refers to specificity. For example, rate 0 if you saw a vehicle but don't know what it was, you don't know if it is a car, a truck, a jeep, or a bike. Rate 6 if, for example, you saw an animal and you can clearly say that it was a little black cat with white feet and green eyes.

*General concept* refers to general categories. For example, rate 0 if you clearly saw an object that was long and thin, yellow in color, and sharp at one end (i.e., you can describe it in full detail) but you cannot tell what it is for or under which circumstances to use it. Rate 6 if you saw the same object and clearly know that it was a pencil.

Rate also on a scale from 0 to 6 how much visual imagery you experienced prior to the awakening. For example, rate 0 if you were listening to a radio program and did not experience any visual imagery. Rate 6 if your experience was full of images, for example, if you were watching a movie.

**4c) How would you describe your thinking (if >0 for q°4a)?**

**Simple 0 1 2 3 4 5 6 Complex**

**Confused and vague 0 1 2 3 4 5 6 Clear and focused**

If you scored more than 0 at the question 4a, rate on a scale from 0 to 6 how your thinking was. How would you characterize it?

*Simple* means not complicated whereas *complex* means complicated. For example, if you were thinking of at what time you woke up this morning, rate 0. Rate 6, for example, if you were thinking about which roads to take from Chicago to Los Angeles without using toll highways while you knew that they would establish new toll highways every 17 minutes and remove tolls from some highways every 23 minutes.

If your thinking was *confused*, *vague*, and *imprecise*, rate 0, for example, if you were thinking that it was sort of late but you didn't know how late or late for what. If your thinking was *clear*, *focused*, and *precise*, rate 6, for example, if you were thinking that it was late because the sun was setting and everyone else had already went home.

**5) Was your experience more centered on yourself or on the environment?**

**Yourself 0 1 2 3 4 5 6 Environment**

The things that are related to *yourself* are, for example, the color of your eyes, how shy or extroverted you are, or what are your plans for your next vacations. The things that are related to the *environment* are, for example, the color of a tree, a famous singer, or a formula in a math book. For example, if you were dreaming of your arms becoming longer and your hair becoming red, rate 0. Rate 6, for example, if you were seeing a mountain view.

**6a) Were you there in your dream?**

**No 0 1 2 3 4 5 6 Yes**

Were you involved in your experience? Rate 0 if you were not there, if you only saw things happening that did not include yourself. Rate 6 if you were there, if you were the subject having the experiences (even if you could not see yourself or your body).

**6b) Were you passive or active?**

**Passive 0 1 2 3 4 5 6 Active**

If question 6a is rated  $> 0$ , answer to this question. Were you actively doing something or were you passively observing? For example, rate 0 if you were sitting still in a movie theater and watching a film and rate 6 if you were running from home to work and trying to reach your friend with your cellphone.

**7) Did you have voluntary control over the content of the experience?**

**No 0 1 2 3 4 5 6 Yes**

Were you able to control the content of your experience? Rate 0 if you could not at all control your experience, for example, if you felt like a sailor that cannot control the sea. Rate 6 if you clearly could control your experience, for example, if you could decide where you wanted to fly or if you were you able to choose where to go with your red car, or if you could change whether the sun was shining or not.

**8) Did anything in your experience remind you of the TMS?**

**No 0 1 2 3 4 5 6 Yes**

**If above 0, explain**

Indicate if there were any items in the content of your experience that reminded you of the TMS stimulation. Rate 0 if nothing reminded you of the stimulation. Rate 6, for example, if you were dreaming of being at a hospital undergoing a brain examination while water was dropping every two seconds to a sink making a rhythmic sound. If you rate above 0, explain precisely what you experienced, like rhythmic elements in your narrative, perception of brain stimulation in your dreams, etc.

Subject initials:  
Awakening #:

Date:  
Sleep stage:

Night #:  
Time:

### Conscious-experience questionnaire

1a) Tell me everything that was going through your mind before the alarm sound?

- Nothing
- Something but I do not remember
- Report

1b) If nothing or something: How sure are you?  Not sure  Sure

1c) If 'something but I do not remember': Can you indicate any impression or general feeling if present?

1d) If report: Is there anything else that you can remember?

2) Were you awake or asleep?

**Asleep** 0 1 2 3 4 5 6 **Awake**

3) Was your experience more like a snapshot or a story?

**Snapshot** 0 1 2 3 4 5 6 **Story**

4a) Was your experience more like perceiving or thinking?

**Perceiving** 0 1 2 3 4 5 6 **Thinking**

4b) How would you describe your perception (if <6 for q°4a)?

**Simple** 0 1 2 3 4 5 6 **Complex**

**Lacking all details** 0 1 2 3 4 5 6 **Complete of all details**

**Lacking all general concepts** 0 1 2 3 4 5 6 **Complete of all general concepts**

**Non-visual** 0 1 2 3 4 5 6 **Very visual**

4c) How would you describe your thinking (if >0 for q°4a)?

**Simple** 0 1 2 3 4 5 6 **Complex**

**Confused and vague** 0 1 2 3 4 5 6 **Clear and focused**

5) Was your experience more centered on yourself or on the environment?

**Yourself** 0 1 2 3 4 5 6 **Environment**

6a) Were you there in your dream?

**No** 0 1 2 3 4 5 6 **Yes**

6b) Were you passive or active (if >0 for q°6a)?

**Passive** 0 1 2 3 4 5 6 **Active**

7) Did you have voluntary control over the content of the experience?

**No** 0 1 2 3 4 5 6 **Yes**

8) Did anything in your experience remind you of the TMS?

**No** 0 1 2 3 4 5 6 **Yes**

If above 0, explain