



Attitudes Toward Non-Human Intelligence (NHI)

Brief Adult Questionnaire

Purpose: This brief questionnaire asks about your current attitudes and reactions regarding the possibility that non-human intelligence (NHI) may exist and that governments could someday disclose credible evidence concerning NHI.

For purposes of this questionnaire, NHI refers to a potentially intelligent, non-human form of life or consciousness not currently explained by conventional human technology. This questionnaire does not assume that NHI exists or that governments possess evidence of it.

Please indicate how much you agree or disagree with each statement.

1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

1. I am open to the possibility that non-human intelligence may exist.

1	2	3	4	5
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2. I would like governments to disclose credible information they possess about NHI, if such information exists.

1	2	3	4	5
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3. Learning that NHI exists would significantly challenge my understanding of the world.

1	2	3	4	5
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4. I believe I could emotionally cope with credible confirmation that NHI exists.

1	2	3	4	5
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5. Confirmation of NHI would make me feel anxious or afraid.

1	2	3	4	5
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6. I would be curious and interested in learning more if NHI were confirmed.

1	2	3	4	5
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7. Confirmation of NHI would cause me to reconsider some of my religious, spiritual, philosophical, or scientific beliefs.

1	2	3	4	5
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8. I would trust scientific experts to help the public understand credible evidence concerning NHI.

1	2	3	4	5
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9. Mental health professionals should be prepared to help people cope with the psychological effects of a major NHI disclosure.

1	2	3	4	5
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10. Society should begin discussing how individuals and communities might respond if credible evidence of NHI is ever confirmed.

1	2	3	4	5
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Overall Reaction

If credible evidence of NHI were publicly confirmed tomorrow, what do you think your first emotional reaction would be?

☐ Curiosity	☐ Excitement	☐ Hope	☐ Fear
☐ Anxiety	☐ Disbelief	☐ Confusion	☐ Indifference

☐ Other: _____

One Final Question

What would you most want to know if credible evidence of NHI were publicly confirmed?

Scoring and Interpretation Guide

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Important: This is an exploratory descriptive scoring framework. It is not diagnostic, predictive, or norm-referenced and should be reconsidered as validation data become available.

Scoring Rules

1. Score Items 1–4 and 6–10 exactly as marked (1–5).
2. For Emotional Readiness only, reverse-score Item 5: 1→5, 2→4, 3→3, 4→2, 5→1.
3. Calculate the four domain scores below. Do not calculate a single 10-item grand total because the items represent different dimensions.

Domain Scoring Worksheet

Domain	Items	Raw Score	Average	Higher Score Indicates
Openness & Information Engagement	1, 2, 6	___ / 15	___	Greater openness, desire for credible disclosure, and curiosity.
Anticipated Worldview Impact	3, 7	___ / 10	___	Greater expected challenge to, or reconsideration of, beliefs and assumptions.
Emotional Readiness	4, 5R	___ / 10	___	Greater perceived coping ability and lower anticipated anxiety/fear.
Trust & Preparedness Orientation	8, 9, 10	___ / 15	___	Greater trust in scientific guidance and support for professional/societal preparedness.

Domain average = raw domain score ÷ number of items in that domain. All domain averages therefore range from 1.00 to 5.00.

1.00–2.49	2.50–3.49	3.50–5.00
Lower endorsement	Mixed / intermediate	Higher endorsement

Interpretation Notes

- **Openness & Information Engagement** reflects interest and receptivity, not belief that NHI exists.
- **Anticipated Worldview Impact** reflects expected challenge or reconsideration; a high score is not automatically psychological distress.
- **Emotional Readiness** is the only domain using reverse scoring because Item 5 is phrased in the opposite direction from Item 4.
- **Overall Reaction and the final open-ended question** are qualitative and should be reviewed separately rather than added to numeric scores.

Use the pattern across the four domains as the primary interpretation. The descriptive bands above are not clinical cutoffs and should not be treated as population norms.