

Study on Emotional Events

Dear participant,

Thanks for your interest in this study. In a previous survey, people described events that might have triggered a particular emotion in them, and they answered some questions about those events. We now ask you to evaluate such events.

You will read 5 brief event descriptions. For each of them, you will be asked the same questions that were answered by the event experiencers in the previous survey. Your task is to answer the same way as they did. Participants who are able to answer most similarly to the original authors will get a bonus of 5£. We reward this bonus to the best 5% of participants.

We will also ask you some demographic and personality-related information. There, your task is to provide information about yourself, and not about the author of the texts.

The study should take you 8 minutes, and you will be rewarded with 1£.

Your participation is voluntary. You have to be at least 18 years old and a native speaker of English. Feel free to quit at any time without giving a reason (note that you won't be paid in this case).

The data we collect will be used for research purposes. It will be made publicly available in an anonymised form. We will further write a scientific paper publication about this study which can include examples from the collected data (also in anonymous form).

This study is funded by the German Research Foundation (DFG, Project Number KL 2869/1-2). Principle Investigator of this study: Dr. Roman Klinger, University of Stuttgart (Germany). Responsible and contact person: Enrica Troiano, University of Stuttgart (Germany). For any information, contact us at enrica.troiano@ims.uni-stuttgart.de

I confirm that I have read the above information, meet the prerequisites for participation and want to participate in the study.

Yes

No

Next

1.

Please insert your ID as a worker on Prolific.

Do you yourself feel any of the following emotions right now, just before starting this survey?

	1 Not at All	2	3	4	5 Very intensely
Anger	<input type="radio"/>				
Boredom	<input type="radio"/>				
Disgust	<input type="radio"/>				
Fear	<input type="radio"/>				
Guilt	<input type="radio"/>				
Joy	<input type="radio"/>				
Pride	<input type="radio"/>				
Relief	<input type="radio"/>				
Sadness	<input type="radio"/>				
Shame	<input type="radio"/>				
Surprise	<input type="radio"/>				
Trust	<input type="radio"/>				

Next

Put yourself in the shoes of other people.

You will read five texts. These texts describe events that occurred in the life of their authors. Don't be surprised if they are not perfectly grammatical, or if you find that some words are missing.

For each event, you will assess if it provoked an emotion in the experiencer, and if so, what emotion that was. Moreover, you will be asked how you think the experiencer assessed the event: you will read some statements and indicate how much you agree with each of them on a scale from 1 to 5.

The writers of these texts have answered these questions in a previous survey. **Your goal now is to guess the answer given by the writers as closely as possible.**

Next

Event description 1

Please decide if and what emotion the writer might have felt in the described situation:

PLACEHOLDER FOR EVENT DESCRIPTION 1

What do you think the writer of the text felt when experiencing this event?

- anger
- boredom
- disgust
- fear
- guilt
- joy
- pride
- relief
- sadness
- shame
- surprise
- trust
- no emotion

How confident are you about your answer?

- Not confident at all

 Very confident

How long do you think the event lasted?

- seconds
- minutes
- hours
- days
- weeks

How long do you think the emotion lasted (if the experiencer had any)?

- seconds
- minutes
- hours
- days
- weeks
- this event did not cause any emotion

How intense do you think the emotion was?

- Not at all

 Extremely

Evaluation of that Experience

Put yourself in the shoes of the writer at the time when the event happened, and try to reconstruct how that event was perceived. How much do these statements apply? (1 means "I don't agree at all" and 5 means "I completely agree")

	Not at all	Extremely
The event was sudden or abrupt.	<input checked="" type="radio"/>	<input type="radio"/>
The event was familiar to its experiencer.	<input type="radio"/>	<input type="radio"/>
The experiencer could have predicted the occurrence of the event.	<input checked="" type="radio"/>	<input type="radio"/>
The event was pleasant for the experiencer.	<input type="radio"/>	<input type="radio"/>
The event was unpleasant for the experiencer.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer expected the event to have important consequences for him/herself.	<input type="radio"/>	<input type="radio"/>
Please tick the second item.	<input checked="" type="radio"/>	<input type="radio"/>
The event was caused by chance, special circumstances, or natural forces.	<input type="radio"/>	<input type="radio"/>
The event was caused by the experiencer's own behavior.	<input checked="" type="radio"/>	<input type="radio"/>
The event was caused by somebody else's behavior.	<input type="radio"/>	<input type="radio"/>
The experiencer anticipated the consequences of the event.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer expected positive consequences for her/himself.	<input type="radio"/>	<input type="radio"/>
The event required an immediate response.	<input checked="" type="radio"/>	<input type="radio"/>
The event required an immediate response. However, this is an attention check. Please tick the third item.	<input type="radio"/>	<input type="radio"/>
The experiencer was able to influence what was going on during the event.	<input checked="" type="radio"/>	<input type="radio"/>
Someone other than the experiencer was influencing what was going on.	<input type="radio"/>	<input type="radio"/>
The situation was the result of outside influences of which nobody had control.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer anticipated that he/she could live with the unavoidable consequences of the event.	<input type="radio"/>	<input type="radio"/>
The event clashed with her/his standards and ideals.	<input checked="" type="radio"/>	<input type="radio"/>
The actions that produced the event violated laws or socially accepted norms.	<input type="radio"/>	<input type="radio"/>
The experiencer had to pay attention to the situation.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer wanted to shut the situation out of her/his mind.	<input type="radio"/>	<input type="radio"/>
The situation required her/him a great deal of energy to deal with it.	<input checked="" type="radio"/>	<input type="radio"/>

Have you ever experienced an event similar to the one described?

- No, never

 Yes, definitely

Next

Event description 2

Please decide if and what emotion the writer might have felt in the described situation:

PLACEHOLDER FOR EVENT DESCRIPTION 2

What do you think the writer of the text felt when experiencing this event?

- anger
- boredom
- disgust
- fear
- guilt
- joy
- pride
- relief
- sadness
- shame
- surprise
- trust
- no emotion

How confident are you about your answer?

- Not confident at all

 Very confident

How long do you think the event lasted?

- seconds
- minutes
- hours
- days
- weeks

How long do you think the emotion lasted (if the experiencer had any)?

- seconds
- minutes
- hours
- days
- weeks
- this event did not cause any emotion

How intense do you think the emotion was?

- Not at all

 Extremely

Evaluation of that Experience

Put yourself in the shoes of the writer at the time when the event happened, and try to reconstruct how that event was perceived.

How much do these statements apply? (1 means "I don't agree at all" and 5 means "I completely agree")

	Not at all	Extremely
The event was sudden or abrupt.	<input checked="" type="radio"/>	<input type="radio"/>
The event was familiar to its experiencer.	<input type="radio"/>	<input type="radio"/>
The experiencer could have predicted the occurrence of the event.	<input checked="" type="radio"/>	<input type="radio"/>
The event was pleasant for the experiencer.	<input type="radio"/>	<input type="radio"/>
The event was unpleasant for the experiencer.	<input checked="" type="radio"/>	<input type="radio"/>
The event was unpleasant for the experiencer. However, this is an attention check. Please tick the first item.	<input type="radio"/>	<input type="radio"/>
The experiencer expected the event to have important consequences for him/herself.	<input checked="" type="radio"/>	<input type="radio"/>
The event was caused by chance, special circumstances, or natural forces.	<input type="radio"/>	<input type="radio"/>
The event was caused by the experiencer's own behavior.	<input checked="" type="radio"/>	<input type="radio"/>
The event was caused by somebody else's behavior.	<input type="radio"/>	<input type="radio"/>
The experiencer anticipated the consequences of the event.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer expected positive consequences for her/himself.	<input type="radio"/>	<input type="radio"/>
The event required an immediate response.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer was able to influence what was going on during the event.	<input type="radio"/>	<input type="radio"/>
Please tick the third item.	<input checked="" type="radio"/>	<input type="radio"/>
Someone other than the experiencer was influencing what was going on.	<input type="radio"/>	<input type="radio"/>
The situation was the result of outside influences of which nobody had control.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer anticipated that he/she could live with the unavoidable consequences of the event.	<input type="radio"/>	<input type="radio"/>
The event clashed with her/his standards and ideals.	<input checked="" type="radio"/>	<input type="radio"/>
The actions that produced the event violated laws or socially accepted norms.	<input type="radio"/>	<input type="radio"/>
The experiencer had to pay attention to the situation.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer wanted to shut the situation out of her/his mind.	<input type="radio"/>	<input type="radio"/>
The situation required her/him a great deal of energy to deal with it.	<input checked="" type="radio"/>	<input type="radio"/>

Have you ever experienced an event similar to the one described?

- No, never
 Yes, definitely

I experienced a similar event before.

-

Next

Event description 3

Please decide if and what emotion the writer might have felt in the described situation:

PLACEHOLDER FOR EVENT DESCRIPTION 3

What do you think the writer of the text felt when experiencing this event?

- anger
- boredom
- disgust
- fear
- guilt
- joy
- pride
- relief
- sadness
- shame
- surprise
- trust
- no emotion

How confident are you about your answer?

- Not confident at all

 Very confident

How long do you think the event lasted?

- seconds
- minutes
- hours
- days
- weeks

How long do you think the emotion lasted (if the experiencer had any)?

- seconds
- minutes
- hours
- days
- weeks
- this event did not cause any emotion

How intense do you think the emotion was?

- Not at all

 Extremely

Evaluation of that Experience

Put yourself in the shoes of the writer at the time when the event happened, and try to reconstruct how that event was perceived.

How much do these statements apply? (1 means "I don't agree at all" and 5 means "I completely agree")

	Not at all	Extremely
The event was sudden or abrupt.	<input checked="" type="radio"/>	<input type="radio"/>
The event was familiar to its experiencer.	<input type="radio"/>	<input type="radio"/>
The experiencer could have predicted the occurrence of the event.	<input checked="" type="radio"/>	<input type="radio"/>
The event was pleasant for the experiencer.	<input type="radio"/>	<input type="radio"/>
The event was unpleasant for the experiencer.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer expected the event to have important consequences for him/herself.	<input type="radio"/>	<input type="radio"/>
The event was caused by chance, special circumstances, or natural forces.	<input checked="" type="radio"/>	<input type="radio"/>
Please tick the fourth item.	<input type="radio"/>	<input type="radio"/>
The event was caused by the experiencer's own behavior.	<input checked="" type="radio"/>	<input type="radio"/>
The event was caused by somebody else's behavior.	<input type="radio"/>	<input type="radio"/>
The experiencer anticipated the consequences of the event.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer expected positive consequences for her/himself.	<input type="radio"/>	<input type="radio"/>
The event required an immediate response.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer was able to influence what was going on during the event.	<input type="radio"/>	<input type="radio"/>
Please tick the same item you clicked just above.	<input checked="" type="radio"/>	<input type="radio"/>
Someone other than the experiencer was influencing what was going on.	<input type="radio"/>	<input type="radio"/>
The situation was the result of outside influences of which nobody had control.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer anticipated that he/she could live with the unavoidable consequences of the event.	<input type="radio"/>	<input type="radio"/>
The event clashed with her/his standards and ideals.	<input checked="" type="radio"/>	<input type="radio"/>
The actions that produced the event violated laws or socially accepted norms.	<input type="radio"/>	<input type="radio"/>
The experiencer had to pay attention to the situation.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer wanted to shut the situation out of her/his mind.	<input type="radio"/>	<input type="radio"/>
The situation required her/him a great deal of energy to deal with it.	<input checked="" type="radio"/>	<input type="radio"/>

Have you ever experienced an event similar to the one described?

- No, never
 Yes, definitely
- I experienced a similar event before.

Next

Event description 4

Please decide if and what emotion the writer might have felt in the described situation:

PLACEHOLDER FOR EVENT DESCRIPTION 4

What do you think the writer of the text felt when experiencing this event?

- anger
- boredom
- disgust
- fear
- guilt
- joy
- pride
- relief
- sadness
- shame
- surprise
- trust
- no emotion

How confident are you about your answer?

- Not confident at all

 Very confident

How long do you think the event lasted?

- seconds
- minutes
- hours
- days
- weeks

How long do you think the emotion lasted (if the experiencer had any)?

- seconds
- minutes
- hours
- days
- weeks
- this event did not cause any emotion

How intense do you think the emotion was?

- Not at all

 Extremely

Evaluation of that Experience

Put yourself in the shoes of the writer at the time when the event happened, and try to reconstruct how that event was perceived.

How much do these statements apply? (1 means "I don't agree at all" and 5 means "I completely agree")

	Not at all	Extremely
The event was sudden or abrupt.	<input checked="" type="radio"/>	<input type="radio"/>
The event was familiar to its experiencer.	<input type="radio"/>	<input type="radio"/>
The experiencer could have predicted the occurrence of the event.	<input checked="" type="radio"/>	<input type="radio"/>
The event was pleasant for the experiencer.	<input type="radio"/>	<input type="radio"/>
The event was unpleasant for the experiencer.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer expected the event to have important consequences for him/herself.	<input type="radio"/>	<input type="radio"/>
The event was caused by chance, special circumstances, or natural forces.	<input checked="" type="radio"/>	<input type="radio"/>
The event was caused by the experiencer's own behavior.	<input type="radio"/>	<input type="radio"/>
Please tick the third item.	<input checked="" type="radio"/>	<input type="radio"/>
The event was caused by somebody else's behavior.	<input type="radio"/>	<input type="radio"/>
The experiencer anticipated the consequences of the event.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer expected positive consequences for her/himself.	<input type="radio"/>	<input type="radio"/>
The event required an immediate response.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer was able to influence what was going on during the event.	<input type="radio"/>	<input type="radio"/>
Someone other than the experiencer was influencing what was going on.	<input checked="" type="radio"/>	<input type="radio"/>
The situation was the result of outside influences of which nobody had control.	<input type="radio"/>	<input type="radio"/>
The experiencer anticipated that he/she could live with the unavoidable consequences of the event.	<input checked="" type="radio"/>	<input type="radio"/>
The event clashed with her/his standards and ideals.	<input type="radio"/>	<input type="radio"/>
The event clashed with her/his standards and ideals. However, this is an attention check. Please tick the third item.	<input checked="" type="radio"/>	<input type="radio"/>
The actions that produced the event violated laws or socially accepted norms.	<input type="radio"/>	<input type="radio"/>
The experiencer had to pay attention to the situation.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer wanted to shut the situation out of her/his mind.	<input type="radio"/>	<input type="radio"/>
The situation required her/him a great deal of energy to deal with it.	<input checked="" type="radio"/>	<input type="radio"/>

Have you ever experienced an event similar to the one described?

- No, never

 Yes, definitely

I experienced a similar event before.

Next

Event description 5

Please decide if and what emotion the writer might have felt in the described situation:

PLACEHOLDER FOR EVENT DESCRIPTION 5

What do you think the writer of the text felt when experiencing this event?

- anger
- boredom
- disgust
- fear
- guilt
- joy
- pride
- relief
- sadness
- shame
- surprise
- trust
- no emotion

How confident are you about your answer?

- Not confident at all

 Very confident

How long do you think the event lasted?

- seconds
- minutes
- hours
- days
- weeks

How long do you think the emotion lasted (if the experiencer had any)?

- seconds
- minutes
- hours
- days
- weeks
- this event did not cause any emotion

How intense do you think the emotion was?

- Not at all

 Extremely

Evaluation of that Experience

Put yourself in the shoes of the writer at the time when the event happened, and try to reconstruct how that event was perceived.

How much do these statements apply? (1 means "I don't agree at all" and 5 means "I completely agree")

	Not at all	Extremely
The event was sudden or abrupt.	<input checked="" type="radio"/>	<input type="radio"/>
The event was familiar to its experiencer.	<input type="radio"/>	<input type="radio"/>
The experiencer could have predicted the occurrence of the event.	<input checked="" type="radio"/>	<input type="radio"/>
The event was pleasant for the experiencer.	<input type="radio"/>	<input type="radio"/>
The event was unpleasant for the experiencer.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer expected the event to have important consequences for him/herself.	<input type="radio"/>	<input type="radio"/>
The event was caused by chance, special circumstances, or natural forces.	<input checked="" type="radio"/>	<input type="radio"/>
The event was caused by the experiencer's own behavior.	<input type="radio"/>	<input type="radio"/>
The event was caused by somebody else's behavior.	<input checked="" type="radio"/>	<input type="radio"/>
Please tick the item corresponding to "Not at all".	<input type="radio"/>	<input type="radio"/>
The experiencer anticipated the consequences of the event.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer expected positive consequences for her/himself.	<input type="radio"/>	<input type="radio"/>
The event required an immediate response.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer was able to influence what was going on during the event.	<input type="radio"/>	<input type="radio"/>
Someone other than the experiencer was influencing what was going on.	<input checked="" type="radio"/>	<input type="radio"/>
The situation was the result of outside influences of which nobody had control.	<input type="radio"/>	<input type="radio"/>
Please tick the last item.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer anticipated that he/she could live with the unavoidable consequences of the event.	<input type="radio"/>	<input type="radio"/>
The event clashed with her/his standards and ideals.	<input checked="" type="radio"/>	<input type="radio"/>
The actions that produced the event violated laws or socially accepted norms.	<input type="radio"/>	<input type="radio"/>
The experiencer had to pay attention to the situation.	<input checked="" type="radio"/>	<input type="radio"/>
The experiencer wanted to shut the situation out of her/his mind.	<input type="radio"/>	<input type="radio"/>
The situation required her/him a great deal of energy to deal with it.	<input checked="" type="radio"/>	<input type="radio"/>

Have you ever experienced an event similar to the one described?

- No, never
 Yes, definitely
- I experienced a similar event before.

Next

Is this the first time you participate in our event evaluation studies?

If yes, you need to answer the following questions (otherwise we won't be able to approve your contribution). If no, you can skip them.

- Yes, first time, I will answer the following questions.
- No, I participated before and answered the next set of questions.

Next

How old are you? (in Years)

With which gender do you identify?

- Female
- Male
- Gender Variant/Non-Conforming
- Prefer not to answer

2. What is the highest level of education you completed?

- No formal qualification
- Secondary education
- High school
- Undergraduate degree (BA/BSc/other)
- Graduate degree (MA/MSc/MPhil/other)
- Doctorate degree (PhD/other)
- Don't know / not applicable

3. With which of the following ethnic groups do you identify the most?

- Australian/New Zealander
- North Asian
- South Asian
- East Asian
- Middle Eastern
- European
- African
- North American
- South American
- Hispanic/Latino
- Indigenous
- Prefer not to answer

Other

Here are a number of personality traits that may or may not apply to you. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
Extraverted, enthusiastic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical, quarrelsome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependable, self-disciplined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxious, easily upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open to new experiences, complex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reserved, quiet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sympathetic, warm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disorganized, careless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calm, emotionally stable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conventional, uncreative.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next

Feedback

What do you think about this survey?

If you tell us what you liked or disliked about this study, we can improve it in our next iteration. Any feedback is appreciated!

Next

Thank you for completing this survey!

We would like to thank you very much for helping us.

Please complete the following two steps to record your survey response and receive your reward:

1. Visit this Completion URL to complete your submission on Prolific: <https://app.prolific.co/submissions/complete?cc=461C8BB9>
2. Click 'Submit' on this page to record your response.

If you do not complete the second step, we will not receive your data and will be unable to reward you.