

Study on Emotional Events

Dear participant,

Thanks for your interest in this study. We aim at understanding your evaluation of events in which you either felt a particular emotion or did not feel any. Further, we will ask you some demographic and personality-related information. The study should take you 4 minutes, and you will be rewarded with 0.5 £.

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

You can take this survey multiple times. You are also welcome to participate to the other versions of the survey that we published on Prolific, in which we ask you for your experience with different emotions. Note that towards the end of this survey, you will find a small set of questions that you only need to answer the first time you participate (which will save you time if you'll work on the other survey variants).

The data we collect via Google forms 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). Nevertheless, please avoid providing information that could identify you (such as names, contact details, etc.).

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

*Required

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

Mark only one oval.

- ☐ Yes *Skip to question 2*
- ☐ No *Skip to section 2 (Do not Consent)*

**Do not
Consent**

As you do not wish to participate in this study, please close this window, return to Prolific, and select the 'Stop without completing' button.

Preliminary Questions

Note: If you don't like the font size of this survey, you can increase it in your browser

2. Please insert your ID as a worker on Prolific. *

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

1 means "not at all", 5 means "very intensely"

Mark only one oval per row.

	1	2	3	4	5
Anger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Boredom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disgust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guilt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pride	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relief	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sadness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shame	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surprise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trust	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This study
is about
the
emotional
experience
of FEAR

You will be asked to describe a concrete situation or an event which provoked this feeling in you and for which you vividly remember both the circumstance and your reaction. After that, you will be asked further information regarding such emotional experience, by indicating how much you agree with some statements on a scale from 1 to 5.

Note: If you participated in our studies before, please describe a different situation now. We cannot accept an answer related to the same event you already told us about, even if you used different words. Further, we will not accept answers if they are not descriptions of events, like "I can't remember" or "I do not have that feeling".

Recall
an
event
that
made
you
feel
FEAR

Recall an event that made you feel FEAR in the past. It could be an event of your choice, or one which you might have experienced in one of the following areas:

health, career, finances, community, fun/leisure, sports, arts, personal relationships, travel, education, shopping, learning, food, nature, hobbies, work...

Please describe the event by completing the sentence below, including event details or write multiple sentences if this helps to understand the situation.

NOTE: We already collected many answers related to being home/walking alone (or followed by strangers), being involved in accidents, losing sights of own kids/animals, being informed about an illness, getting on a plane. Please recount an event which does not relate to any of these: we need events which are as diverse as possible!

4. Please complete the sentence: I felt FEAR when/because/... *

5. How long did the event last? *

Mark only one oval.

- ☐ seconds
- ☐ minutes
- ☐ hours
- ☐ days
- ☐ weeks

6. How long did the emotion last? *

Mark only one oval.

- ☐ seconds
- ☐ minutes
- ☐ hours
- ☐ days
- ☐ weeks

7. How intense was your experience of the event? *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

8. How confident are you that you recall the event well? *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

Evaluation of that experience

Think back to when the event happened and recall its details. Take some time to remember it properly.

How much do these statements apply? (1 means "Not at all" and 5 means "Extremely")

9. The event was sudden or abrupt. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

10. The event was familiar. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

11. I could have predicted the occurrence of the event. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

12. The event was pleasant for me. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

13. The event was unpleasant for me. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

14. The event was unpleasant for me. However, this is an attention check. Please tick the fourth item below.

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

15. I expected the event to have important consequences for me. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

16. The event was caused by chance, special circumstances, or natural forces. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

17. The event was caused by my own behavior. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

18. The event was caused by somebody else's behavior. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

19. I anticipated the consequences of the event. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

20. Please type the word "green" below. *

21. I expected positive consequences for me. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

22. The event required an immediate response. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

23. I was able to influence what was going on during the event. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

24. Someone other than me was influencing what was going on. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

25. The situation was the result of outside influences of which nobody had control. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

26. I anticipated that I would easily live with the unavoidable consequences of the event. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

27. Please tick the number corresponding to item "E" on the following scale: *

Mark only one oval.

	1	2	3	4	5	
A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	E

28. The event clashed with my standards and ideals. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

29. The actions that produced the event violated laws or socially accepted norms. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

30. I had to pay attention to the situation. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

31. I tried to shut the situation out of my mind. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

32. The situation required me a great deal of energy to deal with it. *

Mark only one oval.

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Extremely

Is this the first time you participate in one of our emotional-event recollection studies?

33. We would like to know a bit more about you now. We have multiple similar studies on Prolific, all called "Recollection of an emotion-inducing experience", with the word "emotion" being replaced by an actual emotion name. When you participate in more than one of these studies, you only need to answer the following questions once. If this is the first time you participate, please answer them (otherwise we won't be able to approve your contribution), later you will skip this step.

Mark only one oval.

- ☐ Yes, first time, I will answer the following questions. Skip to question 34
- ☐ No, I participated before and answered the next set of questions. Skip to question 39

Demographic and Personality-related Questions

As a last step, we ask you to answer some questions about yourself.

Note: if you take one of our studies in the future, you won't fill in these sections again; this is your first time and don't provide such information, we won't be able to reward you.

34. How old are you? *

35. With which gender do you identify? *

Mark only one oval.

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

36. What is the highest level of education you completed? *

Mark only one oval.

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

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

Mark only one oval.

- ☐ 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: _____

38. 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.

Mark only one oval per row.

	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"/>

**One Last
Question**

Please be assured that your answer will in no way influence how we treat your submission (you will be rewarded, if you properly followed our instructions).

39. Did you actually experience that event or did you make it up to? *

Mark only one oval.

- ☐ The event really happened in my life.
- ☐ I never experienced that event, but I really imagined how it would make me feel.

Feedback

What do you think about this survey

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

41. At the beginning of the survey, we gave you a list of topics you could pick from (health, career, finances, community, fun/leisure, sports, arts, personal relationships, travel, education, shopping, learning, food, nature, hobbies, work...). Did you find it useful?

Mark only one oval.

- ☐ Yes
- ☐ No

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