

Experience Sampling

Good morning [/evening] \${m://FirstName}.

Welcome back to the next morning [/afternoon] Experience Recap.

Did you meet a Dutch person this morning [/afternoon]? (In person interaction for at least 10 minutes)

☐ Yes

☐ No

**** IF INTERGROUP CONTACT ****

How many interactions with Dutch people did you have this afternoon? (approximate if necessary)

The following questions will be about the interaction you consider most significant.

When was the interaction?

How long was the interaction?

_____ minutes

The interaction was:

☐ with a single other

☐ in a group

How many other people were part of the interaction?

Who did you meet with? (multiple possible)

☐

Friend

☐

Acquaintance

☐

Roommate

☐

Co-worker

☐

Fellow Student

☐

Romantic Partner

☐

Sport / Association Member

☐

Neighbor

☐

Teacher / Professor

☐

Boss

☐

Official / Staff

☐

Salesperson

☐

Family

☐

Stranger

☐

Prefer not to say

☐

others, namely: _____

What was the main reason you met? (multiple possible)

☐

Study

☐

Work

☐

Party

☐

Sports

☐

Break

☐

other leisure, namely:

☐

Eating

☐

Lecture

☐

Travel

☐

Religious Service

☐

Shopping

☐

other, namely: _____

Of the $\text{\$}\{gr_size/ChoiceTextEntryValue\}$ how many were Dutch? (approximate if necessary)

Who did you meet with? (multiple possible)

☐

Friend

☐

Acquaintance

☐

Roommate

☐

Co-worker

☐

Fellow Student

☐

Romantic Partner

☐

Sport / Association Member

☐

Neighbor

☐

Teacher / Professor

☐

Boss

☐

Official / Staff

☐

Salesperson

☐

Family

☐

Stranger

☐

Prefer not to say

☐

others, namely: _____

What was the main reason you met? (multiple possible)

☐

Study

☐

Work

☐

Party

☐

Sports

☐

Break

☐

other leisure, namely:

☐

Eating

☐

Lecture

☐

Travel

☐

Religious Service

☐

Shopping

☐

other, namely: _____

What was your most important goal during the interaction?

The interaction fulfilled your goal: \${keyMotive/ChoiceTextEntryValue}

Strongly disagree

Strongly agree

	
--	--

... this was mainly due to my Dutch interaction partner(s)

Strongly disagree

Strongly agree

	
--	--

During the interaction:

I was myself.

very little

a great deal

	
--	---

I felt competent.

very little

a great deal

	
--	--

I shared information about myself.

very little

a great deal

	
--	--

The other(s) shared information about themselves.

very little

a great deal

	
--	--

The interaction was ...
accidental

very little

a great deal



voluntary

very little

a great deal



cooperative

very little

a great deal



representative of the Dutch

very little

a great deal



Overall, the interaction was...

unpleasant

pleasant



superficial

meaningful



Overall, I would give this interaction ... stars.



**** IF NO INTERGROUP CONTACT ****

Did you **want** to meet a Dutch person(s) this morning [/afternoon]?

☐ Yes

☐ No

Who did you **want** to interact with? (multiple possible)

- ☐ Friend
 - ☐ Acquaintance
 - ☐ Roommate
 - ☐ Co-worker
 - ☐ Fellow Student
 - ☐ Romantic Partner
 - ☐ Sport / Association Member
 - ☐ Neighbor
 - ☐ Teacher / Professor
 - ☐ Boss
 - ☐ Official / Staff
 - ☐ Salesperson
 - ☐ Family
 - ☐ Stranger
 - ☐ Prefer not to say
 - ☐ others, namely: _____
-

What was the main reason you wanted to meet? (multiple possible)

☐

Study

☐

Work

☐

Party

☐

Sports

☐

Break

☐

other leisure, namely:

☐

Eating

☐

Lecture

☐

Travel

☐

Religious Service

☐

Shopping

☐

other, namely: _____

What was the **main reason you did not want** to meet a Dutch person?

What was your most important goal this morning [/afternoon]?

You fulfilled your goal: \${keyMotive_noInt/ChoiceTextEntryValue}

Strongly disagree

Strongly agree

	
--	--

This morning [/afternoon]:

I was myself.

very little

a great deal

	
--	--

I felt competent.

very little

a great deal

	
--	--

I had a strong need to belong.

very little

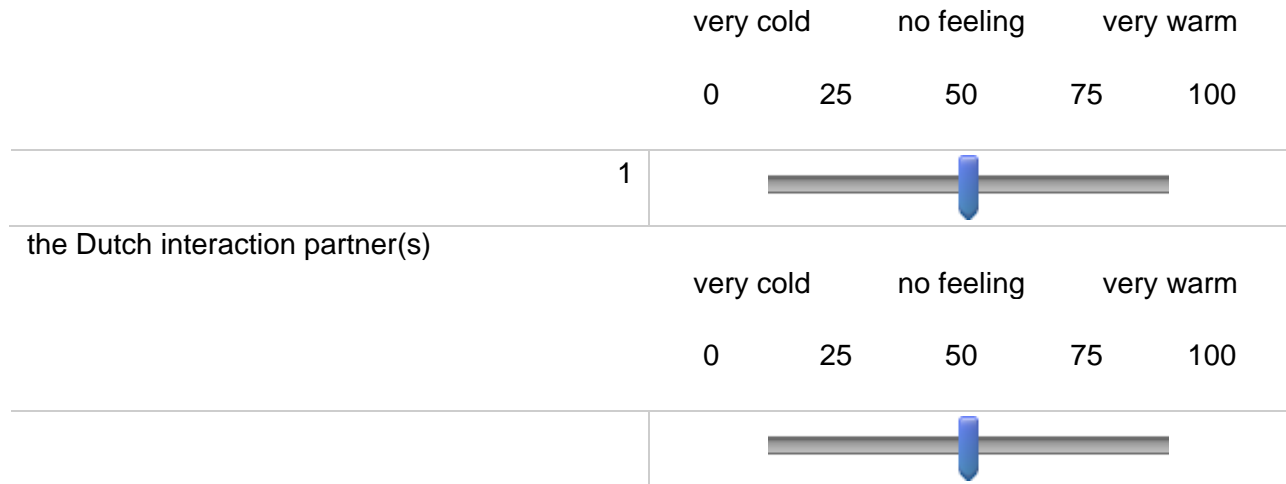
a great deal

	
--	--

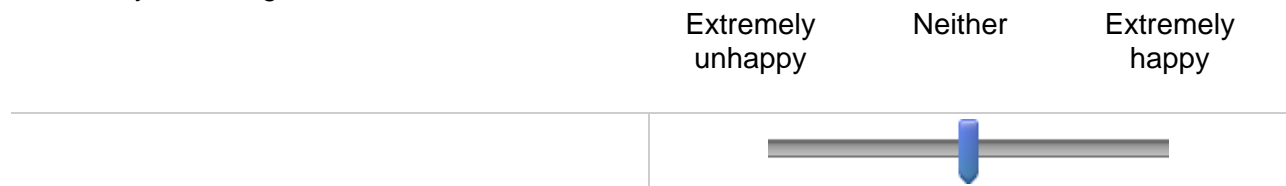
**** FOR EVERYONE ****

Feeling Thermometer.

How favorably do you feel towards ...
the Dutch



How do you feel right now?



How much do you feel each of the following, right now?

	definitely not	not	not really	a little	very much	extremely
content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
worn-out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
composed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
great	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
uneasy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
energetic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
uncomfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
alive and vital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**** OR ****

How much do you feel each of the following, right now?

	definitely not	not	not really	a little	very much	extremely
sleepy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
at ease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
discontent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fresh	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
exhausted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
calm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
alive and vital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you **meet non-Dutch** people this morning [/afternoon]? (in person for at least 10 minutes)

☐ yes

☐ no

How many interactions with different non-Dutch people did you have? (approximate if necessary)

Who did you interact with? (multiple possible)

☐

Friend

☐

Acquaintance

☐

Roommate

☐

Co-worker

☐

Fellow Student

☐

Romantic Partner

☐

Sport / Association Member

☐

Neighbor

☐

Teacher / Professor

☐

Boss

☐

Official / staff / salesperson

☐

Family

☐

Stranger

☐

others, namely: _____

**** ONLY IN THE EVENING ****

Did you have any interaction today that completely dominated your day?

Yes, very
negative

No

Yes, very
positive



When was this interaction?

☐ in the morning

☐ in the afternoon