EZ Social Cog Pilot

Start of Block: captcha

bot Please complete the captcha below.

opsys Click to write the question text

Browser (1)

Version (2)

Operating System (3)

Screen Resolution (4)

Flash Version (5)

Java Support (6)

User Agent (7)

End of Block: captcha

Start of Block: Eligibility

eligibility Please respond to each of the following

|  |  |  |
| --- | --- | --- |
|  | Yes (1) | No (2) |
| Are you between 45 and 74 years old? (1) |  |  |
| Are you fluent in English? (2) |  |  |
| Do you have any neurocognitive impairments or dementia? (3) |  |  |
| Do you have any severe motor or vision impairment that would prevent you from responding to surveys? (4) |  |  |
| Do you have any other medical or psychological conditions that may prevent you from responding to surveys? (5) |  |  |
| Do you have a US phone number? (6) |  |  |
| Will you be traveling in the next three weeks? (7) |  |  |
| Are you able to respond to short surveys on your phone for the next three weeks? (8) |  |  |

End of Block: Eligibility

Start of Block: Ineligible

ineltext Thank you for your time answering these questions. Unfortunately, you do not meet eligibility requirements for this study, so you cannot participate. If you would like to be contacted about future studies you may be eligible for, please provide your phone number and email below.

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phonenum Phone Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email Email Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Ineligible

Start of Block: Consent

consent   
 **UC Davis and UC Davis Health**  
 **Consent to Participate in Research**  
   
 **Title of study:** Everyday Cognitive Functioning  
 **Investigators:**   
 Dr. Emorie D. Beck, PhD, Assistant Professor, Department of Psychology, UC Davis  
 Dr. Zoë Hawks, PhD, Instructor, Harvard Medical School; Assistant Neuroscientist & Director of Lifespan Cognitive Dynamics, McLean Hospital  
   
 **Introduction and Purpose**   
 You are being invited to join a research study.    
   
 The purpose of this study is to examine how your social health (loneliness, social isolation, and social support) are associated with your cognitive function in everyday life.  
   
 If you agree to be in this research, you will be asked to complete one baseline survey and 100 experience sampling surveys. In the baseline survey, you will use your computer to complete a variety of measures about your social experiences, your personality, your emotions, and your daily life. You will also complete a short cognitive battery. It will take about 60 minutes to complete the survey. In the experience sampling portion, you will complete 5 brief surveys per day for 20 days. You will receive a text message prompting you to complete these surveys on your smartphone. Each will take about 5-10 minutes to complete. At the end of the study, you will receive a personalized report summarizing your experience sampling responses.  
   
 There is no direct benefit to you from taking part in this study. We hope that the research will help you to understand your daily social, emotional, behavioral, and cognitive experiences*.*  
   
 The risks of this research are minimal. Some of the questions might make you feel uncomfortable or upset.  You do not have to answer any of the questions you do not want to answer.    
   
 **Confidentiality**  
 As with all research, there is a chance that confidentiality could be compromised; however, we are taking precautions to minimize this risk. Your responses to the survey will not include information that identifies you. This identifiable information will be handled as confidentially as possible. However, individuals from UC Davis who oversee research may access your data during audits or other monitoring activities.   
   
 To minimize the risks of breach of confidentiality, we will store all identifiable information (name, phone number for text messages) separately from all survey responses in a password protected, encrypted file. Your survey results will only be linked to you via a participant ID. Only you and the investigators (Drs. Beck and Hawks) will have access to this ID and to identifiable information.  
   
 The data we collect with your identifiable information as a part of this study may be used to answer other research questions or may be shared with other investigators for other research. If we do so, we will remove all identifiable information before use or sharing. Once identifiers have been removed, we will not ask your consent for the use or sharing of your data in other research. In addition, data that have been de-identified will be uploaded to the Open Science Framework for other researchers to access and use.  
   
 **Compensation**  
 To thank you for participating in this research study, you will two forms of compensation. First, for the baseline survey, you will receive a $15 Amazon gift card. Second, for each experience sampling survey you complete, you will receive $1 (maximum $100 for perfect completion rate) as an Amazon gift card emailed to you (along with baseline compensation). If your completion rate is higher than 85% (85+ surveys), you will receive a bonus of $10 applied to your experience sampling Amazon gift card. To receive credit for a given survey, you must complete that survey before you receive a text message alerting you about the next survey. You will never receive two text messages within 10 minutes.  
   
 **Rights**  
 ***Taking part in research is completely voluntary***.  You are free to decline to take part in the project.  You can decline to answer any questions and you can stop taking part in the project at any time.  Whether or not you choose to take part, or answer any question, or stop taking part in the project, there will be no penalty to you or loss of benefits to which you are otherwise entitled.  
   
 **Questions**  
 If you have any questions about this research, please feel free to contact the investigator at 573-690-0133 or ehealth@ucdavis.edu*.*  
   
 If you have any questions about your rights or treatment as a research participant in this study, please contact the UC Davis, Institutional Review Board by phone: 916 703 9158 or by email: HS-IRBEducation@ucdavis.edu.  
   
 **If you agree to take part in the research, please “print a copy of this page to keep for future reference, then click on the “Accept” button below.”**

* Accept (1)
* I do not accept (2)

End of Block: Consent

Start of Block: pause

pause This survey may take up to 60 minutes to complete. Please do not navigate to the next page until you are seated at a computer in a quiet environment. If you leave this webpage open, it will automatically resume where you left it.

End of Block: pause

Start of Block: Participant ID

SID You participant ID is: ${e://Field/id}.  
  
Next, we will ask you some information. We need to collect this information to:   
1. Compensate you  
2. Send surveys to your phone  
  
This information will be wholly disconnected from your other responses other than for the purposes or providing you with compensation or sending the surveys to your phone. 

name What is your name? (first and last)

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phonenum What is your phone number?

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email What is your email address?

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carrier What is your cell phone carrier?

* AT&T (1)
* Verizon (2)
* T-Mobile (3)
* U.S. Cellular (4)
* Cricket (5)
* Boost Mobile (6)
* Mint Mobile (7)
* Google Fi (8)
* Other (specify) (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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startTime What time would you like to receive your first survey each day?   
   
 We recommend choosing at or shortly after your wake-up time. For example, if you choose 8 AM as your start time, you will receive one survey within each of the following five, three-hour blocks each day: 8 - 11 AM, 11 AM - 2 PM, 2 - 5 PM, 5 - 7:59 PM, and 8 - 11 PM.

▼ 12 AM (4) ... 11 PM (27)

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timezone What is your current time zone? (Note you must be in the US to take this study, so only US time zones are provided.)

▼ Eastern (EST / EDT) (1) ... Alaska (AKST / AKDT) (6)

End of Block: Participant ID

Start of Block: Personality + Affect

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BFI Please write a number next to each statement to indicate the extent to which you agree or disagree with that statement.  
   Disagree  
 strongly Disagree  
 a little Neither agree  
nor disagree Agree  
 a little Agree  
 strongly 1 2 3 4 5    
 Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others?  
    
 **I see myself as someone who:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Disagree strongly 1 (1) | Disagree a little 2 (2) | Neither agree nor disagree 3 (3) | Agree a little 4 (4) | Agree strongly 5 (5) |
| Is outgoing, sociable (BFI\_E\_1) |  |  |  |  |  |
| Is talkative. (BFI\_E\_2) |  |  |  |  |  |
| Tends to be quiet. (BFI\_E\_3) |  |  |  |  |  |
| Is sometimes shy, introverted. (BFI\_E\_4) |  |  |  |  |  |
| Has an assertive personality. (BFI\_E\_5) |  |  |  |  |  |
| Is dominant, acts as a leader. (BFI\_E\_6) |  |  |  |  |  |
| Finds it hard to influence people. (BFI\_E\_7) |  |  |  |  |  |
| Prefers to have others take charge. (BFI\_E\_8) |  |  |  |  |  |
| Is full of energy. (BFI\_E\_9) |  |  |  |  |  |
| Shows a lot of enthusiasm. (BFI\_E\_10) |  |  |  |  |  |
| Rarely feels excited or eager. (BFI\_E\_11) |  |  |  |  |  |
| Is less active than other people. (BFI\_E\_12) |  |  |  |  |  |
| Is compassionate, has a soft heart. (BFI\_A\_1) |  |  |  |  |  |
| Is helpful and unselfish with others. (BFI\_A\_2) |  |  |  |  |  |
| Feels little sympathy for others. (BFI\_A\_3) |  |  |  |  |  |
| Can be cold and uncaring. (BFI\_A\_4) |  |  |  |  |  |
| Is respectful, treats others with respect. (BFI\_A\_5) |  |  |  |  |  |
| Is polite, courteous to others. (BFI\_A\_6) |  |  |  |  |  |
| Starts arguments with others. (BFI\_A\_7) |  |  |  |  |  |
| Is sometimes rude to others. (BFI\_A\_8) |  |  |  |  |  |
| Has a forgiving nature. (BFI\_A\_9) |  |  |  |  |  |
| Assumes the best about people. (BFI\_A\_10) |  |  |  |  |  |
| Tends to find fault with others. (BFI\_A\_11) |  |  |  |  |  |
| Is suspicious of others’ intentions. (BFI\_A\_12) |  |  |  |  |  |
| Is systematic, likes to keep things in order. (BFI\_C\_1) |  |  |  |  |  |
| Keeps things neat and tidy. (BFI\_C\_2) |  |  |  |  |  |
| Tends to be disorganized. (BFI\_C\_3) |  |  |  |  |  |
| Leaves a mess, doesn’t clean up. (BFI\_C\_4) |  |  |  |  |  |
| Is efficient, gets things done. (BFI\_C\_5) |  |  |  |  |  |
| Is persistent, works until the task is finished. (BFI\_C\_6) |  |  |  |  |  |
| Tends to be lazy. (BFI\_C\_7) |  |  |  |  |  |
| Has difficulty getting started on tasks. (BFI\_C\_8) |  |  |  |  |  |
| Is dependable, steady. (BFI\_C\_9) |  |  |  |  |  |
| Is reliable, can always be counted on. (BFI\_C\_10) |  |  |  |  |  |
| Can be somewhat careless. (BFI\_C\_11) |  |  |  |  |  |
| Sometimes behaves irresponsibly. (BFI\_C\_12) |  |  |  |  |  |
| Can be tense. (BFI\_N\_1) |  |  |  |  |  |
| Worries a lot. (BFI\_N\_2) |  |  |  |  |  |
| Is relaxed, handles stress well. (BFI\_N\_3) |  |  |  |  |  |
| Rarely feels anxious or afraid. (BFI\_N\_4) |  |  |  |  |  |
| Often feels sad. (BFI\_N\_5) |  |  |  |  |  |
| Tends to feel depressed, blue. (BFI\_N\_6) |  |  |  |  |  |
| Stays optimistic after experiencing a setback. (BFI\_N\_7) |  |  |  |  |  |
| Feels secure, comfortable with self. (BFI\_N\_8) |  |  |  |  |  |
| Is moody, has up and down mood swings. (BFI\_N\_9) |  |  |  |  |  |
| Is temperamental, gets emotional easily. (BFI\_N\_10) |  |  |  |  |  |
| Is emotionally stable, not easily upset. (BFI\_N\_11) |  |  |  |  |  |
| Keeps their emotions under control. (BFI\_N\_12) |  |  |  |  |  |
| Is curious about many different things. (BFI\_O\_1) |  |  |  |  |  |
| Is complex, a deep thinker. (BFI\_O\_2) |  |  |  |  |  |
| Avoids intellectual, philosophical discussions. (BFI\_O\_3) |  |  |  |  |  |
| Has little interest in abstract ideas. (BFI\_O\_4) |  |  |  |  |  |
| Is fascinated by art, music, or literature. (BFI\_O\_5) |  |  |  |  |  |
| Values art and beauty. (BFI\_O\_6) |  |  |  |  |  |
| Has few artistic interests. (BFI\_O\_7) |  |  |  |  |  |
| Thinks poetry and plays are boring. (BFI\_O\_8) |  |  |  |  |  |
| Is inventive, finds clever ways to do things. (BFI\_O\_9) |  |  |  |  |  |
| Is original, comes up with new ideas. (BFI\_O\_10) |  |  |  |  |  |
| Has little creativity. (BFI\_O\_11) |  |  |  |  |  |
| Has difficulty imagining things. (BFI\_O\_12) |  |  |  |  |  |
| Is angry (E\_angry) |  |  |  |  |  |
| Is afraid (E\_afraid) |  |  |  |  |  |
| Is happy (E\_happy) |  |  |  |  |  |
| Is excited (E\_excited) |  |  |  |  |  |
| Is proud (E\_proud) |  |  |  |  |  |
| Is guilty (E\_guilty) |  |  |  |  |  |
| Is attentive (E\_attentive) |  |  |  |  |  |
| Is content (E\_content) |  |  |  |  |  |
| Is purposeful (E\_purposeful) |  |  |  |  |  |
| Is goal-directed (E\_goaldir) |  |  |  |  |  |

End of Block: Personality + Affect

Start of Block: Cardinal Traits

CT On the lines below, please type in your 3 "cardinal" traits.  
  
These are the 3 traits that dominate your personality (in other words, you are known specifically for having these traits).

* Cardinal Trait 1: (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cardinal Trait 2: (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cardinal Trait 3: (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Cardinal Traits

Start of Block: Substance Use

sud\_MINI\_1 Please list drugs that you have taken more than once in the past year. Leave item blank if you have not taken any drugs more than once. Do not consider drugs that were taken as-prescribed by a doctor.

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sud\_MINI\_2 In the past year, which drug did you use the most? As above, leave item blank if you did not take any drugs more than once, and do not consider drugs that were taken as prescribed by a doctor.

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sud\_dudit Here are a few questions about drugs. Please answer as correctly and honestly as possible by indicating which answer is right for you.

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| --- | --- | --- | --- | --- | --- |
|  | 0   Never (01) | 1   Once a month or less often (1) | 2   2-4 times a month (2) | 3   2-3 times a week (3) | 4   4 times a week or more often (5) |
| How often do you use drugs other than alcohol? (1) |  |  |  |  |  |
| Do you use more than one type of drug on the same occasion? (4) |  |  |  |  |  |
| How often are you influenced heavily by drugs? (6) |  |  |  |  |  |
| Over the past year, have you felt that your longing for drugs was so strong that you could not resist it? (7) |  |  |  |  |  |
| How often over the past year have you taken drugs and then neglected to do something you should have done? (9) |  |  |  |  |  |
| How often over the past year have you needed to take a drug the morning after heavy drug use the day before? (10) |  |  |  |  |  |
| How often over the past year have you had guilty feelings or a bad conscience because you used drugs? (11) |  |  |  |  |  |

Q374 How many times do you take drugs on a typical day when you use drugs?

* Click to write Choice 1 (1)
* Click to write Choice 2 (2)
* Click to write Choice 3 (3)

Q375 Has it happened, over the past year, that you have not been able to stop taking drugs once you started?

* Click to write Choice 1 (1)
* Click to write Choice 2 (2)
* Click to write Choice 3 (3)

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sud\_dudit\_10 How often do you have a drink containing alcohol?

* Never (1)
* Monthly or less (1)
* 2-4 times a month (2)
* 2-3 times a week (3)
* 4 or more times a week (4)

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sud\_dudit\_11 How many drinks containing alcohol do you have on a typical day when you are drinking?

* 1 or 2 (0)
* 3 or 4 (1)
* 5 or 6 (2)
* 7, 8, or 9 (3)
* 10 or more (4)

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sud\_dudit Here are a few questions about alcohol use (beer, wine, liquor, spirits). Please answer as correctly and honestly as possible by indicating which answer is right for you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never (0) | Less than monthly (1) | Monthly (2) | Weekly (3) | Daily or Almost Daily (4) |
| How often do you have six or more drinks on one occasion? (sud\_dudit\_14) |  |  |  |  |  |
| How often during the last year have you found that you were not able to stop drinking once you had started? (sud\_dudit\_15) |  |  |  |  |  |
| How often during the last year have you failed to do what was normally expected of you because of drinking? (sud\_dudit\_16) |  |  |  |  |  |
| How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? (sud\_dudit\_17) |  |  |  |  |  |
| How often during the last year have you had a feeling of fuilt or remorse after drinking? (sud\_dudit\_18) |  |  |  |  |  |
| How often during hte last year have you been unable to remember what happened the night before because of your drinking? (sud\_dudit\_19) |  |  |  |  |  |

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sud\_dudit\_20 Have you or someone else been injured because of your drinking?

* No (0)
* Yes, but not in the past year (1)
* Yes, during the past year (2)

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sud\_dudit\_21 Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

* No (0)
* Yes, but not in the past year (1)
* Yes, during the past year (2)

End of Block: Substance Use

Start of Block: Purpose

Purpose   
   
   
   
 Please indicate your degree of agreement (using a score ranging from 1 - 6 ) to the following sentences:  
   
 1 2 3 4 5 6 Strongly  
 disagree                                                             Strongly  
 agree

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree 1 (1) | 2 (2) | 3 (3) | 4 (4) | 5 (5) | Strongly agree 6 (6) |
| I live life one day at a time and don’t really think about the future. (pur01) |  |  |  |  |  |  |
| I have a sense of direction and purpose in life. (pur02) |  |  |  |  |  |  |
| My daily activities often seem trivial and unimportant to me. (pur03) |  |  |  |  |  |  |
| I don’t have a good sense of what it is I’m trying to accomplish in life. (pur04) |  |  |  |  |  |  |
| I enjoy making plans for the future and working to make them a reality. (pur05) |  |  |  |  |  |  |
| Some people wander aimlessly through life, but I am not one of them. (pur06) |  |  |  |  |  |  |
| I sometimes feel as if I’ve done all there is to do in life. (pur07) |  |  |  |  |  |  |

End of Block: Purpose

Start of Block: Social Support

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sh-support Thinking of your friends, family, spouse, and children...

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| --- | --- | --- | --- | --- |
|  | A lot (1) | Some (2) | A little (3) | Not at all (4) |
| How much do they criticize you? (1) |  |  |  |  |
| How much do they let you down when you are counting on them? (4) |  |  |  |  |
| How much do they get on your nerves? (5) |  |  |  |  |
| How much can you open up to them if you need to talk about your worries? (6) |  |  |  |  |
| How much can you rely on them if you have a serious problem? (7) |  |  |  |  |
| How often do they make too many demands on you? (8) |  |  |  |  |
| How much do they really understand the way you feel about things? (9) |  |  |  |  |

End of Block: Social Support

Start of Block: Loneliness

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loneliness Using the scale below, indicate how often each of the statements below is descriptive of you.  
   0 1 2 3 I never feel  
 this way I rarely feel  
 this way I sometimes  
 feel this way I often  
 feel this way

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 0 I never feel this way (1) | 1 I rarely feel this way (2) | 2 I sometimes feel this way (3) | 3 I often feel this way (4) |
| How often do you feel that you are "in tune" with the people around you? (18) |  |  |  |  |
| How often do you feel that you lack companionship? (35) |  |  |  |  |
| How often do you feel that there is no one you can turn to? (36) |  |  |  |  |
| How often do you feel alone? (37) |  |  |  |  |
| How often do you feel part of a group of friends? (38) |  |  |  |  |
| How often do you feel that you have a lot in common with the people around you? (39) |  |  |  |  |
| How often do you feel that you are no longer close to anyone? (40) |  |  |  |  |
| How often do you feel that your interests and ideas are not shared by those around you? (41) |  |  |  |  |
| How often do you feel outgoing and friendly? (42) |  |  |  |  |
| How often do you feel close to people? (43) |  |  |  |  |
| How often do you feel left out? (44) |  |  |  |  |
| How often do you feel that your relationships with others are not meaningful? (45) |  |  |  |  |
| How often do you feel that no one really knows you well? (46) |  |  |  |  |
| How often do you feel isolated from others? (47) |  |  |  |  |
| How often do you feel you can find companionship when you want it? (48) |  |  |  |  |
| How often do you feel that there are people who really understand you? (49) |  |  |  |  |
| How often do you feel shy? (50) |  |  |  |  |
| How often do you feel that people are around you but not with you? (51) |  |  |  |  |
| How often do you feel that there are people you can talk to? (52) |  |  |  |  |
| How often do you feel that there are people you can turn to? (53) |  |  |  |  |

End of Block: Loneliness

Start of Block: Social Isolation

sh-support\_kids On average, how often do you do each of the following with your **child(ren)**? Please check the answer which shows how you feel about each statement. If you do not have children, select "less than once a year or never."

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Three or more times a week (1) | Once or twice a week (2) | Once or twice a month (3) | Every few months (4) | Once or twice a year (5) | Less than once a year or never (6) |
| Meet up (include both arranged and chance meetings) (sh-support\_kids\_01) |  |  |  |  |  |  |
| Speak on the phone (sh-support\_kids\_02) |  |  |  |  |  |  |
| Write or email (sh-support\_kids\_03) |  |  |  |  |  |  |
| Communicate by Skype, Facebook, or other social media (sh-support\_kids\_04) |  |  |  |  |  |  |

sh-support\_family On average, how often do you do each of the following with other **family**? Please check the answer which shows how you feel about each statement.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Three or more times a week (1) | Once or twice a week (2) | Once or twice a month (3) | Every few months (4) | Once or twice a year (5) | Less than once a year or never (6) |
| Meet up (include both arranged and chance meetings) (sh-support\_family\_01) |  |  |  |  |  |  |
| Speak on the phone (sh-support\_family\_02) |  |  |  |  |  |  |
| Write or email (sh-support\_family\_03) |  |  |  |  |  |  |
| Communicate by Skype, Facebook, or other social media (sh-support\_family\_04) |  |  |  |  |  |  |

sh-support\_friends On average, how often do you do each of the following with **friends**? Please check the answer which shows how you feel about each statement.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Three or more times a week (1) | Once or twice a week (2) | Once or twice a month (3) | Every few months (4) | Once or twice a year (5) | Less than once a year or never (6) |
| Meet up (include both arranged and chance meetings) (sh-support\_friends\_01) |  |  |  |  |  |  |
| Speak on the phone (sh-support\_friends\_02) |  |  |  |  |  |  |
| Write or email (sh-support\_friends\_03) |  |  |  |  |  |  |
| Communicate by Skype, Facebook, or other social media (sh-support\_friends\_04) |  |  |  |  |  |  |

End of Block: Social Isolation

Start of Block: SWL

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SWL Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.  
  Strongly  
 disagree   Disagree Slightly  
 disagree Neither agree  
 nor disagree   Slightly    
 agree   Agree    Strongly  
 agree  1  2  3  4  5  6 7

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree 1 (1) | Disagree  2 (2) | Slightly disagree 3 (3) | Neither agree nor disagree 4 (4) | Slightly agree 5 (5) | Agree  6 (6) | Strongly agree 7 (7) |
| In most ways my life is close to my ideal. (SWL\_1) |  |  |  |  |  |  |  |
| The conditions of my life are excellent. (SWL\_2) |  |  |  |  |  |  |  |
| I am satisfied with my life. (SWL\_3) |  |  |  |  |  |  |  |
| So far I have gotten the important things I want in life. (SWL\_4) |  |  |  |  |  |  |  |
| If I could live my life over, I would change almost nothing. (SWL\_5) |  |  |  |  |  |  |  |

SAT Below are a number of domains in which you  may be more or less satisfied. Use the scale below to rate how satisfied you are in each.    Strongly  
 disagree   Disagree Slightly  
 disagree Neither agree  
 nor disagree   Slightly    
 agree   Agree    Strongly  
 agree  1  2  3  4  5  6 7      
How satisfied are you with your...

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree 1 (1) | Disagree  2 (2) | Slightly disagree 3 (3) | Neither agree nor disagree 4 (4) | Slightly agree 5 (5) | Agree  6 (6) | Strongly agree 7 (7) |
| Family (SAT\_1) |  |  |  |  |  |  |  |
| Friendships (SAT\_2) |  |  |  |  |  |  |  |
| Romantic relationships (SAT\_3) |  |  |  |  |  |  |  |
| Community (SAT\_4) |  |  |  |  |  |  |  |
| Academics / work (SAT\_5) |  |  |  |  |  |  |  |
| Finances (SAT\_6) |  |  |  |  |  |  |  |
| Physical health (SAT\_7) |  |  |  |  |  |  |  |
| Psychological / mental health (SAT\_8) |  |  |  |  |  |  |  |
| Hobbies (SAT\_9) |  |  |  |  |  |  |  |

End of Block: SWL

Start of Block: Chronotype - MEQ

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chron\_MEQ\_01 How often do you nap?

* less than once a week (0)
* once a week (1)
* 2-6 times a week (2)
* daily (3)
* multiple times each day (4)

chron\_MEQ\_02 Considering only your own "feeling best" rhythm, at what time would you get up if you were entirely free to plan your day?

* Before 6:30 AM (1)
* 6:30-7:45 AM (2)
* 7:45-9:45 AM (3)
* 9:45-11:00 AM (4)
* After 11:00 AM (5)

chron\_MEQ\_03 Considering only your own "feeling best" rhythm, at what time would you go to bed if you were entirely free to plan your evening?

* Before 9:00 PM (1)
* 9:00-10:15 PM (2)
* 10:15-12:30 AM (3)
* 12:30 AM-1:45 AM (4)
* After 1:45 AM (5)

chron\_MEQ\_04 If there is a specific time at which you have to get up in the morning, to what extent are you dependent on being woken up by an alarm clock?

* Not at all dependent (1)
* Slightly dependent (2)
* Fairly dependent (3)
* Very dependent (4)

chron\_MEQ\_05 Assuming adequate environmental conditions, how easy do you find getting up in the mornings?

* Not at all easy (1)
* Not very easy (2)
* Fairly easy (3)
* Very easy (4)

chron\_MEQ\_06 How alert do you feel during the first half hour after having woken up in the mornings?

* Not at all alert (1)
* Slightly alert (2)
* Fairly alert (3)
* Very alert (4)

chron\_MEQ\_07 How is your appetite during the first half-hour after having woken in the mornings.

* Very poor (1)
* Fairly poor (2)
* Fairly good (3)
* Very good (4)

chron\_MEQ\_08 During the first half-hour after having woken in the morning, how tired do you feel?

* Very tired (1)
* Fairly tired (2)
* Fairly refreshed (3)
* Very refreshed (4)

chron\_MEQ\_09 When you have no commitments the next day, at what time do you go to bed compared to your usual bedtime?

* Seldom or never later (1)
* Less than one hour later (2)
* 1-2 hours later (3)
* More than two hours later (4)

chron\_MEQ\_10 You have decided to engage in some physical exercise. A friend suggests that you do this one hour twice a week and the best time for him is between 7:00-8:00 AM. Bearing in mind nothing else but your own "feeling best" rhythm, how do you think you would perform?

* Would be on good form (1)
* Would be on reasonable form (2)
* Would find it difficult (3)
* Would find it very difficult (4)

chron\_MEQ\_11 At what time in the evening do you feel tired and as a result in need of sleep?

* Before 9:00 PM (1)
* 9:00-10:15 PM (2)
* 10:15-12:45 AM (3)
* 12:45 AM-2:00 AM (4)
* After 2:00 AM (5)

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chron\_MEQ\_12 You wish to be at your peak performance for a test which you know is going to be mentally exhausting and lasting for two hours. You are entirely free to plan your day and considering only your own "feeling best" rhythm, which ONE of the four testing times would you choose?

* 8:00-10:00 AM (0)
* 11:00 AM - 1:00 PM (1)
* 3:00-5:00 PM (2)
* 7:00-9:00 PM (3)

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chron\_MEQ\_13 If you went to bed at 11 PM at what level of tiredness would you be?

* Not at all tired (0)
* A little tired (1)
* Fairly tired (2)
* Very tired (3)

chron\_MEQ\_14 For some reason you have gone to bed several hours later than usual, but there is no need to get up at any particular time the next morning. Which ONE of the following events are you most likely to experience?

* Will wake up at usual time and will NOT fall asleep (1)
* Will wake up at usual time and will doze thereafter (2)
* Will wake up at usual time but will fall asleep again (3)
* Will NOT wake up until later than usual (4)

chron\_MEQ\_15 One night you have to remain awake between 4-6 AM in order to carry out a night watch. You ahve no commitments the next day. Which ONE of the following alternatives will suit you?

* Would NOT go to bed until watch was over (1)
* Would take a nap before and sleep after (2)
* Would take a good sleep before and nap after (3)
* Would take ALL sleep before watch (4)

chron\_MEQ\_16 You have to do two hours of hard physical work. You are entirely free to plan your day and considering only your own "feeling best" rhythm, which ONE of the following times would you choose?

* 8:00-10:00 AM (1)
* 11:00 AM-1:00 PM (2)
* 3:00-5:00 PM (3)
* 7:00-9:00 PM (4)

chron\_MEQ\_17 You decide to engaged in hard physical exercise. A friend suggests that you do this for one hour twice a week and the best time for him is between 10-11 PM. Bearing in mind nothing else but your own "feeling best" rhythm, how well do you think you would perform?

* Would be on good form (1)
* Would be on reasonable form (2)
* Would find it difficult (3)
* Would find it very difficult (4)

chron\_MEQ\_18 Suppose that you can choose your own work hours. Assume that you worked a FIVE hour day (including breaks) and that your job was interesting and paid by results. Which FIVE CONSECUTIVE HOURS would you select?

* Five hours starting between 4:00-7:45 AM (1)
* Five hours starting between 7:45-9:45 AM (2)
* Five hours starting between 9:45 AM-1:30 PM (3)
* Five hours starting between 1:30-5:00 PM (4)
* Five hours starting between 5:00 PM-4:00 AM (5)

chron\_MEQ\_19 At what time of the day do you think that you reach your "feeling best" peak?

* 4:45-7:45 AM (1)
* 7:45-8:8:45 AM (2)
* 8:45 AM-4:45 PM (3)
* 4:45-10:45 PM (4)
* 10:45 PM-4:45 AM (5)

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chron\_MEQ\_20 One hears about "morning" and "evening" types of people. Which ONE of these types do you consider yourself to be?

* Definitely a "morning" type (0)
* Rather more a "morning" than an "evening" type (1)
* Rather more an "evening" than a "morning" type (2)
* Definitely an "evening" type (3)

End of Block: Chronotype - MEQ

Start of Block: Demographics

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demo\_YOB What is your year of birth?

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demo\_age What is your age?

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demo\_hispanic Do you consider yourself Hispanic or Latino?

* no (0)
* yes (1)
* no sure (2)
* I'd rather not say (3)

demo\_ethnicity Which best describes your ethnic background? (Check all that apply.)

* American Indian or Alaska Native (1)
* Asian (2)
* African American or Black (3)
* Native Hawaiian or Pacific Islander (4)
* European / White (5)
* Not sure (6)
* I'd rather not say (7)

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demo\_education What is the highest level of education you have completed?

* primary school (less than 7 years) (0)
* middle or junior high school (7-10 years) (1)
* secondary school (high school diploma or GED) (2)
* some college/university (3)
* technical training or associate's degree (4)
* bachelor's degree (5)
* master's degree (6)
* graduate or professional degree (e.g., PhD, MD, JD) (7)
* none of the above (8)
* I'd rather not say (10)

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demo\_mom\_edu What is your mother's highest level of education?

* primary school (less than 7 years) (0)
* middle or junior high school (7-10 years) (1)
* secondary school (high school diploma or GED) (2)
* some college/university (3)
* technical training or associate's degree (4)
* bachelor's degree (5)
* master's degree (6)
* graduate or professional degree (e.g., PhD, MD, JD) (7)
* none of the above (8)
* I'd rather not say (9)

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demo\_dad\_edu What is your father's highest level of education?

* primary school (less than 7 years) (0)
* middle or junior high school (7-10 years) (1)
* secondary school (high school diploma or GED) (2)
* some college/university (3)
* technical training or associate's degree (4)
* bachelor's degree (5)
* master's degree (6)
* graduate or professional degree (e.g., PhD, MD, JD) (7)
* none of the above (8)
* I'd rather not say (9)

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demo\_gender What is your gender?

* male (0)
* female (1)
* non-binary or genderqueer (2)
* other (please specify) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say (4)

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demo\_english Is English your primary or native language?

* no (0)
* yes (1)

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demo\_country What country did you grow up in?

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demo\_relationship What is your current relationship or marital status?

* single (1)
* married (2)
* partnered or common law (3)
* in a relationship but not married (4)
* separated (5)
* divorced (6)
* widowed (7)

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demo\_nChildren How many children 18 years old or younger are living in your home? (Enter 0 if there are no children 18 years old or younger living in your home.)

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demo\_livingSituation What best describes your current living situation?

* in home alone (0)
* in home with partner and/or children (1)
* in home of relatives (2)
* in home with roommate(s) (i.e., non-relatives) (3)
* in supervised treatment or residential facility (4)
* no stable residence (5)

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demo\_employment Which of the following statements apply to your current employment situation?

* Never worked (0)
* Disabled (1)
* Full-time student or trainee (2)
* Unemployed (3)
* On temporary leave (education, public service, health) (4)
* Retired (5)
* Full-time homemaker or caregiver (6)
* In military/community/voluntary social service (7)
* Paid employment (8)

demo\_workHours How many hours of paid employment do you currently complete over a regular work week?

* 0 hours (1)
* 1-19 hours (2)
* 20-34 hours (3)
* 35+ hours (4)

demo\_workDaily If employed, what is your typical work shift?

* Day shift (1)
* Swing shift (2)
* Night/graveyard shift (3)
* I am not employed (4)

demo\_workWeekly If employed, what days do you typically work?

* M-F only (1)
* Weekends only (2)
* Schedule varies (3)
* I am not employed (4)

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demo\_income What is your household's gross annual income (pre-tax)?

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demo\_zipChildhood What is the zip code of the home you grew up in (i.e., where you lived for the longest time before age 14)? If you can't remember, please provide city and state.

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demo\_zipCurrent What is the zip code where you currently live?

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demo\_typicalWake In a typical week, what time do you wake up for the day?

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demo\_earliestWake In a typical week, what's the earliest you would wake up for the day?

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demo\_latestWake In a typical week, what's the latest you would wake up for the day?

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demo\_typicalBed In a typical week, what time do you go to bed for the night?

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demo\_earliestBed In a typical week, what's the earliest you would go to bed for the night?

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demo\_latestBed In a typical week, what's the latest you would go to bed for the night?

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orientation Which of the following best describes your sexual orientation?

* Heterosexual (1)
* Homosexual (2)
* Bisexual (3)
* None of the above (please specify) (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say (5)

Q376 Which of the following diagnoses have you received in your lifetime? Please check all that apply.

* High cholesterol (1)
* Hypertension (2)
* Diabetes (3)
* Depression (4)
* Traumatic brain injury (TBI) (5)
* Coronary heart disease (6)
* Renal dysfunction (7)
* None of the above (8)
* Not sure (9)
* I'd rather not say (10)

Q377 Did you or do you smoke?

* Past (1)
* Current (2)
* Never (3)
* I'd rather not say (4)

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Q378 What is your height in inches? For example, if I am 5 feet and 5 inches tall, I would enter "65."

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Q379 What is your weight in pounds?

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Q380 On average, how many minutes do you spend engaged in moderate or vigorous physical activity each week? Moderate physical activities include brisk walking (at or above 3 miles/hour), leisurely biking, fishing, gardening, golfing, and dancing.

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libconserv Here is a 7-point scale on which the political views that people might hold are arranged from extremely liberal (left) to  extremely conservative (right). Where would you place yourself on this scale?

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|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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| Political Ideology () |  |

relAct How often do you spend time in private religious activities, such as prayer, meditation, or Bible study?

* 1Rarelyor never (1)
* 2A few timesa month (2)
* 3Onceper week (3)
* 4Two or moretimes per week (4)
* 5Daily (5)

church How often do you attend church or other religious meetings?

* 1Never (1)
* 2Once a yearor less (2)
* 3A few timesper year (3)
* 4A few timesper month (4)
* 5Onceper week (5)
* 6More thanonce per week (6)

End of Block: Demographics

Start of Block: next steps

ESM\_instructions   
**Sampling Your Experiences in Everyday Life: Instructions**   
 Beginning next Tuesday morning, you will receive 5 text messages per day for 20 days. Each text message will include a link to short surveys that you will complete on your smartphone or another touchscreen device (e.g., tablet). For every survey you complete, you will be paid $1.00, which will be loaded to an Amazon gift card that is emailed to you after the 20-day period. To receive credit for a given survey, you must complete that survey before you receive a text message alerting you about the next survey. You will never receive two text messages within 10 minutes.  
   
 After the study, you will also receive an email with a summary of your survey responses. For example, this summary will include information about how you felt, what you did, and how your experiences, behaviors, and thinking varied across the three weeks.    
   
 Below, you see sample instructions, questions, and responses as they appear on a smartphone. We want you to answer these questions relative to wherever you are and whatever you are experiencing at that moment.For the scales that ask the extent to which you agree, we want you to use the scale points this way: Strongly disagree means this is *less* characteristic or true of you *than usual* Neutral means this is as characteristic or true of you *as usual* Strongly agree means this is *more* characteristic or true of *than usual*   
   
   
  

End of Block: next steps