

3.1 If yes, what emotion did you feel during the film? How strong (from 1 to 8)

	not at all							very much
	1	2	3	4	5	6	7	8
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please use the following pleasantness scale to rate the feelings you had during the film.

unpleasant								pleasant
1	2	3	4	5	6	7	8	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Had you seen this film before?

Yes ☐ No ☐

6. Did you close your eyes or look away during any scenes?

Yes ☐ No ☐

7. How old are you? _____ years old

8. Please indicate your gender. ☐ Male ☐ Female

9. What is your highest educational attainment?

<input type="checkbox"/> Still pupil	
<input type="checkbox"/> Secondary school	<input type="checkbox"/> Secondary school with 6th form
<input type="checkbox"/> University entrance diploma	<input type="checkbox"/> University degree (BA/MA)
<input type="checkbox"/> Other: _____	

10. Please indicate your nationality: _____

THANK YOU!