

# Appendix A

## Sample ESM Data Collection Forms (ESFs)

The first form to follow is a modification of a form used in the Sloan Study of Youth and Social Development (Csikszentmihalyi & Schneider, 2000). The second was used in the 500 Family Study (Schneider & Waite, 2005).

Date \_\_\_\_\_ Time beeped \_\_\_\_\_ a.m./p.m. Time you answered \_\_\_\_\_ a.m./p.m.

**As you were beeped . . . (be specific)**

Where were you?

What were you thinking about?

What was the main thing you were doing?

What else were you doing?

|  | <i>Not at all</i> |   |   | <i>Very much</i> |   |
|--|-------------------|---|---|------------------|---|
| Did you enjoy what you were doing?                         | 1                 | 2 | 3 | 4                | 5 |
| How well were you concentrating?                           | 1                 | 2 | 3 | 4                | 5 |
| Did you feel good about yourself?                          | 1                 | 2 | 3 | 4                | 5 |
| Were you learning anything or getting better at something? | 1                 | 2 | 3 | 4                | 5 |
| Did you have some choice in picking this activity?         | 1                 | 2 | 3 | 4                | 5 |

**Describe your mood as you were beeped:**

|         | <i>very</i> | <i>quite</i> | <i>some</i> | <i>neither</i> | <i>some</i> | <i>quite</i> | <i>very</i> |          |
|---------|-------------|--------------|-------------|----------------|-------------|--------------|-------------|----------|
| Happy   | 3           | 2            | 1           | 0              | 1           | 2            | 3           | Sad      |
| Passive | 3           | 2            | 1           | 0              | 1           | 2            | 3           | Active   |
| Ashamed | 3           | 2            | 1           | 0              | 1           | 2            | 3           | Proud    |
| Worried | 3           | 2            | 1           | 0              | 1           | 2            | 3           | Relaxed  |
| Weak    | 3           | 2            | 1           | 0              | 1           | 2            | 3           | Strong   |
| Lonely  | 3           | 2            | 1           | 0              | 1           | 2            | 3           | Sociable |
| Excited | 3           | 2            | 1           | 0              | 1           | 2            | 3           | Bored    |
| Angry   | 3           | 2            | 1           | 0              | 1           | 2            | 3           | Friendly |

**Who were you with? (Check all that apply)**

( ) alone

( ) mother

( ) father

( ) sister(s) or brother(s)

( ) other relatives

( ) others (who? \_\_\_\_\_)

( ) teacher(s)

( ) classmates, peers

( ) other adult (coach, etc.)

( ) friend(s) How many?

\_\_\_ females \_\_\_ males

**Indicate how you felt about the main activity:**

|   | <i>Not at all</i> |   |   | <i>Very much</i> |   |
|---|-------------------|---|---|------------------|---|
| How challenging was it?                         | 1                 | 2 | 3 | 4                | 5 |
| Was it important to you?                        | 1                 | 2 | 3 | 4                | 5 |
| How skilled are you at it?                      | 1                 | 2 | 3 | 4                | 5 |
| Did you wish you had been doing something else? | 1                 | 2 | 3 | 4                | 5 |
| Was this activity interesting?                  | 1                 | 2 | 3 | 4                | 5 |
| How important was it to your future goals?      | 1                 | 2 | 3 | 4                | 5 |

**Since you were last beeped, estimate how much time you spent:**

|   |   |               |               |               |   |                |                |                |         |
|---|---|---------------|---------------|---------------|---|----------------|----------------|----------------|---------|
| Hanging out with friends                        | 0 | $\frac{1}{4}$ | $\frac{1}{2}$ | $\frac{3}{4}$ | 1 | $1\frac{1}{4}$ | $1\frac{1}{2}$ | $1\frac{3}{4}$ | 2 Hours |
| Chores, errands                                 | 0 | $\frac{1}{4}$ | $\frac{1}{2}$ | $\frac{3}{4}$ | 1 | $1\frac{1}{4}$ | $1\frac{1}{2}$ | $1\frac{3}{4}$ | 2 Hours |
| Playing/practicing sports                       | 0 | $\frac{1}{4}$ | $\frac{1}{2}$ | $\frac{3}{4}$ | 1 | $1\frac{1}{4}$ | $1\frac{1}{2}$ | $1\frac{3}{4}$ | 2 Hours |
| After-school program or club/religious activity | 0 | $\frac{1}{4}$ | $\frac{1}{2}$ | $\frac{3}{4}$ | 1 | $1\frac{1}{4}$ | $1\frac{1}{2}$ | $1\frac{3}{4}$ | 2 Hours |
| Doing homework                                  | 0 | $\frac{1}{4}$ | $\frac{1}{2}$ | $\frac{3}{4}$ | 1 | $1\frac{1}{4}$ | $1\frac{1}{2}$ | $1\frac{3}{4}$ | 2 Hours |

If you were feeling a lot of something, why did you feel that way?

If you turned the watch off or didn't carry it with you since the last time you responded, what were you doing during that time?

Date \_\_\_\_ Time you were beeped \_\_\_\_ a.m./p.m. Time you responded \_\_\_\_ a.m./p.m.

*As you were beeped . . .*

Where were you? \_\_\_\_\_

What was the **main thing** you were **doing**? \_\_\_\_\_

What **else** were you doing at the same time? \_\_\_\_\_

What was **on your mind**? \_\_\_\_\_

Were you alone . . . Yes \_\_\_\_\_ No \_\_\_\_\_ . . . or were you with . . .  
(please check all that apply)

Your Spouse \_\_\_\_ Your Boss \_\_\_\_ Co-workers \_\_\_\_ Friend(s) \_\_\_\_ Girl/Boyfriend \_\_\_\_

Your Mother \_\_\_\_ Your Father \_\_\_\_ Teacher \_\_\_\_ Classmates/peers \_\_\_\_ Other(s) \_\_\_\_

Your child(ren) \_\_\_\_\_ (please indicate who) \_\_\_\_\_

Your sibling(s) \_\_\_\_\_ (please indicate who) \_\_\_\_\_

*Think back on how you got into this activity . . .*

Were you doing this **main activity** because you . . . (check all that apply)

(1) wanted to \_\_\_\_\_ (2) had to \_\_\_\_\_ (3) had nothing else to do \_\_\_\_\_

Indicate how you felt about the main activity. (please circle one number for each question)

|  | Not at all | A little | Somewhat | Very much |
|--|------------|----------|----------|-----------|
| Did you <b>enjoy</b> what you were doing?                            | 0          | 1        | 2        | 3         |
| Was this activity <b>interesting</b> ?                               | 0          | 1        | 2        | 3         |
| How well were you <b>concentrating</b> ?                             | 0          | 1        | 2        | 3         |
| Were you living up to <b>your own expectations</b> ?                 | 0          | 1        | 2        | 3         |
| Did you feel <b>in control</b> of the situation?                     | 0          | 1        | 2        | 3         |
| Did the situation allow you to be <b>involved</b> or <b>to act</b> ? | 0          | 1        | 2        | 3         |
| Did you have the <b>abilities to deal</b> with the situation?        | 0          | 1        | 2        | 3         |
| Was the activity <b>important to you</b> ?                           | 0          | 1        | 2        | 3         |
| Were others <b>expecting</b> a lot from you?                         | 0          | 1        | 2        | 3         |
| Were you <b>succeeding</b> at what you were doing?                   | 0          | 1        | 2        | 3         |
| Did you wish you <b>were doing something else</b> ?                  | 0          | 1        | 2        | 3         |
| Did you <b>feel good</b> about yourself?                             | 0          | 1        | 2        | 3         |

How did you feel as you were beeped? (For every pair of opposites, please circle only one mark.)

Happy      Sad      **Weak      Strong**      Passive      Active      **Excited      Bored**

☐ ☐ ☐ ☐ ☐ ☐ ☐
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As you were being beeped, were you feeling . . . ? (circle one number for each question)

|                   | Not<br>at all | A<br>little | Some<br>what | Very<br>much |                    | Not<br>at all | A<br>little | Some-<br>what | Very<br>much |
|-------------------|---------------|-------------|--------------|--------------|--------------------|---------------|-------------|---------------|--------------|
| <b>Cheerful</b>   | 0             | 1           | 2            | 3            | Worried            | 0             | 1           | 2             | 3            |
| Lonely            | 0             | 1           | 2            | 3            | <b>Caring</b>      | 0             | 1           | 2             | 3            |
| <b>Nervous</b>    | 0             | 1           | 2            | 3            | Irritated          | 0             | 1           | 2             | 3            |
| Cooperative       | 0             | 1           | 2            | 3            | <b>Relaxed</b>     | 0             | 1           | 2             | 3            |
| <b>Angry</b>      | 0             | 1           | 2            | 3            | Stressed           | 0             | 1           | 2             | 3            |
| Responsible       | 0             | 1           | 2            | 3            | <b>Proud</b>       | 0             | 1           | 2             | 3            |
| <b>Frustrated</b> | 0             | 1           | 2            | 3            | Friendly           | 0             | 1           | 2             | 3            |
| Competitive       | 0             | 1           | 2            | 3            | <b>Hardworking</b> | 0             | 1           | 2             | 3            |
| <b>Strained</b>   | 0             | 1           | 2            | 3            | Productive         | 0             | 1           | 2             | 3            |

Did you feel any **physical pain or discomfort** as you were beeped?  
(Please describe) \_\_\_\_\_ None      Slight      Bothersome      Severe  
0      1      2      3

| If you were talking with people, please answer the following 3 questions: |               |             |               |              |
|---|---------------|-------------|---------------|--------------|
|   | Not<br>at all | A<br>little | Some-<br>what | Very<br>much |
| Were you able to <b>express</b> your opinion?                             | 0             | 1           | 2             | 3            |
| Were others really listening to what you had to say?                      | 0             | 1           | 2             | 3            |
| Did you <b>care</b> about what others were saying?                        | 0             | 1           | 2             | 3            |

If you felt a strong emotion since the last report, what did you feel and why did you feel that way?

I felt \_\_\_\_\_ because \_\_\_\_\_

Please be specific

If anyone else you were with expressed a strong emotion to you since the last report, what did they feel and why?

(who) \_\_\_\_\_ felt \_\_\_\_\_ because \_\_\_\_\_

Please be specific

COMMENTS, ETC.