

Robot-FIT (FIT-R) Craving Experience Questionnaire - Strength

This questionnaire is about **high sugar/fat snacks and drinks**

Think about the time you MOST WANTED one during the LAST 24 hours.

How long did that craving or urge last? Write a number.

Minutes [Open] (Or seconds) [Open]

<i>At that time ...</i>											
...how much did you want it?	0	1	2	3	4	5	6	7	8	9	10
...how much did you need it?	0	1	2	3	4	5	6	7	8	9	10
...how strong was the urge to have it?	0	1	2	3	4	5	6	7	8	9	10
<i>At that time, how vividly did you ...</i>											
...picture it?	0	1	2	3	4	5	6	7	8	9	10
...imagine its taste?	0	1	2	3	4	5	6	7	8	9	10
...imagine its smell?	0	1	2	3	4	5	6	7	8	9	10
...imagine what it would feel like in your mouth or throat?	0	1	2	3	4	5	6	7	8	9	10
<i>At that time ...</i>											
...how hard were you trying to not think about it?	0	1	2	3	4	5	6	7	8	9	10
...how intrusive were the thoughts?	0	1	2	3	4	5	6	7	8	9	10
...how hard was it to think about anything else?	0	1	2	3	4	5	6	7	8	9	10

Robot-FIT (FIT-R) Craving Experience Questionnaire – Frequency

This questionnaire is about **high sugar/fat snacks and drinks**

*Now we want you to answer some similar questions, but this time please answer **HOW OFTEN** these things happened in the last week.*

<i>Over the last week, how often did you...</i>											
...want it?	0	1	2	3	4	5	6	7	8	9	10
...need it?	0	1	2	3	4	5	6	7	8	9	10
...have a strong urge to have it?	0	1	2	3	4	5	6	7	8	9	10
...picture it?	0	1	2	3	4	5	6	7	8	9	10
...imagine its taste?	0	1	2	3	4	5	6	7	8	9	10
...imagine its smell?	0	1	2	3	4	5	6	7	8	9	10
...imagine what it would feel like in your mouth or throat?	0	1	2	3	4	5	6	7	8	9	10
<i>Over the last week, how often...</i>											
...were you trying not to think about it?	0	1	2	3	4	5	6	7	8	9	10
...were the thoughts intrusive?	0	1	2	3	4	5	6	7	8	9	10
...was it hard to think about anything else?	0	1	2	3	4	5	6	7	8	9	10