

Final Questions

Your Code (required!)

Did you complete the test? Yes/No

E-Mail Address (required!)

Before you send us this questionnaire, just a reminder: please don't forget to send us your experimental data (per email).

Please send all data to

jogi1800@student.miun.se

1. Was it difficult to ignore the images?

Yes

No

2. How often did you look?

not at all

seldom

sometimes

often

all the time

3. Did you experience fear during this experiment?

not at all

seldom

sometimes

often

all the time

4. If you experienced fear, how intense was it?

very low

low

medium

high

very high

5. Did you experience disgust during this experiment?

not at all

seldom

sometimes

often

all the time

6. If you experienced disgust, how intense was it?

very low

low

medium

high

very high

7. Were you startled during this experiment?

not at all seldom sometimes often all the time

8. If you were startled, how intense was it?

very low low medium high very high

For the Debrief, please see `debrief\debrief.txt`