

Inst

Welcome to the study and thank you for your participation.

Please read all instructions that follow carefully and answer to the best of your ability.

Remember that your responses are confidential and voluntary; you may refuse to answer any question you wish.

Most participants are able to complete the survey in less than 30 minutes.

In this research, we are interested in physical and mental experiences or "states" and people's memories for them. We will ask you about a number of general common states experienced by people. These data are being collected in order to investigate aspects of how individuals perceive these states (for example how pleasant they are), how these aspects relate to one another, and whether and why individuals differ in their perceptions.

For each state, we first want you to remember a specific occasion on which you experienced the state.

For example, if we inquire about "confusion," we want you to think of a particular occasion on which you were confused. If we ask about "nausea," we want you to think about a particular occasion on which you were nauseous. If you can think of multiple examples, choose one in which the intensity or potency of the state was high.

Take your time for each item and try to remember a specific experience. Close your eyes and try to relive your experience as best as you can. Having done so, generate a name or label for the memory. This identifies something about the context of the experience. For example, you might label the experience "presentation to speech class" or "dinner with uncles" Then, in a few sentences, you will provide a brief summary of the experience.

Afterwards, we will ask you to make a number of ratings about the state you experienced.

Hunger

The state is "hunger." Try to think of a specific time you were hungry. Once you have an occasion in mind, you are ready to proceed.

- I can remember a time I experienced this state
- I cannot remember a time I experienced this state.

Now, try to fully remember the experience. Close your eyes, and try to remember the experience as fully as you can. For instance, you might recall how the experience felt, why it occurred, and what you were doing at the time. Please do not continue until you have done so.

- I have attempted to remember the experience.

Try to imagine what you would feel if you did have this experience. Close your eyes, and try to imagine the experience as fully as you can. For instance, you might imagine how the experience would feel, why it would occur, and what you could be doing at the time. Please do not continue until you have done so.

- I have attempted to imagine the experience.

In no more than a few words, give a name or label to the particular experience you just recalled.

Describe and summarize the experience in a few sentences.

Some questions asking you to rate your experience of the state will follow. The first items will appear in pairs. Use the sliders to rate your experience for each item. You might rate one item of the pair high and the other low, both high, both low, or however you wish. An example of the format appears below. You can practice moving the sliders before you continue.



Example Item 2																				
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely												
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	
Psychological																							
Physical																							

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely												
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	
Bodily																							
Mental																							

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely												
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	
Material																							
Immaterial																							

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely												
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	
Real																							
Imagined																							

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely												
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	
Actual																							



Next, we will ask you to rate items in other ways, but the response format will be different. Each item is separate and should be evaluated on a seven-point scale that also ranges from "not at all" to "extremely."

To what extent would you describe the experience as

Physically intense



To what extent would you describe the experience as

Involving strong feelings



To what extent would you describe the experience as

Mentally intense



To what extent would you describe the experience as

Involving much thinking



To what extent would the state you were experiencing have been visible to others?



To what extent would the state you were experiencing have been identifiable to others?



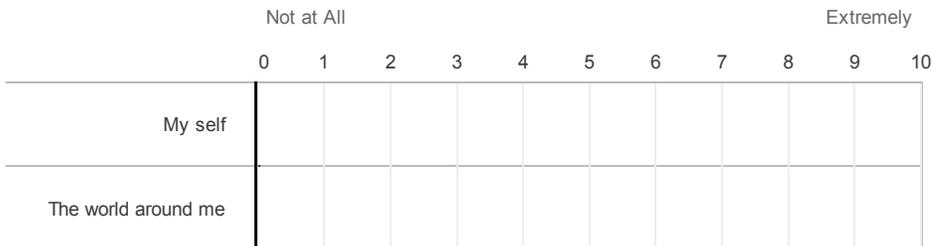
Did the experience of the state lead to any observable changes in the environment around you?



The following items use the slider response format you saw earlier.

During the experience of the event itself, to what extent was your attention focused on yourself and/or the world around you?

Use the sliders to indicate how much each term describes your experience.



During the experience of the event itself, to what extent was your attention focused on internal (your mind and the inner parts of your body) and/or external (the world and the external parts of your body as they relate to it)?

Use the sliders to indicate how much each term describes your experience.

	Not at All						Extremely					
	0	1	2	3	4	5	6	7	8	9	10	
Internal												
External												

The following item is a checklist. CHECK ALL OF THE RESPONSES THAT APPLY.

What parts of yourself were the cause, home, or origin of the state?

- | | | |
|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> My mind | <input type="checkbox"/> My muscles | <input type="checkbox"/> My stomach |
| <input type="checkbox"/> My body | <input type="checkbox"/> My hormones | <input type="checkbox"/> My blood |
| <input type="checkbox"/> My soul | <input type="checkbox"/> My heart | <input type="checkbox"/> My thoughts |
| <input type="checkbox"/> My brain | <input type="checkbox"/> My lungs | <input type="checkbox"/> My nerves |

The following questions will be about not the experience itself but rather your memory of it. Understanding characteristics of the memory will help us understand your responses.

How strong was your memory of the experience?

Not at all Extremely

How visually clear and vivid was your memory of the experience?

Not at all Extremely

How confident are you in the memory?

Not at all Extremely

How frequently do you experience the state of hunger?

Never Very Frequently

Relaxation

The state is "relaxation." Try to think of a specific time you were relaxed. Once you have an occasion in mind, you are ready to proceed.

- I can remember a time I experienced this state
- I cannot remember a time I experienced this state.

Now, try to fully remember the experience. Close your eyes, and try to remember the experience as fully as you can. For instance, you might recall how the experience felt, why it occurred, and what you were doing at the time. Please do not continue until you have done so.

- I have attempted to remember the experience.

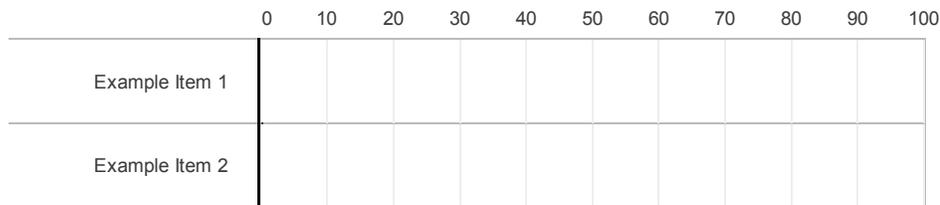
Try to imagine what you would feel if you did have this experience. Close your eyes, and try to imagine the experience as fully as you can. For instance, you might imagine how the experience would feel, why it would occur, and what you could be doing at the time. Please do not continue until you have done so.

I have attempted to imagine the experience.

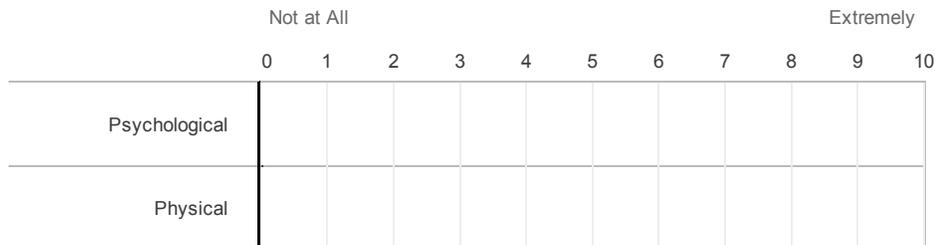
In no more than a few words, give a name or label to the particular experience you just recalled.

Describe and summarize the experience in a few sentences.

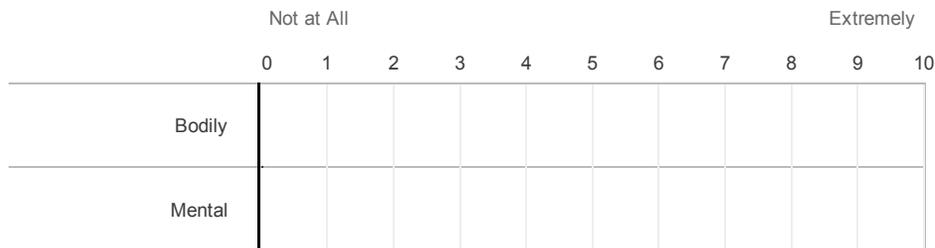
Some questions asking you to rate your experience of the state will follow. The first items will appear in pairs. Use the sliders to rate your experience for each item. You might rate one item of the pair high and the other low, both high, both low, or however you wish. An example of the format appears below. You can practice moving the sliders before you continue.



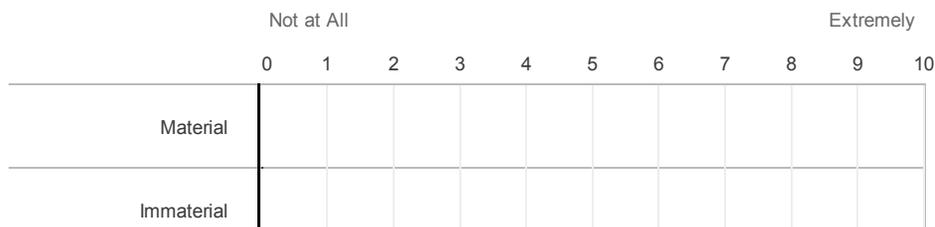
Use the sliders to indicate how much each term describes your experience.



Use the sliders to indicate how much each term describes your experience.



Use the sliders to indicate how much each term describes your experience.



Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely											
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Real																						
Imagined																						

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely											
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Actual																						
Made up																						

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely											
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Purposeful																						
Accidental																						

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely											
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Voluntary																						
Involuntary																						

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely											
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Controllable																						
Uncontrollable																						

Use the sliders to indicate how much each term describes your experience.

	Not at All						Extremely					
	0	1	2	3	4	5	6	7	8	9	10	
Good												
Bad												

Use the sliders to indicate how much each term describes your experience.

	Not at All						Extremely					
	0	1	2	3	4	5	6	7	8	9	10	
Pleasant												
Unpleasant												

Next, we will ask you to rate items in other ways, but the response format will be different. Each item is separate and should be evaluated on a seven-point scale that also ranges from "not at all" to "extremely."

To what extent would you describe the experience as

Physically intense

Not at all Extremely

To what extent would you describe the experience as

Involving strong feelings

Not at all Extremely

To what extent would you describe the experience as

Mentally intense

Not at all Extremely

To what extent would you describe the experience as

Involving much thinking

Not at all Extremely

To what extent would the state you were experiencing have been visible to others?

Not at all Extremely

Use the sliders to indicate how much each term describes your experience.

	Not at All						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Bodily											
Mental											

Use the sliders to indicate how much each term describes your experience.

	Not at All						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Material											
Immaterial											

Use the sliders to indicate how much each term describes your experience.

	Not at All						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Real											
Imagined											

Use the sliders to indicate how much each term describes your experience.

	Not at All						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Actual											
Made up											

Use the sliders to indicate how much each term describes your experience.

	Not at All						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Purposeful											
Accidental											

Use the sliders to indicate how much each term describes your experience.

	0	10	20	30	40	50	60	70	80	90	100
Example Item 1											
Example Item 2											

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely									
	0	1	2	3	4	5	6	7	8	9	10									
Psychological																				
Physical																				

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely									
	0	1	2	3	4	5	6	7	8	9	10									
Bodily																				
Mental																				

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely									
	0	1	2	3	4	5	6	7	8	9	10									
Material																				
Immaterial																				

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely									
	0	1	2	3	4	5	6	7	8	9	10									
Real																				
Imagined																				

Use the sliders to indicate how much each term describes your experience.

Not at All

Extremely

	0	1	2	3	4	5	6	7	8	9	10
Actual											
Made up											

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely
	0	1	2	3	4	5	6	7	8	9	10
Purposeful											
Accidental											

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely
	0	1	2	3	4	5	6	7	8	9	10
Voluntary											
Involuntary											

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely
	0	1	2	3	4	5	6	7	8	9	10
Controllable											
Uncontrollable											

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely
	0	1	2	3	4	5	6	7	8	9	10
Good											
Bad											

Use the sliders to indicate how much each term describes your experience.

	Not at All										Extremely
	0	1	2	3	4	5	6	7	8	9	10

instance, you might recall how the experience felt, why it occurred, and what you were doing at the time. Please do not continue until you have done so.

I have attempted to remember the experience.

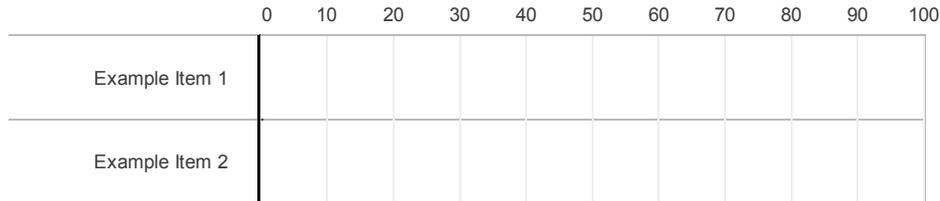
Try to imagine what you would feel if you did have this experience. Close your eyes, and try to imagine the experience as fully as you can. For instance, you might imagine how the experience would feel, why it would occur, and what you could be doing at the time. Please do not continue until you have done so.

I have attempted to imagine the experience.

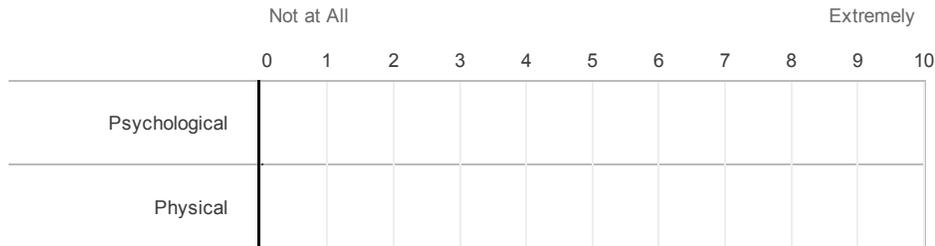
In no more than a few words, give a name or label to the particular experience you just recalled.

Describe and summarize the experience in a few sentences.

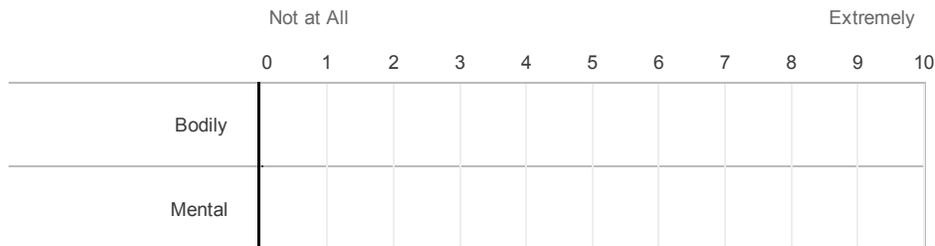
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Use the sliders to indicate how much each term describes your experience.



Use the sliders to indicate how much each term describes your experience.



Use the sliders to indicate how much each term describes your experience.



Material											
Immaterial											

Use the sliders to indicate how much each term describes your experience.

	Not at All											Extremely
	0	1	2	3	4	5	6	7	8	9	10	
Real												
Imagined												

Use the sliders to indicate how much each term describes your experience.

	Not at All											Extremely
	0	1	2	3	4	5	6	7	8	9	10	
Actual												
Made up												

Use the sliders to indicate how much each term describes your experience.

	Not at All											Extremely
	0	1	2	3	4	5	6	7	8	9	10	
Purposeful												
Accidental												

Use the sliders to indicate how much each term describes your experience.

	Not at All											Extremely
	0	1	2	3	4	5	6	7	8	9	10	
Voluntary												
Involuntary												

Use the sliders to indicate how much each term describes your experience.

	Not at All											Extremely
	0	1	2	3	4	5	6	7	8	9	10	
Controllable												

How visually clear and vivid was your memory of the experience?

Not at all Extremely

How confident are you in the memory?

Not at all Extremely

How frequently do you experience the state of Anger?

Never Very Frequently

Love

The state is "Love." Try to think of a specific time you experienced love. Once you have an occasion in mind, you are ready to proceed.

- I can remember a time I experienced this state
- I cannot remember a time I experienced this state.

Now, try to fully remember the experience. Close your eyes, and try to remember the experience as fully as you can. For instance, you might recall how the experience felt, why it occurred, and what you were doing at the time. Please do not continue until you have done so.

- I have attempted to remember the experience.

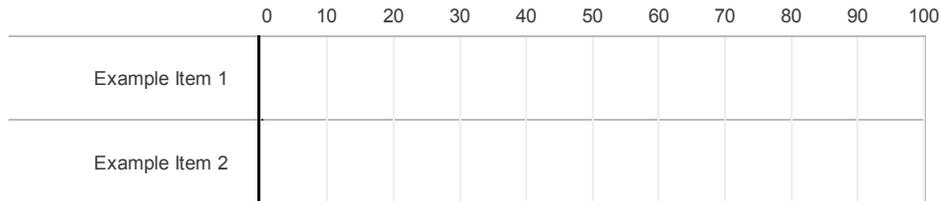
Try to imagine what you would feel if you did have this experience. Close your eyes, and try to imagine the experience as fully as you can. For instance, you might imagine how the experience would feel, why it would occur, and what you could be doing at the time. Please do not continue until you have done so.

- I have attempted to imagine the experience.

In no more than a few words, give a name or label to the particular experience you just recalled.

Describe and summarize the experience in a few sentences.

Some questions asking you to rate your experience of the state will follow. The first items will appear in pairs. Use the sliders to rate your experience for each item. You might rate one item of the pair high and the other low, both high, both low, or however you wish. An example of the format appears below. You can practice moving the sliders before you continue.



Use the sliders to indicate how much each term describes your experience.



Physical												
----------	--	--	--	--	--	--	--	--	--	--	--	--

Use the sliders to indicate how much each term describes your experience.

	Not at All											Extremely
	0	1	2	3	4	5	6	7	8	9	10	
Bodily												
Mental												

Use the sliders to indicate how much each term describes your experience.

	Not at All											Extremely
	0	1	2	3	4	5	6	7	8	9	10	
Material												
Immaterial												

Use the sliders to indicate how much each term describes your experience.

	Not at All											Extremely
	0	1	2	3	4	5	6	7	8	9	10	
Real												
Imagined												

Use the sliders to indicate how much each term describes your experience.

	Not at All											Extremely
	0	1	2	3	4	5	6	7	8	9	10	
Actual												
Made up												

Use the sliders to indicate how much each term describes your experience.

	Not at All											Extremely
	0	1	2	3	4	5	6	7	8	9	10	
Purposeful												
Accidental												

External										
----------	--	--	--	--	--	--	--	--	--	--

The following item is a checklist. CHECK ALL OF THE RESPONSES THAT APPLY.

What parts of yourself were the cause, home, or origin of the state?

- | | | |
|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> My mind | <input type="checkbox"/> My muscles | <input type="checkbox"/> My stomach |
| <input type="checkbox"/> My body | <input type="checkbox"/> My hormones | <input type="checkbox"/> My blood |
| <input type="checkbox"/> My soul | <input type="checkbox"/> My heart | <input type="checkbox"/> My thoughts |
| <input type="checkbox"/> My brain | <input type="checkbox"/> My lungs | <input type="checkbox"/> My nerves |

The following questions will be about not the experience itself but rather your memory of it. Understanding characteristics of the memory will help us understand your responses.

How strong was your memory of the experience?

Not at all Extremely

How visually clear and vivid was your memory of the experience?

Not at all Extremely

How confident are you in the memory?

Not at all Extremely

How frequently do you experience the state of Love?

Never Very Frequently

Somatic Perceptions Questionnaire

Please describe how you have felt during the PAST WEEK by clicking the circle underneath the appropriate response. Please answer all questions. Do not think too long before answering.

Feeling hot all over

Not at all A little, slightly A great deal, quite a bit Extremely, could not have been worse

Sweating all over

Not at all A little, slightly A great deal, quite a bit Extremely, could not have been worse

Dizziness

Not at all A little, slightly A great deal, quite a bit Extremely, could not have been worse

Blurring of vision

Not at all A little, slightly A great deal, quite a bit Extremely, could not have been worse

Feeling faint

Not at all

A little, slightly

A great deal, quite a bit

Extremely, could not have been worse

Nausea

Not at all

A little, slightly

A great deal, quite a bit

Extremely, could not have been worse

Pain or ache in stomache

Not at all

A little, slightly

A great deal, quite a bit

Extremely, could not have been worse

Stomach churning

Not at all

A little, slightly

A great deal, quite a bit

Extremely, could not have been worse

Mouth becoming dry

Not at all

A little, slightly

A great deal, quite a bit

Extremely, could not have been worse

Muscles in neck aching

Not at all

A little, slightly

A great deal, quite a bit

Extremely, could not have been worse

Legs feeling weak

Not at all

A little, slightly

A great deal, quite a bit

Extremely, could not have been worse

Muscles twitching or jumping

Not at all

A little, slightly

A great deal, quite a bit

Extremely, could not have been worse

Tense feelings across forehead

Not at all

A little, slightly

A great deal, quite a bit

Extremely, could not have been worse

Amplification Questionnaire

Please describe how you feel by clicking the circle underneath the appropriate response. Please answer all questions. Do not think too long before answering.

Sudden loud noises really disturb me.

Not at all

A little

Moderately

Quite a bit

Extremely

I'm very uncomfortable when I'm in a place that is too hot or too cold.

Not at all

A little

Moderately

Quite a bit

Extremely

I can't stand pain as well as most people can.

Not at all
 A little
 Moderately
 Quite a bit
 Extremely

I find I'm often aware of various things happening in my body.

Not at all
 A little
 Moderately
 Quite a bit
 Extremely

I'm quick to sense the hunger contractions in my stomach.

Not at all
 A little
 Moderately
 Quite a bit
 Extremely

Demographics

What is your gender?

- Female
- Male
- Other / rather not say

In which country do you reside?

What is your primary language (i.e., the one you speak most of the time)?

- | | |
|-------------------------------|--|
| <input type="radio"/> English | <input type="radio"/> Dutch |
| <input type="radio"/> Spanish | <input type="radio"/> Japanese |
| <input type="radio"/> Hindi | <input type="radio"/> Hebrew |
| <input type="radio"/> Chinese | <input type="radio"/> Swedish |
| <input type="radio"/> French | <input type="radio"/> Other (specify) <input type="text"/> |
| <input type="radio"/> German | |

What is your first language (i.e., the one you spoke originally)?

- | | |
|-------------------------------|--|
| <input type="radio"/> English | <input type="radio"/> Dutch |
| <input type="radio"/> Spanish | <input type="radio"/> Japanese |
| <input type="radio"/> Hindi | <input type="radio"/> Hebrew |
| <input type="radio"/> Chinese | <input type="radio"/> Swedish |
| <input type="radio"/> French | <input type="radio"/> Other (specify) <input type="text"/> |
| <input type="radio"/> German | |

How many years have you been speaking English?

How would you rate your English language reading and writing skills?

Low
 Basic
 Moderate
 Mostly Fluent
 Totally Fluent

Please indicate the highest level of education completed.

- Grammar School
- High School or equivalent
- Vocational/Technical School (2 year)

- Some College
- College Graduate (4 year)
- Master's Degree (MS)
- Doctoral Degree (PhD)
- Professional Degree (MD, JD, etc.)
- Other

How old are you?

- Under 13
- 13-17
- 18-25
- 26-34
- 35-54
- 55-64
- 65 or over

Indicate the best match to your religious belief

- Christian
- Muslim
- Hindu
- Jewish
- Buddhist
- Agnostic or atheist
- Other