

mTurk ID

Please re-enter your MTurk worker ID (this must be accurate in order to receive compensation):

Consent

Hello:

You are being asked to participate in a research study on social connections that has been approved by the University of Chicago Institutional Review Board.

This page describes the study procedures, the risks and benefits of participation, as well as how your confidentiality will be maintained.

Please take your time to read this document and feel comfortable making a decision whether to participate or not. This process is called informed consent.

WHY IS THIS STUDY BEING DONE? The purpose of this research study is to better understand social connections worldwide through a series of approximately 130 questions. Through these questions, the investigators hope that it will become possible for them to better characterize the current landscape of social connections.

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY? In order to best grasp the current social landscape, we are hoping to test as many participants as possible. **We are accepting US-residents only as participants for the study at this time. Also, we can only accept one response from each participant. Please do not take this survey more than once.**

WHAT IS INVOLVED IN THE STUDY? During this study, you will be asked to answer approximately 130 questions. Filling out these 130 questions tends to take approximately 20-25 minutes. **10 OF THESE QUESTIONS ARE ATTENTION CHECKS AND/OR COMPREHENSION QUESTIONS. YOU MUST GET AT LEAST 8 OUT OF 10 OF THESE QUESTIONS CORRECT IN ORDER TO RECEIVE COMPENSATION FOR THIS STUDY.**

WHAT ARE THE RISKS OF THE STUDY?

Likely Risks: • General stiffness and back discomfort from remaining in one position • Some people become anxious while answering questions. This anxiety is more likely for those who tend to feel uncomfortable or fearful when answering demographic questions. If you feel uncomfortable in answering some questions, you can skip the question or select the answer "Prefer not to answer" when applicable.

Less Likely Risks: • There is a possible risk of confidentiality loss associated with this study. Although we are not collecting your name or any other identifiers, your IP (Internet Protocol) address is automatically stored in online surveys. We will help protect your confidentiality by keeping all data in locked filing cabinets and password-protected computers. These data will only be available to the research team.

WHAT ABOUT CONFIDENTIALITY? This survey is anonymous. No identifiers will be collected, except for your mTurk worker ID for compensation purposes. Please be aware that any work performed on Amazon MTurk can potentially be linked to information about you on your Amazon public profile page, depending on the settings you have for your Amazon profile. We will not be accessing any personally identifying information about you that you may have put on your Amazon public profile page. We will store your mTurk worker ID separately from the other information you provide to us. If you decide to participate, you will also be assigned a unique participant number. The analysis of your responses will be performed with this code number in the data field where a name would ordinarily go. Your name or any other personal information will not be recorded. After the survey, all responses will be kept in a password protected computer, and will only be accessible to investigators. Data from this study may be used in research publications or presentations.

ARE THERE ANY BENEFITS TO TAKING PART IN THE STUDY? Your participation in this study will have NO direct benefit to you personally. (Compensation procedures are described below.)

WHAT OTHER OPTIONS ARE THERE? You may choose not to participate. The decision whether or not you wish to participate in this study will not affect your participation in future psychology studies.

WHAT ARE THE COSTS? There are no monetary costs to you for participating in this study.

WILL I BE PAID FOR MY PARTICIPATION? You will be paid a small remuneration of \$3 for your participation, if you successfully complete the survey. Your participation is VOLUNTARY. You may withdraw participation at any time. Upon successful completion of the survey, you will receive a code to redeem a \$3 remuneration for your time via Amazon Mechanical Turk. To receive payment for participating, you will need to click "Accept HIT" in the Mechanical Turk window, enter the validation code provided, and then click "Submit." **PLEASE NOTE, YOU WILL NOT RECEIVE A VALIDATION CODE OR COMPENSATION IF YOU MISS MORE THAN 2 OF THE 10 ATTENTION/COMPREHENSION CHECK QUESTIONS.**

WHAT ARE MY RIGHTS AS A PARTICIPANT? Taking part in this study is voluntary. You may choose not to participate at any time during the study. If you choose to no longer be in the study, your participation will be immediately disregarded. If you start to take this survey and then change your mind, you can close the browser -- we will not use any data about you if you withdraw from the survey.

WHO DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

If you have further questions about the study, you may call the principal investigator of this study, Dr. Stephanie Cacioppo, at 773-702-1962.

If you have any questions concerning your rights as a participant in this research study or if you have any concerns about this research study, you may contact the University of Chicago's Social and Behavioral Institutional Review Board (IRB), 1155 E 60th Street, Room 414, Chicago, IL 60637, which is concerned with the protection of human subjects in research projects. You may reach the Committee office between 8:00 am and 5:00 pm, Monday through Friday, by calling (773) 702-5064, emailing sbs-irb@uchicago.edu, or writing to the University of Chicago's Social and Behavioral Institutional Review Board (IRB), 1155 E 60th Street, Room 414, Chicago, IL 60637, USA.

CONSENT FORM

I understand the research project and the procedures associated with it. The experimental procedures have been identified and no guarantee has been given about the possible results. I am at least 18 years old and I agree to participate in this study. This consent form document does not have an expiration date. My participation is voluntary. I can answer "No" in this form if I do not want to be part of this research study.

- Yes
- No

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Screen-Out 2

In what country do you currently reside?

- United States
- Other (please specify)

To the best of your knowledge, have you taken this survey before?

- No, I have not taken this survey before
- Yes, I have taken this survey before

Main Survey - Block 1

What is your gender?

- Female
- Male

Which of the following best describes your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Single, never married

What is the highest level of education you have completed?

Which of the following categories best describes your employment status?

- Retired
-

Full-time Student

- Employed, working part-time
- Not employed, looking for work
- Disabled, not able to work
- Employed, working full-time
- Not employed, NOT looking for work
- Prefer Not to Answer

Which race/ethnicity best describes you? (Please choose only one.)

- American Indian or Alaskan Native
- Asian / Pacific Islander
- Black or African American
- Hispanic American
- White / Caucasian
- Prefer not to answer

These page timer metrics will not be displayed to the recipient.First Click: *0 seconds.*Last Click: *0 seconds.*Page Submit: *0 seconds.*Click Count: *0 clicks.***In what year were you born? (enter 4-digit birth year; for example, 1976)****How many people currently live in your household (including you)?****Are you cohabiting with a partner or spouse?**

- Yes, I have a partner or spouse and am cohabiting with him or her
- No, I have a partner or spouse but am not cohabiting with him or her
- I don't have a partner or a spouse

Do you currently have a roommate (someone with whom you live, and who is not your spouse or partner)?

- Yes
- No

How much total combined money did all members of your HOUSEHOLD earn last year?

- \$0 to \$9,999
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999

- \$200,000 and up
- Prefer not to answer

How many children are you parent or guardian for and live in your household (aged 17 or younger only)?

- None
- 1
- 2
- 3
- 4
- More than 4
- Prefer not to answer

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Do you have at least monthly contact (including face-to-face, telephone, or written/email contact) with your children?

- Yes
- No
- I don't have children

Do you have at least monthly contact (including face-to-face, telephone, or written/email contact) with other family?

- Yes
- No
- I don't have other family

Do you have at least monthly contact (including face-to-face, telephone, or written/email contact) with friends?

- Yes
- No
- I don't have friends

Do you actively participate in any social clubs, religious groups, associations or committees?

- Yes
- No
- Prefer not to answer

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During the past week, how often did you feel that you were "in tune" with the people around you?

- Never
 Rarely
 Sometimes
 Often

During the past week, how often did you feel that you lacked companionship?

Never Rarely Sometimes Often

During the past week, how often did you feel that there were people you could talk to?

Never Rarely Sometimes Often

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During the past week, how often did you feel part of a group of friends?

Never Rarely Sometimes Often

During the past week, how often did you feel that you had a lot in common with the people around you?

Never Rarely Sometimes Often

To what extent would you say you have felt isolated within the past week? Please select often.

Never Rarely Sometimes Often

During the past week, how often did you feel close to people?

Never Rarely Sometimes Often

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During the past week, how often did you feel left out?

Never Rarely Sometimes Often

During the past week, how often did you feel isolated from others?

Never Rarely Sometimes Often

During the past week, how often did you feel that there were people you could turn to?

Never Rarely Sometimes Often

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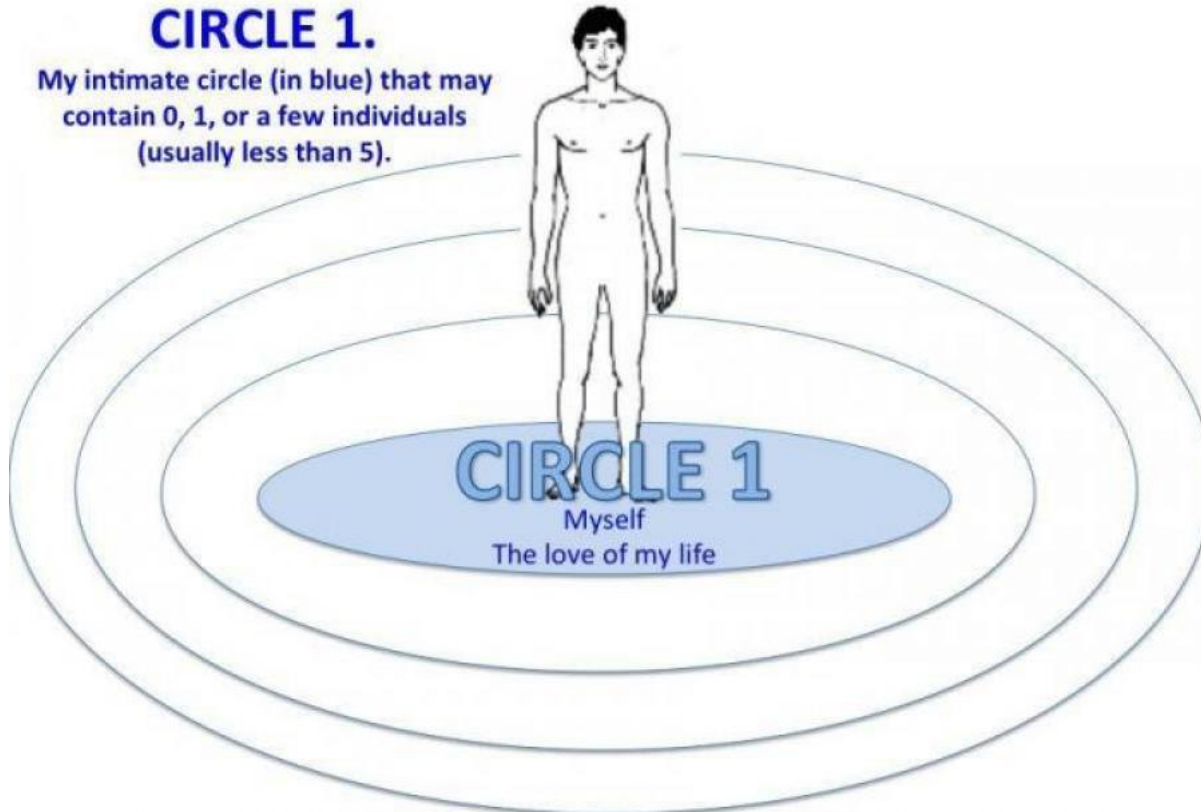
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**BEFORE ASKING YOU QUESTIONS ABOUT YOUR SOCIAL
CONNECTIONS, LET US TELL YOU MORE ABOUT WHAT WE KNOW**

ABOUT SOCIAL NETWORKS. OUR CONNECTIONS WITH OTHER**PEOPLE CAN INCLUDE 4 CIRCLES:****CIRCLE 1.**

My intimate circle (in blue) that may contain 0, 1, or a few individuals (usually less than 5).



My intimate circle includes people I consider intimate (e.g., Myself, The love of my life).
People in whom I can confide and who can confide in me, or people whose love means everything to me.

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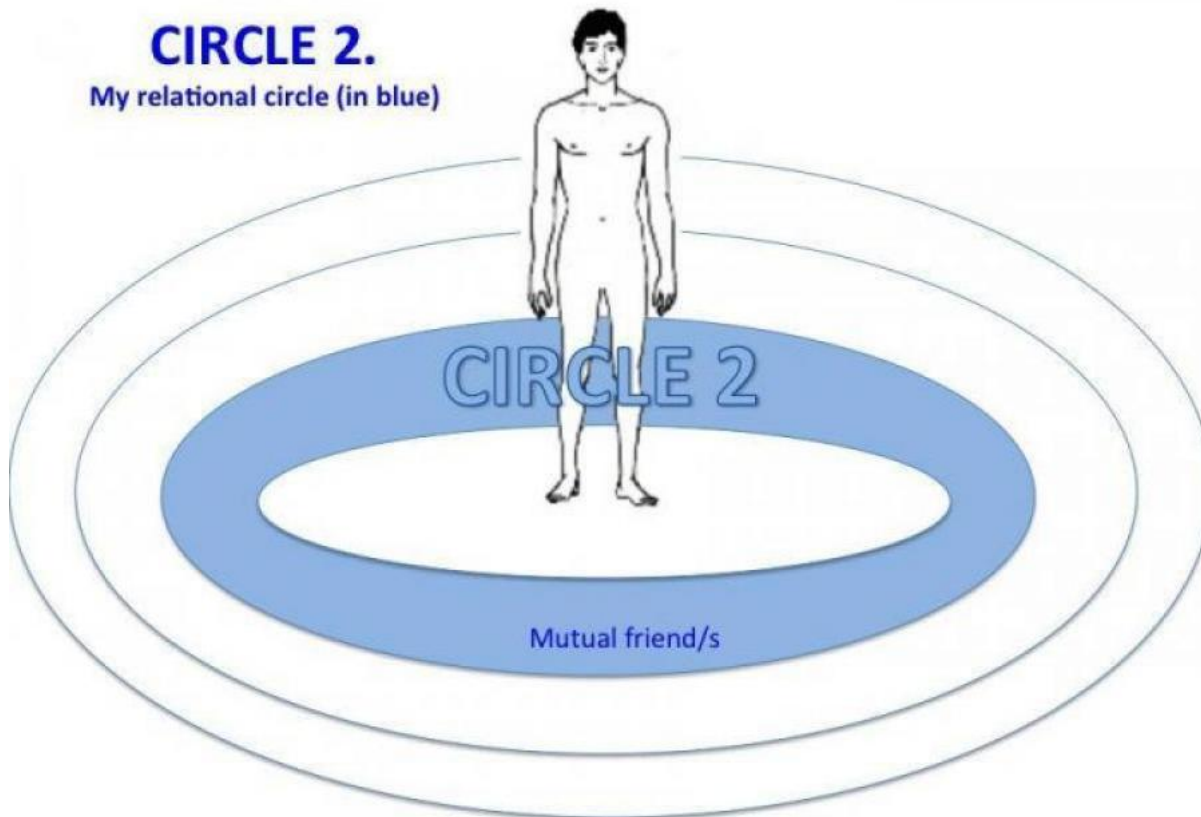
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CIRCLE 2.

My relational circle (in blue)



My relational circle includes people I consider being part of my life, people who are friends or family members that I can trust for protection and assistance and who can similarly trust me.

Note: A mutual friend is a friend I like, and a friend who likes me as well.

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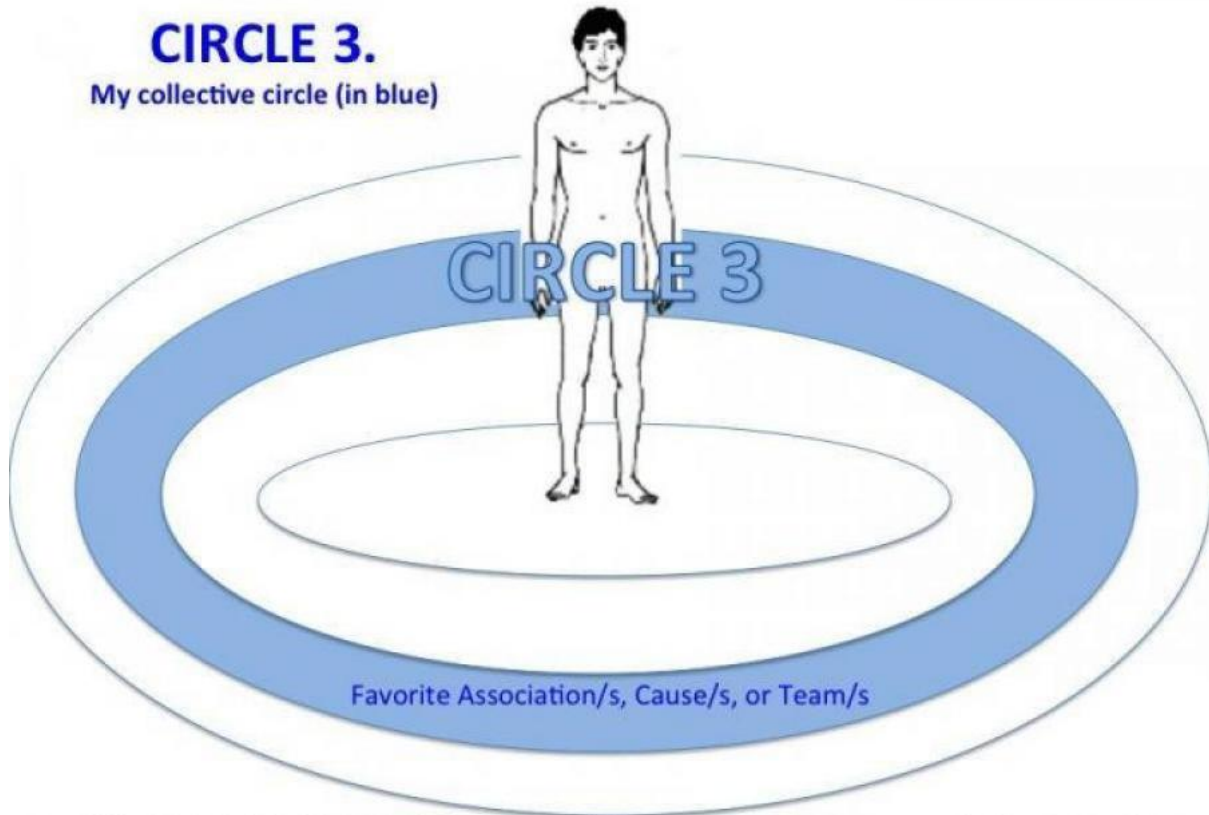
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CIRCLE 3.

My collective circle (in blue)



My collective circle includes “social identities” or groups with which I identify – such as a sport team, an occupational association, religious group, social group, or political party with which I identify. I feel connected to the people in this sector because of a shared group identity.

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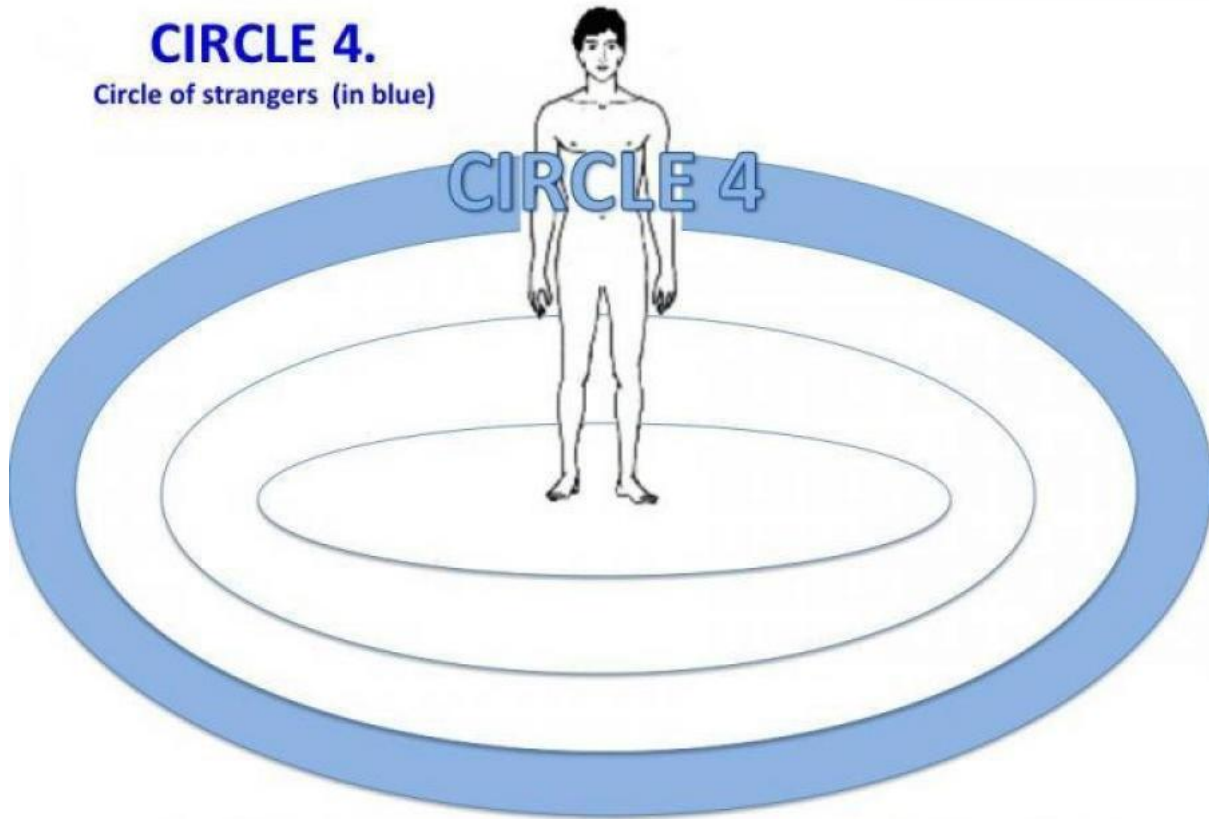
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CIRCLE 4.

Circle of strangers (in blue)



People I do not consider friends or part of any group with which I may identify

NOW CLICK NEXT TO ANSWER QUESTIONS ABOUT YOUR SOCIAL CIRCLES.

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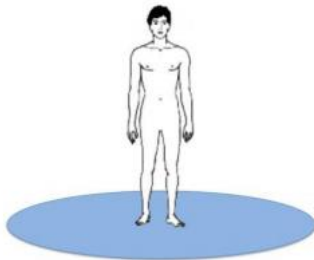
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QUESTIONS ABOUT YOUR INTIMATE CIRCLE



As a reminder, the intimate circle generally includes a small number of people with whom you consider yourself to be intimate, who you feel free confide in, and who are

emotionally important to you. These might include a significant other and/or close friends and family. Please do not include yourself as a member.

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How many people do you include in your INTIMATE circle?

Which relationship type(s) and/or role(s) do members of your INTIMATE circle play in relation to you? (Please select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Co-worker/s or Colleague/s |
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Teammate/s |
| <input type="checkbox"/> Grandparent/s | <input type="checkbox"/> Club Member/s |
| <input type="checkbox"/> Sibling/s | <input type="checkbox"/> Professional Association Member/s |
| <input type="checkbox"/> Children | <input type="checkbox"/> Committee Member/s |
| <input type="checkbox"/> Grand Children | <input type="checkbox"/> Religious Organization Member/s |
| <input type="checkbox"/> Other Relative/s | <input type="checkbox"/> Fellow Student/s or Classmate/s (former or current) |
| <input type="checkbox"/> Close Friend/s | <input type="checkbox"/> Leisure Activity Group Member/s |
| <input type="checkbox"/> Friend/s | <input type="checkbox"/> Other (Please Specify) <input type="text"/> |
| <input type="checkbox"/> Acquaintance/s | |

How often do you have contact (face-to-face, telephone, written, online or via a monitor screen) with members of your INTIMATE circle on average?

- Very Rarely Rarely Sometimes Often Very Often

Which relationship type would most commonly be associated with the INTIMATE circle?

- A distant relative
 A coworker you know a little
 A significant other
 Your landlord who you see only to pay rent

Considering your amount of contact with your INTIMATE circle, would you prefer to have:

- Much less contact Less contact The same level of contact More contact Much more contact

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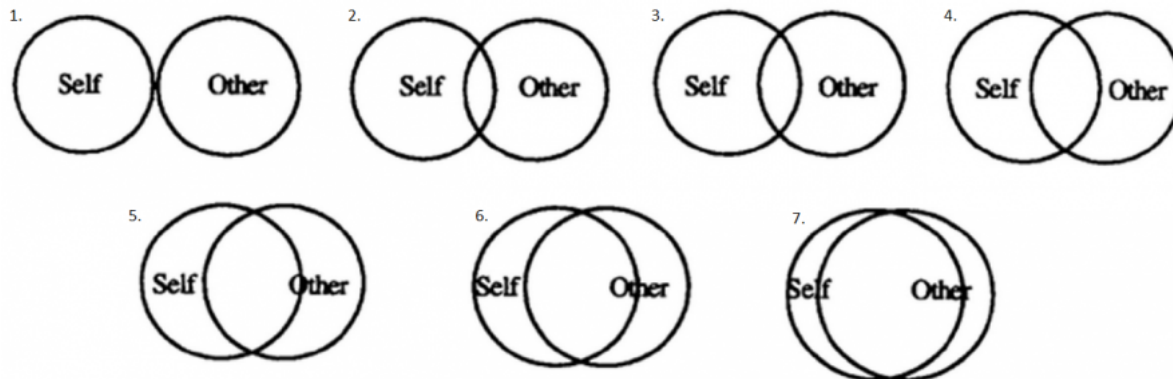
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Main Survey - Block 2

Please select the picture below that best describes your relationship with members of your INTIMATE circle on average:



How close (psychologically / emotionally) do you feel to members of your INTIMATE circle on average?

Least Close

Close

Rate your closeness:

Considering your level of closeness to members of your INTIMATE circle, would you prefer to have:

Much less closeness
 Less closeness
 About the same closeness
 More closeness
 Much more closeness

How far would you travel for a member of your INTIMATE circle, select an unlimited distance?

Not very far at all
 Not very far
 A moderate distance
 Pretty far
 An unlimited distance

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Please write the initials of a member of your INTIMATE circle who you:

[Please note that these initials will not be used for any identification purposes and are completely confidential. They will only be used to refer to specific people in later questions. Also, feel free to respond with the same initials in more than one blank--for example, if the person you have the most frequent contact is also the person you feel closest to.]

Have the **MOST FREQUENT CONTACT WITH** (face-to-face, telephone, written, online or via a monitor screen):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- Spouse or Partner
- Parent/s
- Grandparent/s
- Sibling/s
- Children
- Grand Children
- Other Relative/s
- Close Friend/s
- Friend/s
- Acquaintance/s
- Co-worker/s or Colleague/s
- Teammate/s
- Club Member/s
- Professional Association Member/s
- Committee Member/s
- Religious Organization Member/s
- Fellow Student/s or Classmate/s (former or current)
- Leisure Activity Group Member/s
- Other (Please Specify)

Have the **LEAST FREQUENT CONTACT WITH** (face-to-face, telephone, written, online or via a monitor screen):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- Spouse or Partner
- Parent/s
- Grandparent/s
- Sibling/s
- Children
- Grand Children
- Other Relative/s
- Close Friend/s
- Friend/s
- Acquaintance/s
- Co-worker/s or Colleague/s
- Teammate/s
- Club Member/s
- Professional Association Member/s
- Committee Member/s
- Religious Organization Member/s
- Fellow Student/s or Classmate/s (former or current)
- Leisure Activity Group Member/s
- Other (Please Specify)

Feel the **CLOSEST** to (psychologically / emotionally):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- Spouse or Partner
- Parent/s
- Grandparent/s
- Sibling/s
- Children
- Grand Children
- Other Relative/s
- Close Friend/s
- Friend/s
- Acquaintance/s
- Co-worker/s or Colleague/s
- Teammate/s
- Club Member/s
- Professional Association Member/s
- Committee Member/s
- Religious Organization Member/s
- Fellow Student/s or Classmate/s (former or current)
- Leisure Activity Group Member/s
- Other (Please Specify)

Feel the **LEAST CLOSE** to (psychologically / emotionally):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- Spouse or Partner
- Parent/s
- Grandparent/s
- Sibling/s
- Children
- Grand Children
- Other Relative/s
- Close Friend/s
- Friend/s
- Acquaintance/s
- Co-worker/s or Colleague/s
- Teammate/s
- Club Member/s
- Professional Association Member/s
- Committee Member/s
- Religious Organization Member/s
- Fellow Student/s or Classmate/s (former or current)
- Leisure Activity Group Member/s
- Other (Please Specify)

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Block 2.1 Int Skip

Please select each set of initials you entered once (avoiding duplicates):

- \${q://QID47/ChoiceTextEntryValue}
- \${q://QID48/ChoiceTextEntryValue}
- \${q://QID49/ChoiceTextEntryValue}
- \${q://QID50/ChoiceTextEntryValue}
- I do not have anyone in my intimate circle

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Block 2.2

Please answer the questions below regarding the members of your INTIMATE circle you specified on the previous page.

How often do you have contact (face-to-face, telephone, written, online or via a monitor screen) with _____?

	Very Rarely	Rarely	Sometimes	Often	Very Often
» \${q://QID47/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID48/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID49/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID50/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» I do not have anyone in my intimate circle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Considering your amount of contact with _____, would you prefer to have:

	Much less contact	Less contact	The same level of contact	More contact	Much more contact
» \${q://QID47/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID48/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID49/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID50/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» I do not have anyone in my intimate circle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please select the picture below that best describes your relationship with _____.

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- » \${q://QID48/ChoiceTextEntryValue}
- » \${q://QID49/ChoiceTextEntryValue}
- » \${q://QID50/ChoiceTextEntryValue}
- » I do not have anyone in my intimate circle

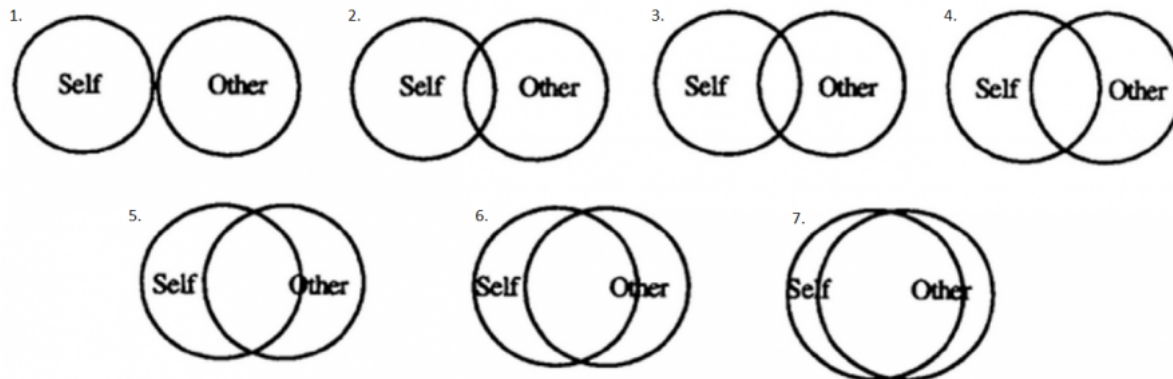
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How close (psychologically / emotionally) do you feel to ____?

Least Close

Close

» \${q://QID47/ChoiceTextEntryValue}	
» \${q://QID48/ChoiceTextEntryValue}	
» \${q://QID49/ChoiceTextEntryValue}	
» \${q://QID50/ChoiceTextEntryValue}	
» I do not have anyone in my intimate circle	

Considering your level of closeness to _____, would you prefer to have:

	Much less closeness	Less closeness	About the same closeness	More closeness	Much more closeness
» \${q://QID47/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID48/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID49/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID50/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» I do not have anyone in my intimate circle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Block 2.5

If a member in your INTIMATE circle were to be sitting or standing next to you, how close would that individual have to get to make you feel uncomfortable?

- No distance would make me feel uncomfortable
- 1-9 inches would begin to feel uncomfortable
- 10-25 inches would begin to feel uncomfortable
- 2.5 feet would begin to feel uncomfortable
- 5 feet would begin to feel uncomfortable
- More than 5 feet would begin to feel uncomfortable
- I have no one in my intimate circle
- Prefer not to answer

The intimate circle is often associated with close emotional intimacy and companionship. Please select strongly agree below.

Strongly Disagree Disagree Neither Agree or Disagree Agree Strongly Agree

Please answer the question above a second time using a different scale:

If a member in your INTIMATE circle were to be sitting or standing next to you, how close would that individual have to get for you to feel uncomfortable?

Touching > 5 feet away (>)

Please Select a Distance:	
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Main Survey - Block 3

If _____ were to be sitting or standing next to you, how close would _____ have to get to make you feel uncomfortable?

	No distance would make me feel uncomfortable	1-9 inches would begin to feel uncomfortable	10-25 inches would begin to feel uncomfortable	2.5 feet would begin to feel uncomfortable	5 feet would begin to feel uncomfortable	More than 5 feet would begin to feel uncomfortable	I have no one in my intimate circle	Prefer not to answer
» \${q://QID47/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID48/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID49/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID50/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» I do not have anyone in my intimate circle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer again using a different scale:

If _____ were to be sitting or standing next to you, how close would _____ have to get to make you feel uncomfortable?

Touching > 5 feet (> 1.)

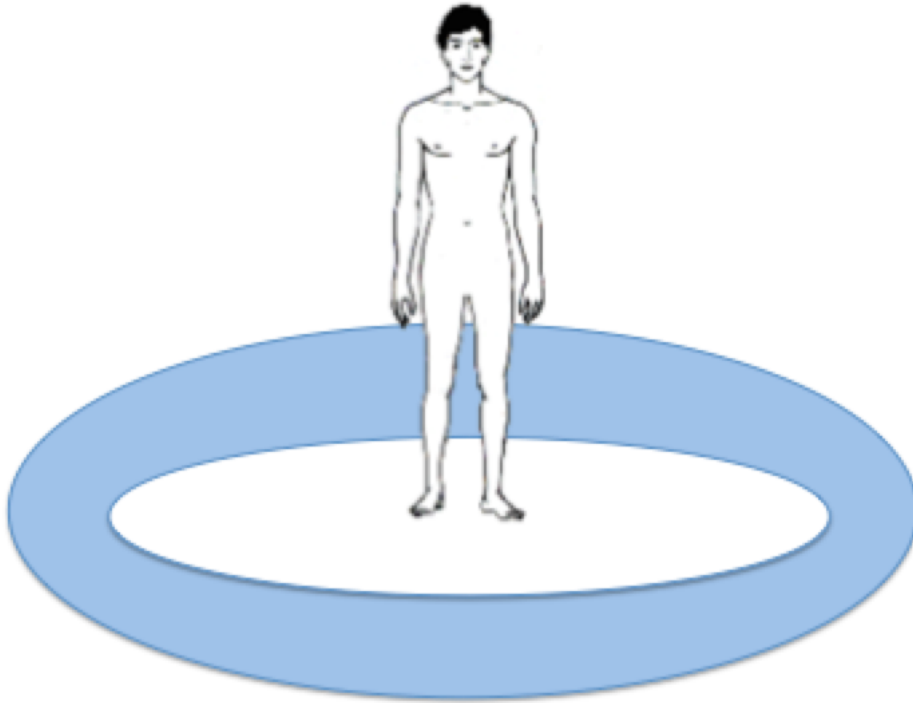
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» \${q://QID48/ChoiceTextEntryValue}	
» \${q://QID49/ChoiceTextEntryValue}	
» \${q://QID50/ChoiceTextEntryValue}	
» I do not have anyone in my intimate circle	

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Block 3.9

QUESTIONS ABOUT YOUR RELATIONAL CIRCLE



**As a reminder,
the relational circle generally includes people you consider to
be part of your life who you can trust for mutual protection and
assistance, yet who are somewhat less intimate than
members of your intimate circle.**

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How many people do you include in your RELATIONAL circle?

Which relationship type(s) and/or role(s) do members of your RELATIONAL circle play in relation to you? (Please select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Co-worker/s or Colleague/s |
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Teammate/s |
| <input type="checkbox"/> Grandparent/s | <input type="checkbox"/> Club Member/s |
| <input type="checkbox"/> Sibling/s | <input type="checkbox"/> Professional Association Member/s |
| <input type="checkbox"/> Children | <input type="checkbox"/> Committee Member/s |
| <input type="checkbox"/> Grand Children | <input type="checkbox"/> Religious Organization Member/s |
| <input type="checkbox"/> Other Relative/s | <input type="checkbox"/> Fellow Student/s or Classmate/s (former or current) |
| <input type="checkbox"/> Close Friend/s | <input type="checkbox"/> Leisure Activity Group Member/s |
| <input type="checkbox"/> Friend/s | <input type="checkbox"/> Other (Please Specify) <input type="text"/> |
| <input type="checkbox"/> Acquaintance/s | |

Main Survey - Block 4

Please write the initials of a member of your **RELATIONAL** circle who you:

[Please note: these should NOT be people who you would include in your intimate or collective circles. Also, feel free to respond with the same initials in more than one blank--for example, if the person you have the most frequent contact is also the person you feel closest to. These initials will not be used for any identification purposes and are completely confidential. They will only be used to refer to specific people in late questions.]

Have the **MOST FREQUENT CONTACT WITH** (face-to-face, telephone, written, online or via a monitor screen):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Co-worker/s or Colleague/s |
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Teammate/s |
| <input type="checkbox"/> Grandparent/s | <input type="checkbox"/> Club Member/s |
| <input type="checkbox"/> Sibling/s | <input type="checkbox"/> Professional Association Member/s |
| <input type="checkbox"/> Children | <input type="checkbox"/> Committee Member/s |
| <input type="checkbox"/> Grand Children | <input type="checkbox"/> Religious Organization Member/s |
| <input type="checkbox"/> Other Relative/s | <input type="checkbox"/> Fellow Student/s or Classmate/s (former or current) |
| <input type="checkbox"/> Close Friend/s | <input type="checkbox"/> Leisure Activity Group Member/s |
| <input type="checkbox"/> Friend/s | <input type="checkbox"/> Other (Please Specify) <input type="text"/> |
| <input type="checkbox"/> Acquaintance/s | |

Have the **LEAST FREQUENT CONTACT WITH** (face-to-face, telephone, written, online or via a monitor screen):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Co-worker/s or Colleague/s |
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Teammate/s |
| <input type="checkbox"/> Grandparent/s | <input type="checkbox"/> Club Member/s |
| <input type="checkbox"/> Sibling/s | <input type="checkbox"/> Professional Association Member/s |
| <input type="checkbox"/> Children | <input type="checkbox"/> Committee Member/s |
| <input type="checkbox"/> Grand Children | <input type="checkbox"/> Religious Organization Member/s |
| <input type="checkbox"/> Other Relative/s | <input type="checkbox"/> Fellow Student/s or Classmate/s (former or current) |
| <input type="checkbox"/> Close Friend/s | <input type="checkbox"/> Leisure Activity Group Member/s |
| <input type="checkbox"/> Friend/s | <input type="checkbox"/> Other (Please Specify) <input type="text"/> |
| <input type="checkbox"/> Acquaintance/s | |

Feel the **CLOSEST TO** (psychologically / emotionally):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Co-worker/s or Colleague/s |
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Teammate/s |
| <input type="checkbox"/> Grandparent/s | <input type="checkbox"/> Club Member/s |
| <input type="checkbox"/> Sibling/s | <input type="checkbox"/> Professional Association Member/s |
| <input type="checkbox"/> Children | <input type="checkbox"/> Committee Member/s |
| <input type="checkbox"/> Grand Children | <input type="checkbox"/> Religious Organization Member/s |
| <input type="checkbox"/> Other Relative/s | <input type="checkbox"/> Fellow Student/s or Classmate/s (former or current) |
| <input type="checkbox"/> Close Friend/s | <input type="checkbox"/> Leisure Activity Group Member/s |

- Friend/s
- Acquaintance/s

Other (Please Specify)

Feel the **LEAST CLOSE TO** (psychologically / emotionally):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Co-worker/s or Colleague/s |
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Teammate/s |
| <input type="checkbox"/> Grandparent/s | <input type="checkbox"/> Club Member/s |
| <input type="checkbox"/> Sibling/s | <input type="checkbox"/> Professional Association Member/s |
| <input type="checkbox"/> Children | <input type="checkbox"/> Committee Member/s |
| <input type="checkbox"/> Grand Children | <input type="checkbox"/> Religious Organization Member/s |
| <input type="checkbox"/> Other Relative/s | <input type="checkbox"/> Fellow Student/s or Classmate/s (former or current) |
| <input type="checkbox"/> Close Friend/s | <input type="checkbox"/> Leisure Activity Group Member/s |
| <input type="checkbox"/> Friend/s | <input type="checkbox"/> Other (Please Specify) <input style="width: 100px;" type="text"/> |
| <input type="checkbox"/> Acquaintance/s | |

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Block 4.1 Rel Skip

Please select each set of initials you entered once (avoiding duplicates):

- \${q://QID81/ChoiceTextEntryValue}
- \${q://QID82/ChoiceTextEntryValue}
- \${q://QID83/ChoiceTextEntryValue}
- \${q://QID84/ChoiceTextEntryValue}
- I do not have anyone in my relational circle

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Block 4.2

Please answer the questions below regarding the members of your RELATIONAL circle you specified on the previous page.

How often do you have contact (face-to-face, telephone, written, online or via a monitor screen) with _____ ?

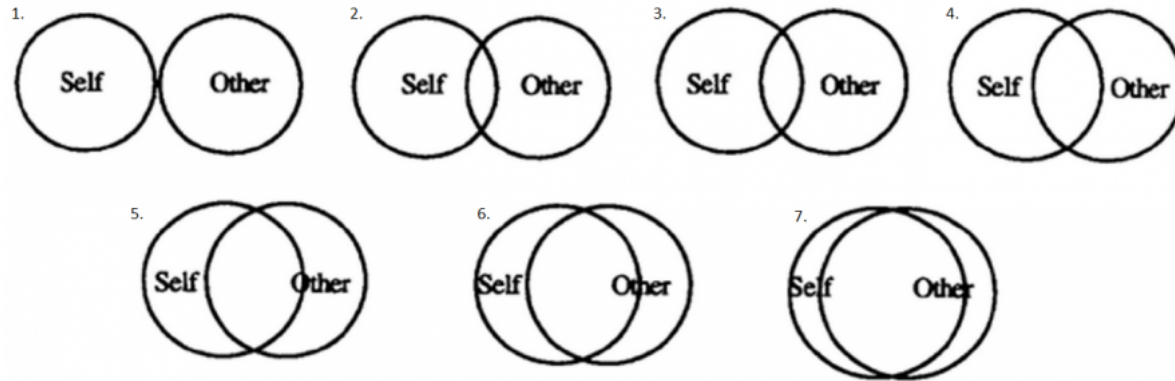
	Very Rarely	Rarely	Sometimes	Often	Very Often
» \${q://QID81/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID82/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID83/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID84/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» I do not have anyone in my relational circle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Considering your amount of contact with _____, would you prefer to have:

	Much less contact	Less contact	The same level of contact	More contact	Much more contact
» \${q://QID81/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID82/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID83/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID84/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» I do not have anyone in my relational circle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please select the picture below that best describes your relationship with _____.

- » \${q://QID81/ChoiceTextEntryValue}
- » \${q://QID82/ChoiceTextEntryValue}
- » \${q://QID83/ChoiceTextEntryValue}
- » \${q://QID84/ChoiceTextEntryValue}
- » I do not have anyone in my relational circle



How close (psychologically / emotionally) do you feel to _____?

Least Close

Closest

» \${q://QID81/ChoiceTextEntryValue}	
» \${q://QID82/ChoiceTextEntryValue}	
» \${q://QID83/ChoiceTextEntryValue}	
» \${q://QID84/ChoiceTextEntryValue}	
» I do not have anyone in my relational circle	

Considering your level of closeness to _____, would you prefer to have:

	Much less closeness	Less closeness	About the same closeness	More closeness	Much more closeness
» \${q://QID81/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID82/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID83/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID84/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» I do not have anyone in my relational circle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Block 4.3

If an average member of your RELATIONAL circle were to be sitting or standing next to you, how close would that individual have to get to make you feel uncomfortable?

- No distance would make me feel uncomfortable
- 1-9 inches would begin to feel uncomfortable
- 10-25 inches would begin to feel uncomfortable
- 2.5 feet would begin to feel uncomfortable
- 5 feet would begin to feel uncomfortable
- More than 5 feet would begin to feel uncomfortable
- I have no one in my relational circle
- Prefer not to answer

Please answer again using a different scale:

If an average member of your RELATIONAL circle were to be sitting or standing next to you, how close would that individual have to get for you to feel uncomfortable?

Touching

> 5 feet away (>

Select a Distance:

Research regarding human social networks can certainly increase knowledge, but it may also lead to better societal decisions influencing how we relate to one other. This is why we are interested in obtaining information about how you think about your social network. However, research involving human subjects can sometimes be hindered by bad data. Thus, we want to make sure that participants read questions and directions carefully. Please ignore the question below and only select "Ambivalence" for your answer. We realize that this survey can be somewhat repetitive at times, but we greatly appreciate your continued attention. You are well over half way finished.

Please select below the most frequent emotions you have felt in the past week, in reaction to members of your RELATIONAL circle:

- Fear
- Anger
- Sadness
- Joy
- Ambivalence
- Trust
- Anticipation
- Surprise

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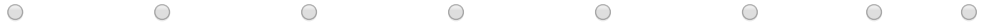
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Block 4.7

If _____ were to be sitting or standing next to you, how close would _____ have to get to make you feel uncomfortable?

	No distance would make me feel uncomfortable	1-9 inches would begin to feel uncomfortable	10-25 inches would begin to feel uncomfortable	2.5 feet would begin to feel uncomfortable	5 feet would begin to feel uncomfortable	More than 5 feet would begin to feel uncomfortable	I have no one in my relational circle	Prefer not to answer
» \${q://QID81/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID82/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID83/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID84/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

» I do not have anyone in my relational circle



Please answer again using a different scale:

If _____ were to be sitting or standing next to you, how close would _____ have to get to make you feel uncomfortable?

Touching

> 5 feet away (>

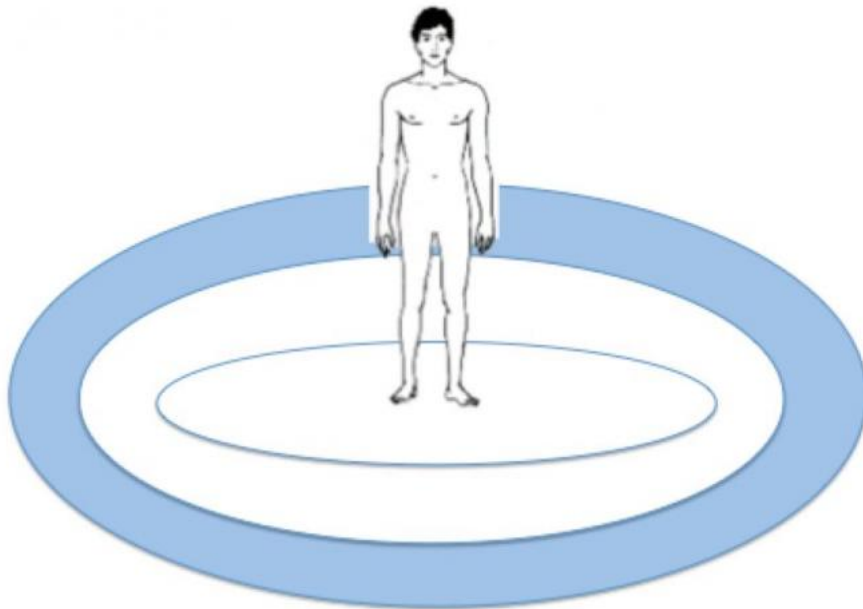
» \${q://QID81/ChoiceTextEntryValue}	
» \${q://QID82/ChoiceTextEntryValue}	
» \${q://QID83/ChoiceTextEntryValue}	
» \${q://QID84/ChoiceTextEntryValue}	
» I do not have anyone in my relational circle	

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Main Survey - Block 5

QUESTIONS ABOUT YOUR COLLECTIVE CIRCLE



As a reminder, the collective circle generally includes groups or collectives with which you identify, such as sports teams, occupational associations, or religious groups. Other examples might include members of a workplace, a project team, or an academic program, for example. In general, your COLLECTIVE circle is composed of any organizations which help you to form a shared

group identity, or a "social identity."

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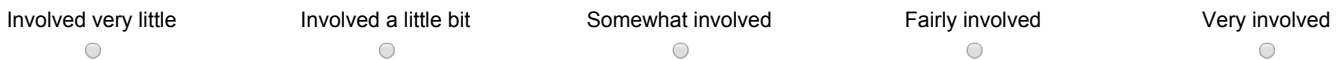
Please consider these questions regarding the **groups and collectives** of your **COLLECTIVE** circle.

How many collectives or groups (teams, clubs, professional associations, etc.) do you associate with regularly?

Which categories would these groups best fit into?

- Sport Team/s
- Club/s
- Professional Association/s
- Committee/s
- Religious Organization/s
- Academic Institution/s or Student Organization/s
- Leisure Activity Group/s
- Other (Please Specify)

How involved are you in your collectives and groups on average?



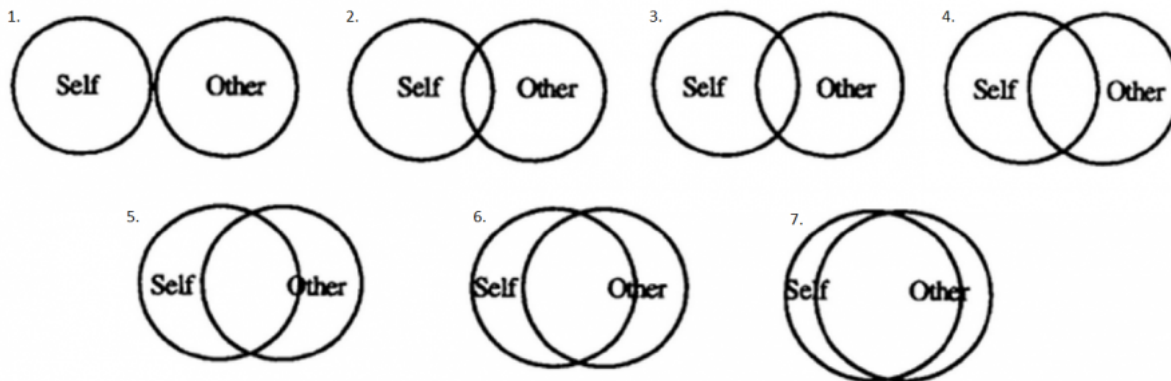
Considering your level of involvement, would you like to be



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Please select the picture below that best describes your relationship with your collectives and groups on average:



How close (psychologically / emotionally) do you feel to your groups or collectives on average?

Least Close

Close

Rate your closeness:

Which person/s would most likely be a member/s of the collective circle?

- A stranger I pass on the street
- The love of my life
- My good friend
- My teammate

Considering your level of closeness to your COLLECTIVE circle, would you prefer to have:

Much less closeness
 Less closeness
 About the same closeness
 More closeness
 Much more closeness

How much would you say you personally identify with your groups or collectives (how important are they for forming your "social identity")?

Very little
 A little
 Somewhat
 A fair amount
 Very much

Based on your level of identification, would you prefer to identify with your groups and collectives _____?

Much less
 Less
 About the same
 More
 Much more

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Main Survey - Block 6

Now, please consider these questions regarding the *individual members* of your groups and collectives.

How many *individual members* of your collectives or groups (teams, clubs, professional associations, etc.) do you associate with on a regular basis? (Please do not include any individuals who might better fit within your relational circle, such as friends who you would rely on for mutual protection and assistance.)

Which relationship type(s) and/or role(s) do the *individual members* of your COLLECTIVE circle play in relation to you? (Please select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Co-worker/s or Colleague/s |
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Teammate/s |
| <input type="checkbox"/> Grandparent/s | <input type="checkbox"/> Club Member/s |
| <input type="checkbox"/> Sibling/s | <input type="checkbox"/> Professional Association Member/s |
| <input type="checkbox"/> Children | <input type="checkbox"/> Committee Member/s |
| <input type="checkbox"/> Grand Children | <input type="checkbox"/> Religious Organization Member/s |
| <input type="checkbox"/> Other Relative/s | <input type="checkbox"/> Fellow Student/s or Classmate/s (former or current) |
| <input type="checkbox"/> Close Friend/s | <input type="checkbox"/> Leisure Activity Group Member/s |
| <input type="checkbox"/> Friend/s | <input type="checkbox"/> Other (Please Specify) <input type="text"/> |
| <input type="checkbox"/> Acquaintance/s | |

Please write the initials of an *individual member* of your COLLECTIVE circle who you

[Please note: these should NOT be people who you would include in your intimate or relational circles. Also, feel free to respond with the same initials in more than one blank--for example, if the person you have the most frequent contact is also the person you feel closest to. These initials will not be used for any identification purposes and are completely confidential. They will only be used to refer to specific people in late questions.]

Have the **MOST FREQUENT CONTACT WITH** (face-to-face, telephone, written, online or via a monitor screen):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Co-worker/s or Colleague/s |
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Teammate/s |
| <input type="checkbox"/> Grandparent/s | <input type="checkbox"/> Club Member/s |
| <input type="checkbox"/> Sibling/s | <input type="checkbox"/> Professional Association Member/s |
| <input type="checkbox"/> Children | <input type="checkbox"/> Committee Member/s |
| <input type="checkbox"/> Grand Children | <input type="checkbox"/> Religious Organization Member/s |
| <input type="checkbox"/> Other Relative/s | <input type="checkbox"/> Fellow Student/s or Classmate/s (former or current) |
| <input type="checkbox"/> Close Friend/s | <input type="checkbox"/> Leisure Activity Group Member/s |
| <input type="checkbox"/> Friend/s | <input type="checkbox"/> Other (Please Specify) <input type="text"/> |
| <input type="checkbox"/> Acquaintance/s | |

Have the **LEAST FREQUENT CONTACT WITH** (face-to-face, telephone, written, online or via a monitor screen):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Co-worker/s or Colleague/s |
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Teammate/s |
| <input type="checkbox"/> Grandparent/s | <input type="checkbox"/> Club Member/s |
| <input type="checkbox"/> Sibling/s | <input type="checkbox"/> Professional Association Member/s |
| <input type="checkbox"/> Children | <input type="checkbox"/> Committee Member/s |
| <input type="checkbox"/> Grand Children | <input type="checkbox"/> Religious Organization Member/s |
| <input type="checkbox"/> Other Relative/s | <input type="checkbox"/> Fellow Student/s or Classmate/s (former or current) |
| <input type="checkbox"/> Close Friend/s | <input type="checkbox"/> Leisure Activity Group Member/s |
| <input type="checkbox"/> Friend/s | <input type="checkbox"/> Other (Please Specify) <input type="text"/> |
| <input type="checkbox"/> Acquaintance/s | |

Feel the **CLOSEST TO** (psychologically / emotionally):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Spouse or Partner | <input type="checkbox"/> Co-worker/s or Colleague/s |
| <input type="checkbox"/> Parent/s | <input type="checkbox"/> Teammate/s |
| <input type="checkbox"/> Grandparent/s | <input type="checkbox"/> Club Member/s |
| <input type="checkbox"/> Sibling/s | <input type="checkbox"/> Professional Association Member/s |
| <input type="checkbox"/> Children | <input type="checkbox"/> Committee Member/s |
| <input type="checkbox"/> Grand Children | <input type="checkbox"/> Religious Organization Member/s |
| <input type="checkbox"/> Other Relative/s | <input type="checkbox"/> Fellow Student/s or Classmate/s (former or current) |
| <input type="checkbox"/> Close Friend/s | <input type="checkbox"/> Leisure Activity Group Member/s |
| <input type="checkbox"/> Friend/s | <input type="checkbox"/> Other (Please Specify) <input type="text"/> |
| <input type="checkbox"/> Acquaintance/s | |

Feel the **LEAST CLOSE TO** (psychologically / emotionally):

Which relationship type(s) and/or role(s) does this person play in relation to you? (Please select all that apply.)

- Spouse or Partner
- Parent/s
- Grandparent/s
- Sibling/s
- Children
- Grand Children
- Other Relative/s
- Close Friend/s
- Friend/s
- Acquaintance/s
- Co-worker/s or Colleague/s
- Teammate/s
- Club Member/s
- Professional Association Member/s
- Committee Member/s
- Religious Organization Member/s
- Fellow Student/s or Classmate/s (former or current)
- Leisure Activity Group Member/s
- Other (Please Specify)

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6.1 Col Skip

Please select each set of initials you entered once (avoiding duplicates):

- \${q://QID122/ChoiceTextEntryValue}
- \${q://QID123/ChoiceTextEntryValue}
- \${q://QID124/ChoiceTextEntryValue}
- \${q://QID125/ChoiceTextEntryValue}
- I do not have anyone in my collective circle

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6.2

Please answer the questions below regarding the **individual members** of your COLLECTIVE circle you specified on the previous page.

How often do you have contact (face-to-face, telephone, written, online or via a monitor screen) with _____ ?

	Very Rarely	Rarely	Sometimes	Often	Very Often
» \${q://QID122/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID123/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID124/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID125/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» I do not have anyone in my collective circle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Considering your amount of contact with _____, would you prefer to have:

	Much less contact	Less contact	The same level of contact	More contact	Much more contact
» \${q://QID122/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID123/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID124/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID125/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

» I do not have anyone in my collective circle

Please select the picture below that best describes your relationship with _____.

Members of your collectives or groups on average

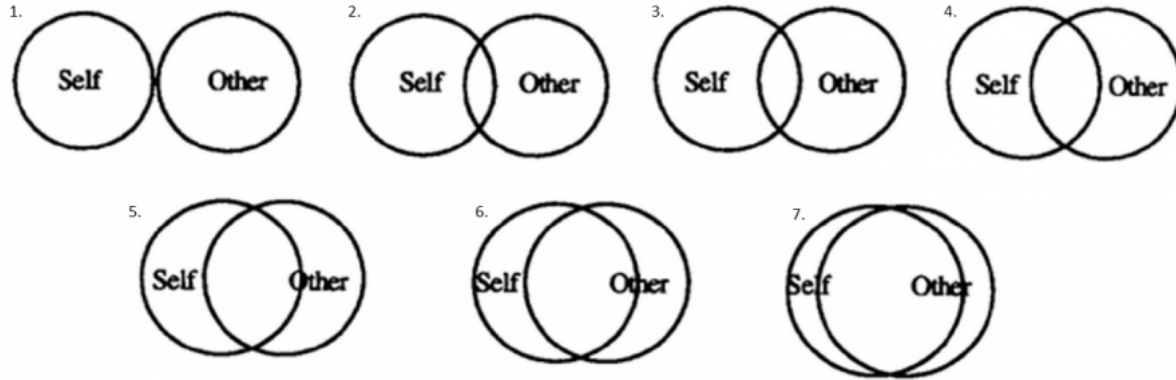
» \${q://QID122/ChoiceTextEntryValue}

» \${q://QID123/ChoiceTextEntryValue}

» \${q://QID124/ChoiceTextEntryValue}

» \${q://QID125/ChoiceTextEntryValue}

» I do not have anyone in my collective circle



How close (psychologically / emotionally) do you feel to _____?

Least Close

Close

Members of your collectives or groups on average:	
» \${q://QID122/ChoiceTextEntryValue}	
» \${q://QID123/ChoiceTextEntryValue}	
» \${q://QID124/ChoiceTextEntryValue}	
» \${q://QID125/ChoiceTextEntryValue}	
» I do not have anyone in my collective circle	

Considering your level of closeness to _____, would you prefer to have:

	Much less closeness	Less closeness	About the same closeness	More closeness	Much more closeness
Members of your collectives or groups on average:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID122/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID123/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID124/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID125/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» I do not have anyone in my collective circle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Block 6.3

If a member of your COLLECTIVE circle were to be sitting or standing next to you, how close would that individual have to get to make you feel uncomfortable?

- No distance would make me feel uncomfortable
- 1-9 inches would begin to feel uncomfortable
- 10-25 inches would begin to feel uncomfortable
- 2.5 feet would begin to feel uncomfortable
- 5 feet would begin to feel uncomfortable
- More than 5 feet would begin to feel uncomfortable
- I have no one in my collective circle
- Prefer not to answer

Please answer again using a different scale:

If a member of your COLLECTIVE circle were to be sitting or standing next to you, how close would that individual have to get for you to feel uncomfortable?

Touching

> 5 feet away (>

Select a Distance:

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Block 6.5

If _____ were to be sitting or standing next to you, how close would _____ have to get to make you feel uncomfortable?

	No distance would make me feel uncomfortable	1-9 inches would begin to feel uncomfortable	10-25 inches would begin to feel uncomfortable	2.5 feet would begin to feel uncomfortable	5 feet would begin to feel uncomfortable	More than 5 feet would begin to feel uncomfortable	I have no one in my collective circle	Prefer not to answer
» \${q://QID122/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID123/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID124/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» \${q://QID125/ChoiceTextEntryValue}	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» I do not have anyone in my collective circle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer again using a different scale:

If _____ were to be sitting or standing next to you, how close would _____ have to get to make you feel uncomfortable?

Touching

> 5 feet (> 5

» \${q://QID122/ChoiceTextEntryValue}	<input style="width: 100%; height: 20px;" type="text"/>
» \${q://QID123/ChoiceTextEntryValue}	<input style="width: 100%; height: 20px;" type="text"/>
» \${q://QID124/ChoiceTextEntryValue}	<input style="width: 100%; height: 20px;" type="text"/>

» \${q://QID125/ChoiceTextEntryValue}

» I do not have anyone in my collective circle

The collective circle often fulfills a sense of group belonging and identity. Please respond to the statement, the earth is flat:

- True
- False

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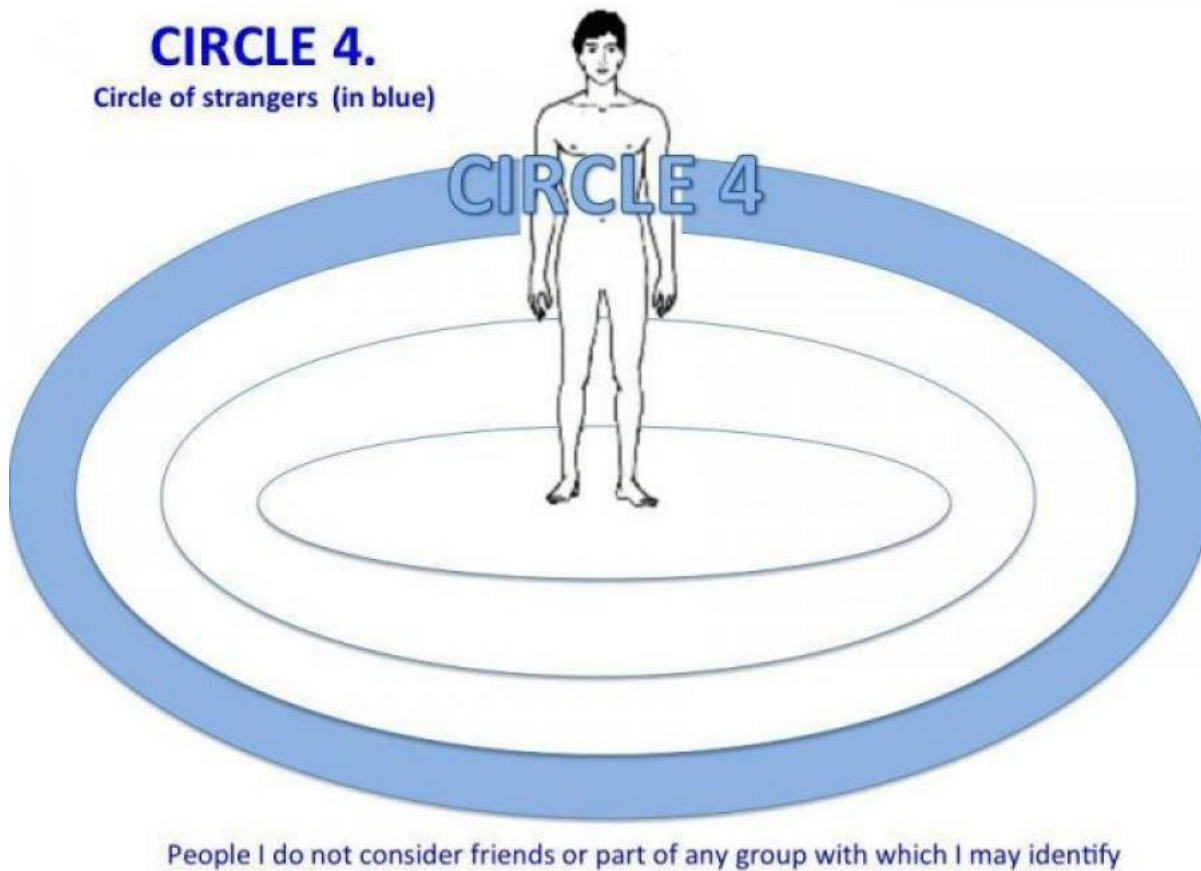
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Main Survey - Block 7 (Strangers)

QUESTIONS ABOUT YOUR CIRCLE OF STRANGERS (i.e., those you might encounter on a regular day who you would not include in your Intimate, Relational, or Collective circles)



As a reminder, the circle of strangers includes people you might encounter on a normal day who you do not know personally, consider friends, acquaintances, or members of your groups or collectives.

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Block 7.5

How many STRANGERS would you estimate you encounter on a typical day?

If a STRANGER were to be sitting or standing next to you, how close would that individual have to get to make you feel uncomfortable?

- No distance would make me feel uncomfortable
- 1-9 inches would begin to feel uncomfortable
- 10-25 inches would begin to feel uncomfortable
- 2.5 feet would begin to feel uncomfortable
- 5 feet would begin to feel uncomfortable
- More than 5 feet would begin to feel uncomfortable
- I do not encounter any strangers
- Prefer not to answer

Please answer again using a different scale:

If a STRANGER were to be sitting or standing next to you, how close would that individual have to get to make you feel uncomfortable?

Touching

> 5 feet away (>)

Select a Distance:	
--------------------	--

Which question were you asked earlier in this survey?

- "During the past week, how often did you feel totally rejected?"
- "During the past week, how often did you feel that there were people you could turn to?"
- "During the past week, how many times did you have a panic attack?"
- During the past week, what was your favorite flavor of ice cream?"

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Main Survey - Block 8 (Mood)

YOU ARE ALMOST DONE!! NOW LET US ASK YOU A FEW QUESTIONS

ABOUT YOUR GENERAL MOOD OVER THE PAST WEEK.

During the past week, how often did you feel tense or wound up?

Not at all

Time to time

A lot of the time

Most of the time

During the past week, have you still enjoyed the things you used to enjoy?

Hardly at all

Only a little

Not quite so much

Definitely as much

During the past week, did you get a sort of frightened feeling as if something awful was about to happen?

Not at all

A little, but it doesn't worry me

Yes, but not too badly

Very definitely and quite badly

During the past week, did you laugh and see the funny side of things?

Not at all

Definitely not so much now

Not quite as much now

As much as I always could

During the past week, did you have worrying thoughts going through your mind?

A great deal of time

A lot of time

From time to time but not too often

Only occasionally

During the past week, did you feel cheerful?

Not at all

Not often

Sometimes

Most of the time

During the past week, how often did you feel a sort of nervous energy? Select sometimes.

Not at all

Not often

Sometimes

Most of the time

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During the past week, were you able to sit at ease and feel relaxed?

Definitely

Usually

Not often

Not at all

During the past week, did you feel as if you were slowed down?

Nearly all the time

Very often

Sometimes

Not at all

During the past week, did you get a sort of frightened feeling like butterflies in the stomach?

Not at all

Occasionally

Quite often

Very often

During the past week, have you lost interest in your appearance?

Definitely

I don't take so much care as I should

I may not take quite as much care

I take just as much care as ever

During the past week, have you felt restless as if you had to be on the move?

Not at all

Not very much

Quite a lot

Very much indeed

During the past week, have you looked forward with enjoyment to things?

As much as I ever did

Rather less than I used to

Definitely less than I used to

Hardly at all

During the past week, did you get sudden feelings of panic?

Not at all

Not very often

Quite often

Very often indeed

During the past week, were you able to enjoy a good book or radio or TV program?

Often

Sometimes

Not often

Very seldom

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Ending and Feedback

Thank you for your time! We greatly appreciate your help with this survey. Please click through to the next page for your mTurk code number.



Optional: please feel free to leave any feedback you have regarding this survey (impressions, insights, problems you encountered, etc.). We greatly value your feedback, and these will be read by the primary investigator.

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