Intro

Thank you for participating in this study!

Your participation in this study will last approximately 10 to 20 minutes.

It is important for you to read each question carefully and provide your best answers.

**** PLEASE DO NOT USE THE BACK BUTTON AT ANY TIME DURING THE STUDY!!**

When you complete each task, please click >> *at the bottom right in order to proceed to the next task.*

StudentID

Please enter your 6-digit student ID number in the blank below.

Physi_Cond

Do you feel sick at this moment or have any illnesses that could prevent you from maintaining sound physical and psychological conditions for approximately 15 mins for this study?

[Please click **NO** if you feel you can continue with the study]

- ○ Yes
- ○ No

Are you sure you feel too sick to continue with the study? [If yes, you will not be qualified to participate in the study.]

- ◯ Yes
- ◯ No

You are not qualified for this study. Please see the research assistant for further instructions.

LMS21

Personal Outlook Test

Instructions: Below are a number of statements that refer to your personal outlook. Please rate the extent to which you agree with each of these statements. If you are confused by the wording of an item, have no opinion, or neither agree nor disagree, use the "NEUTRAL" rating. Thank you for your assistance.

	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
I like to investigate things.	◯	◯	◯	◯	◯	◯	◯
I generate few novel ideas.	◯	◯	◯	◯	◯	◯	◯
I am always open to new ways of doing things.	◯	◯	◯	◯	◯	◯	◯
I “get involved” in almost everything I do.	◯	◯	◯	◯	◯	◯	◯
I do not actively seek to learn new things.	◯	◯	◯	◯	◯	◯	◯
I make many novel contributions.	◯	◯	◯	◯	◯	◯	◯
	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
I stay with the old tried and true ways of doing things.	◯	◯	◯	◯	◯	◯	◯
I seldom notice what other people are up to.	◯	◯	◯	◯	◯	◯	◯

I avoid thought provoking conversations.	○	○	○	○	○	○	○
I am very creative.	○	○	○	○	○	○	○
I can behave in many different ways for a given situation.	○	○	○	○	○	○	○
I attend to the “big picture.”	○	○	○	○	○	○	○
	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
I am very curious.	○	○	○	○	○	○	○
I try to think of new ways of doing things.	○	○	○	○	○	○	○
I am rarely aware of changes.	○	○	○	○	○	○	○
I have an open-mind about everything, even things that challenge my core beliefs.	○	○	○	○	○	○	○
I like to be challenged intellectually.	○	○	○	○	○	○	○
I find it easy to create new and effective ideas.	○	○	○	○	○	○	○
	Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
I am rarely alert to new developments.	○	○	○	○	○	○	○
I like to figure out how things work.	○	○	○	○	○	○	○
I am not an original thinker.	○	○	○	○	○	○	○

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Travel

When was the last time you traveled for more than 3 hours?
(e.g., If it was one year and three months ago, you can put number "1" in the first blank and number "3" in the second blank.)

*If you've NEVER traveled for more than 3 hours, please answer this question based on **your longest travel experience**.

How many years ago? (e.g., 0,1, 2, ...)

How many months ago? (e.g., 0,1, 2,...)

How many hours did you travel? (e.g., if you traveled for 6 hours, put the number "6" in the blank)

Did you travel by car or by plane?

- Car
- Plane
- Both Car and Plane
- Other

If you used a transportation other than a car or plane, what was it?

When you drove a car, were you the driver or the passenger?

- Driver
- Passenger
- Driver & Passenger

Now, please take a moment (about 10 seconds) to recall the long distance travel that you've just mentioned, and answer the following questions.

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Did you experience any kind of fatigue (or tiredness) during the long distance travel you've mentioned?

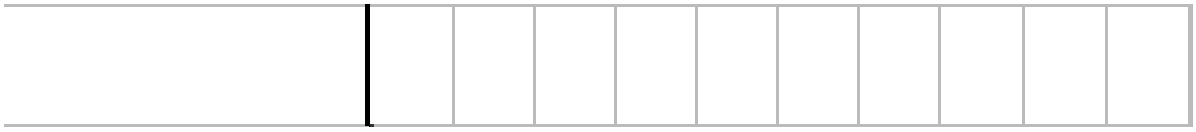
- ◯ Yes
- ◯ No

Please use the sliding scale to indicate when you started experiencing fatigue during the time of your whole travel?

[Please click one point where you started experiencing fatigue between the time travel began (0) and the time travel ended (100)]

Time when the travel began — Time when the travel ended

0 10 20 30 40 50 60 70 80 90 100



Please use the sliding scale to indicate your level of fatigue at the moment you started experiencing fatigue.

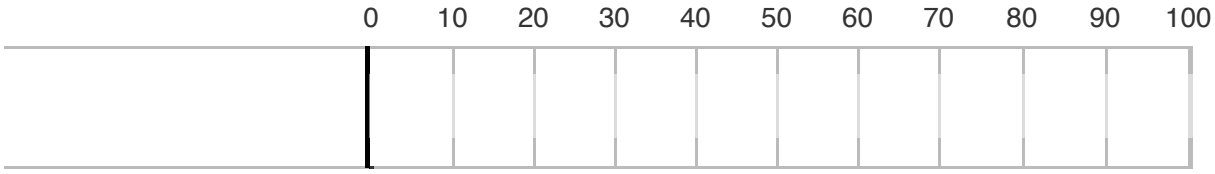
No Fatigue At All — Extreme Fatigue

1 2 3 4 5 6 7 8 9 10

Please use the sliding scale to indicate when you experienced fatigue the most during the time of your whole travel?

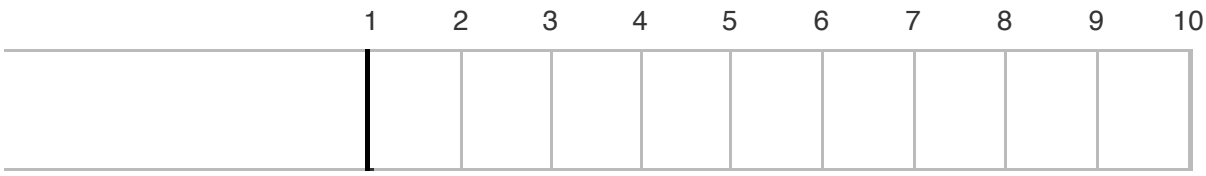
[Please click one point you experienced fatigue the most between the time travel began (0) and the time travel ended (100)]

Time when the travel began — Time when the travel ended



Please use the sliding scale to indicate your level of fatigue at the moment you experiencing the most fatigue.

No Fatigue At All — Extreme Fatigue



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See RA

Please see the research assistant for the next task.

Research Assistant, provide the participant with a handgrip exerciser and enter password below to continue:

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Handgrip Pretesting

Handgrip Strength Task

The purpose of this task is to measure your handgrip strength.

The result of this task will be used as a pretest for another study.

If you received a handgrip exerciser from a researcher assistant and you are ready for the handgrip strength task, please proceed to the next screen.

**** AGAIN, PLEASE DO NOT USE THE BACK BUTTON AT ANY TIME DURING THE STUDY!!**

INSTRUCTIONS:

After clicking to the next screen, you will see a timer starting. Please squeeze and hold the handgrip exerciser as long as you can. Be prepare to remember your time.

(*Squeeze until the ends touch each other and hold in that position. Do not let the ends separate.)

Are you ready?

(Please click >> *when you are ready)*

GO!

(*Squeeze until the ends touch each other and hold in that position. Do not let the ends separate!!)

**** When you are no longer able to hold in that position, please CHECK YOUR TIME and proceed to the next screen**

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0 0 0 0

*** Please write down how long you held the handgrip exerciser in the blank below.**
(*only write down the number - e.g., if it was "45 seconds", you can put [0] minutes and [45] seconds.)

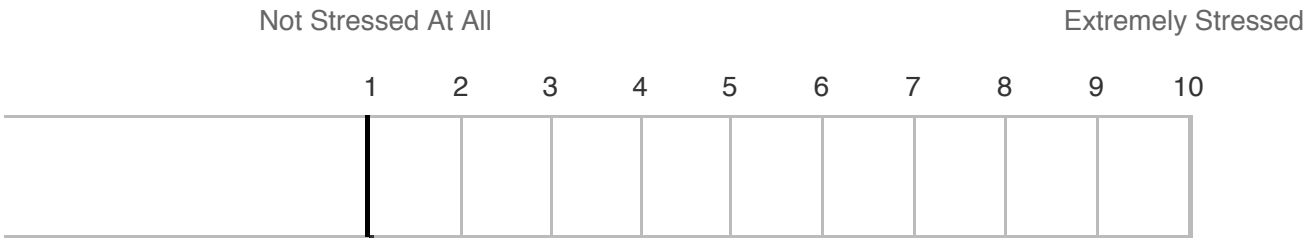
Minutes (e.g., 0, 1, 2, ...)

Seconds (e.g., 0, 1, 2, ...)

Stress

Now, please click next and continue on to the next surveys.

Please use the sliding scale to indicate your current level of stress at this moment.



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PANAS

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word.

Indicate the extent to which you feel each emotion right now.

	very slightly or not at all	a little	moderately	quite a bit	extremely
interested	○	○	○	○	○
distressed	○	○	○	○	○
excited	○	○	○	○	○
upset	○	○	○	○	○
strong	○	○	○	○	○
guilty	○	○	○	○	○
scared	○	○	○	○	○
hostile	○	○	○	○	○
enthusiastic	○	○	○	○	○
proud	○	○	○	○	○
irritable	○	○	○	○	○
alert	○	○	○	○	○
ashamed	○	○	○	○	○
inspired	○	○	○	○	○
nervous	○	○	○	○	○
determined	○	○	○	○	○
attentive	○	○	○	○	○
jittery	○	○	○	○	○
active	○	○	○	○	○
afraid	○	○	○	○	○

Cohen's stress

Instructions: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
	0	1	2	3	4
1. In the last month, how often have you been upset because of something that happened unexpectedly?	○	○	○	○	○
2. In the last month, how often have you felt that you were unable to control the important things in your life?	○	○	○	○	○
3. In the last month, how often have you felt nervous and "stressed"?	○	○	○	○	○
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	○	○	○	○	○
5. In the last month, how often have you felt that things were going your way?	○	○	○	○	○
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	○	○	○	○	○
7. In the last month, how often have you been able to control irritations in your life?	○	○	○	○	○
8. In the last month, how often have you felt that you were on top of things?	○	○	○	○	○
9. In the last month, how often have you been angered because of things that were outside of your control?	○	○	○	○	○
10. In the last month, how often have you felt difficulties wer piling up so high that you could not overcome them?	○	○	○	○	○

excercise?

Do you do the handgrip exercise or something similar to what you just did today on a regular basis?

- Yes
- No

How often?

- Once or twice a month
- Once or twice a week
- 3 to 4 times a week
- Almost everyday

Demographic

What is your gender?

- Male
- Female

What is your age?

What is your ethnicity?

- African-American
- Latina/o
- Asian
- Caucasian/White
- Native American
- Middle Eastern
-

- Biracial
- Multiracial
- Would rather not say
- Other

In which US state were you BORN?

In what country were you born?

Is English your native language?

- Yes
- No

What is your native language?

What is the highest level of education you have attained?

- Less than high school
- High school graduate
- Some college credit but no degree
- Associate's degree
- Bachelor's degree
- Master’s degree

- Professional degree
- Doctorate degree
- Prefer not to answer

ManiCheck

What did you think the purpose of this study was?

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End

You have just completed this study.

Thank you for participating in our study!

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