Default Question Block

Please enter your participant number. If you do not have access to your participant number, please enter your full first and last name.

Yes						
🔘 No						
How was your day	overall?					
	Not bad or good					
Very bad (-3)	-2	-1	(0)	1	2	Very good (3
\odot	0	\odot	\odot		0	\odot
How happy did you	ı feel during th	e day?				
Not at all happy						
	4	2	3	4	5	Very happy (6
(0)	1	-	•			

Thank you! The study is done. If you have any comments, please enter them below.