Study 3: Social facilitation and longer-term energy intake (compensation study)

# 1. Information sheet

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**VOLUNTEER INFORMATION SHEET**

***Mood and eating behaviour***

**What is the study about?**

The aim of the study is to examine the link between mood and eating behaviour among groups of friends.

**Who is taking part?**

* Groups of three female friends (not romantic couples or family members)
* Aged over 18 years
* Not overweight nor underweight
* Occasional social eaters (1-3 meals a week)
* Not on medication which may affect appetite
* Non-smokers
* Non-dieters
* No history of eating disorders
* No food allergies/intolerances
* Not an athlete in training
* Not pregnant or breastfeeding
* Have not taken part in any of our previous studies
* Like and willing to eat the test foods

**What will I have to do?**

You will be required to attend a laboratory session during which you will be given a lunch meal and asked to complete a range of questionnaires about your mood and eating habits. You will then be asked to record everything that you eat for 3 consecutive days using an online food diary programme. You will then be required to attend a final laboratory session in which you will complete some more questionnaires about your eating habits and general demographics. Your height and weight will be also assessed during this session. After completing the study, you will receive 6 RPS points.

**What are the risks?**

There is minimal risk in the study. You do not have to answer any question that you do not wish to answer.

**What are the benefits?**

There will be no direct benefits to you from participating, but the information will contribute to wider psychological knowledge.

**What if I do not wish to continue at any stage?**

You are free to withdraw from the study at any stage up until the end final session. You can refuse to answer any question, and may refuse to do anything requested of you. You will not have to give an explanation as to why you wish to withdraw and you will be compensated for your time (the amount of compensation will be calculated based upon the amount of time spent participating). Please note that, due to the anonymity of your data, it will not be possible to request to withdraw your data following completion of the study.

**What happens to the information?**

Your data will be held confidentially, and any identifiable information will be destroyed immediately after you have completed the study (making your data completely anonymous). You will be allocated a unique ‘ID code’ which will be used to match your responses across the test phases (if applicable). Anonymised data (i.e. with names, email addresses removed) may be submitted to an open-access database in order to make it available to other researchers for further analyses. It will not be possible to identify you in any published reports, or online data, that result from the study

**What else can I expect from the researcher?**You can ask any questions about the study that occur to you during your participation and request a copy of any of the results.

# 2. Consent form



**CONSENT FORM**

***Mood and eating behaviour***

**Please read each of the following statements correctly and initial the boxes if you agree:**

**Initial boxes**

1. I have read the Information Sheet for this study and have had the details of the study explained to me.

2. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.

3. I am aware that I am free to withdraw from the study at any time up until the

end of the second session, that I can decline to answer any particular questions in the study, and can decline to complete any task requested of me.

4. I agree to provide information to the researchers on the understanding that it is completely confidential, and that it will be made anonymous following study completion.

5. I understand that the information will be stored in manual and electronic files, and *anonymised* data may be made available to other researchers via a data sharing archive.

6. All data will be held subject to the provisions of the General Data Protection Regulation (2018). I acknowledge that the information provided is being used by the University in accordance with the Act.

**7. I confirm that I wish to participate in this study under the conditions set out here and in the Information Sheet.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 3. Food allergy screening

**Allergy screening questionnaire**

**Participant Initials\_\_\_\_\_\_ Participant Number (Post Allocation)\_\_\_\_\_\_\_**

This questionnaire is designed to establish your suitability for this research project. The questionnaire will not be used as part of the study data but will be kept separately and securely for your well-being during the study.

Some of the questions ask about personal information. If you do not wish to answer please let the researcher know. All information taken is confidential.

**Please answer as honestly as possible.**

1. Are you taking or using any medicine or any other drug, **Yes / No**

either from your doctor or on your own accord?

If so, please list the items below:

­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Will your use of this medication alter during the course of the study? **Yes / No**

3. Are there any foods you don't eat?  **Yes / No**

If so, please state what and why.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are you allergic to anything that you are aware of? **Yes / No**

5. The following foods have been known to cause allergies. Have you

ever consumed these foods **AND** had an allergic reaction to them?

|  | **Previously Consumed** | **Allergic Reaction** |
| --- | --- | --- |
| **Peanuts** | **Yes / No** | **Yes / No** |
| **Nuts** | **Yes / No** | **Yes / No** |
| **Dairy produce** | **Yes / No** | **Yes / No** |
| **Seeds** | **Yes / No** | **Yes / No** |
| **Eggs** | **Yes / No** | **Yes / No** |
| **Fish** | **Yes / No** | **Yes / No** |
| **Shellfish** | **Yes / No** | **Yes / No** |
| **Soy(a)** | **Yes / No** | **Yes / No** |
| **Celery** | **Yes / No** | **Yes / No** |
| **Mustard** | **Yes / No** | **Yes / No** |
| **Strawberries** | **Yes / No** | **Yes / No** |
| **Cherries** | **Yes / No** | **Yes / No** |

|  | **Previously Consumed** | **Allergic Reaction** |
| --- | --- | --- |
| **Kiwifruit** | **Yes / No** | **Yes / No** |
| **Pulses** | **Yes / No** | **Yes / No** |
| Foods containing **sulphur dioxide/sulphites sulphites** (eg soft drinks, white wine, dried fruits) | **Yes / No** | **Yes / No** |
| Foods containing **lupin** (eg, seeded bread, pastries) | **Yes / No** | **Yes / No** |
| Foods containing **gluten** (eg wheat, rye, barley, oats) | **Yes / No** | **Yes / No** |
| Foods containing **lactose** (eg milk, cheese, ice-cream) | **Yes / No** | **Yes / No** |
| Foods containing **salicylates** (eg dried plums, dates, figs, mushrooms) | **Yes / No** | **Yes / No** |

6. Are there any foods which make your mouth, lips or throat tingle? **Yes / No**

7. Have you ever suffered from anaphylaxis or anaphylactic shock? **Yes / No**

8. Did you suffer from severe childhood allergies? **Yes / No**

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|  |  |
| --- | --- |
| **Date Screened**  **Researcher** | **All questions answered Yes / No**  **Suitable for study Yes / No** |

# 4. Questionnaires

Before lunch questionnaires

By drawing a vertical line through the scale below, please indicate how **HUNGRY** you feel right now.

0

Not at all

100

Extremely

By drawing a vertical line through the scale below, please indicate how **FULL** you feel right now.

100

Extremely

0

Not at all

By drawing a vertical line through the scale below, how **close** you feel to your friends that you are taking part with (draw one line for each friend).

0

Not at all

100

Extremely

Please indicate the extent to which you agree with each statement. Think about how you feel *right now*, at this very moment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Neither agree/disagree | Agree | Strongly agree |
| I’m craving tasty food |  |  |  |  |  |
| I have an urge for tasty food |  |  |  |  |  |
| I have an intense desire to eat something tasty |  |  |  |  |  |
| If I ate something, I wouldn’t feel so sluggish and lethargic |  |  |  |  |  |
| Satisfying my appetite would make me feel less grouchy and irritable |  |  |  |  |  |
| I would feel more alert if I could satisfy my appetite |  |  |  |  |  |
| If I ate right now, my stomach wouldn’t feel as empty |  |  |  |  |  |
| I am hungry |  |  |  |  |  |
| I feel weak because of not eating |  |  |  |  |  |
| My desire to eat something tasty seems overpowering |  |  |  |  |  |
| I know I’m going to keep on thinking about tasty food until I actually have it |  |  |  |  |  |
| If I had something tasty to eat, I could not stop eating it |  |  |  |  |  |
| If I were to eat what I’m desiring, I am sure my mood would improve |  |  |  |  |  |
| Eating something tasty would feel wonderful |  |  |  |  |  |
| Eating something tasty would make things just perfect |  |  |  |  |  |

After lunch questionnaires

By drawing a vertical line through the scale below, please indicate how **HUNGRY** you feel right now.

0

Not at all

100

Extremely

By drawing a vertical line through the scale below, please indicate how **FULL** you feel right now.

0

Not at all

100

Extremely

By drawing a vertical line through the scale below, please indicate how much you **LIKED** the taste of

the quiche.

0

Didn’t like it at all

100

Liked it a lot

By drawing a vertical line through the scale below, please indicate how much you **LIKED** the taste of

the crisps.

100

Liked it a lot

0

Didn’t like it at all

By drawing a vertical line through the scale below, please indicate how much you **LIKED** the taste of

the chocolate.

100

Liked it a lot

0

Didn’t like it at all

By drawing a vertical line through the scale below, please indicate how much you **LIKED** the taste of

the pizza.

100

Liked it a lot

0

Didn’t like it at all

By drawing a vertical line through the scale below, please indicate how much you **LIKED** the taste of

The brownies.

0

Didn’t like it at all

100

Liked it a lot

By drawing a vertical line through the scale below, please indicate how much you **LIKED** the taste of

the flapjacks.

0

Didn’t like it at all

100

Liked it a lot

Mood assessment

How **happy** did you feel during the meal?

0

Not at all

100

Extremely

How **excited** did you feel during the meal?

0

Not at all

100

Extremely

How **sociable** did you feel during the meal?

0

Not at all

100

Extremely

How **anxious** did you feel during the meal?

0

Not at all

100

Extremely

How **bored** did you feel during the meal?

0

Not at all

100

Extremely

How **guilty** did you feel during the meal?

0

Not at all

100

Extremely

How much did you enjoy the overall meal experience?

0

Not at all

100

Extremely

By drawing a vertical line through the scale below, how **close** you feel to your friends that you are taking part with (draw one line for each friend).

100

Extremely

0

Not at all

Follow-up session questionnaires

**What do you think was the aim of the study?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How old are you?** \_\_\_\_\_\_\_\_\_

**For how long have you known each of your friends who you participated with?**

**On a scale of 1-10 (10 being the most), how well do you think you know your friends that you took part with (circle one number for *each* friend)?**

**Not very well Very well**

1 2 3 4 5 6 7 8 9 10

**What is your ethnic group?**

Choose one option that best describes your ethnic group or background

1. English/Welsh/Scottish/Northern Irish/British  
2. Irish  
3. Gypsy or Irish Traveler  
4. Any other White background, please describe \_\_\_\_\_\_\_\_\_\_\_

5. White and Black Caribbean  
6. White and Black African  
7. White and Asian  
8. Any other Mixed/Multiple ethnic background, please describe \_\_\_\_\_\_\_\_\_\_

9. Indian  
10. Pakistani  
11. Bangladeshi  
12. Chinese  
13. Any other Asian background, please describe \_\_\_\_\_\_\_\_\_\_

14. African  
15. Caribbean  
16. Any other Black/African/Caribbean background, please describe \_\_\_\_\_\_\_\_\_\_\_

17. Arab  
18. Any other ethnic group, please describe \_\_\_\_\_\_\_\_\_\_\_

Three-Factor Eating Questionnaire

1. When I smell a delicious food, I find it very difficult to keep from eating, even if I have just finished a meal.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. I deliberately take small helpings as a means of controlling my weight.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. When I feel anxious, I find myself eating.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. Sometimes when I start eating, I just can't seem to stop.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. Being with someone who is eating often makes me hungry enough to eat also.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. When I feel blue, I often overeat.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. When I see a real delicacy, I often get so hungry that I have to eat right away.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. I get so hungry that my stomach often seems like a bottomless pit.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. I am always hungry so it is hard for me to stop eating before I finish the food on my plate.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. When I feel lonely, I console myself by eating.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. I consciously hold back at meals in order not to weight gain.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. I do not eat some foods because they make me fat.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. I am always hungry enough to eat at any time.

Definitely true (4)/ mostly true (3)/ mostly false (2)/ definitely false (1)

1. How often do you feel hungry?

Only at meal times (1)/ sometimes between meals (2)/ often between meals (3)/ almost always (4)

1. How frequently do you avoid “stocking up” on tempting foods?

Almost never (1)/ seldom (2)/ usually (3)/ almost always (4)

1. How likely are you to consciously eat less than you want?

Unlikely (1)/ slightly likely (2)/ moderately likely (3)/ very likely (4)

1. Do you go on eating binges though you are not hungry?

Never (1)/ rarely (2)/ sometimes (3)/ at least once a week (4)

1. On a scale of 1 to 8, where 1 means no restraint in eating (eating whatever you want, whenever you want it) and 8 means total restraint (constantly limiting food intake and never “giving in”), what number would you give yourself?

# 5. Debrief



Debrief

**Time of day and lone vs. group working on problem-solving abilities**

Thank you for taking part in our research. The purpose of the study was to examine whether people would eat more food when they eat with a friend, compared to when eating alone. We are also interested in whether this increased intake is compensated for by eating less at subsequent meals (i.e. over 3 days). Previous research suggests that people tend to eat more when eating with others and this is known as the ‘social facilitation of eating’. However, research into social facilitation has tended to focus on a single eating occasion, and so it remains whether this is compensated for at later meals.

**For further information, please see:**

Herman, C.P. (2015). The social facilitation of eating: A review. *Appetite, 86,* 61-73.

**What if I want advice about my eating?**

We are not qualified to offer advice ourselves, but if you are concerned about your eating or drug/alcohol use, we advise you to seek information and advice from your Doctor.

The following helplines and websites may also be helpful:

**Eating disorders helpline and website for binge eating disorder, anorexia nervosa, and bulimia nervosa.**

BEAT: 0808 801 0677

<https://www.beateatingdisorders.org.uk>

**If you have any questions, please contact the principal investigator:**

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