

Please answer the following questions:

	Not at all	No more than usual	Rather more than usual	Much more than usual	Care not to answer
<b>1</b> How stressed are you right now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> How exhausted are you right now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Highly agree	Agree	Neutral	Disagree	Highly disagree
Thinking about the payment contract you have chosen, please rate your agreement with the following statements. "Before the task I feel..."					
<b>3</b> ... that my choice is going to be more enjoyable than the alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> ... that my choice is going to be more challenging than the alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> ... that my choice is going to be more stressful than the alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> ... that my choice is going to be more financially lucrative for me than the alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> ... that I am satisfied with my choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> ... that I regret my choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	You have a 50% chance of winning £10		You have a 25% chance of winning £20		
<b>9</b> Imagine that you were entering one of two lotteries. Which lottery would you choose?		<input type="checkbox"/>		<input type="checkbox"/>	
				Yes	No
Tick any of the following that may apply. In the two hours immediately before this experiment did you... (Please tick all that apply)					
<b>10</b> ... Have food				<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> ... Use caffeine products (e.g. coffee)				<input type="checkbox"/>	<input type="checkbox"/>

**Please remember to turn the page**

12	... Use nicotine products (e.g. cigarettes)	<input type="checkbox"/>	<input type="checkbox"/>
13	... Drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>
14	... Participate in moderate vigorous exercise	<input type="checkbox"/>	<input type="checkbox"/>
15	... Wake up from a night's sleep	<input type="checkbox"/>	<input type="checkbox"/>
16	... Brush your teeth	<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No

Your cortisol levels can be influenced by different medications in different ways. To allow us to control for the potential effect of any medication, please indicate if you have taken any of the following medication types from each of the groups within the last 24 hours. Please note that a medication type may occur in more than one group so please read the list carefully and indicate 'yes' for each group that the medication type occurs in.

17	Selective serotonin reuptake inhibitor (SSRI), tricyclic anti-depressants, antipsychotics, benzodiazepines or narcotic/non-narcotic pain reliever.	<input type="checkbox"/>	<input type="checkbox"/>
18	Selective serotonin reuptake inhibitor (SSRI), synthetic steroids, antifungal, opiate agonist, uterine-active agent, diuretic antidiuretic, sympathomimetic agents (e.g. decongestant), phenothiazines or monoamine oxidase inhibitor.	<input type="checkbox"/>	<input type="checkbox"/>
19	Corticosteroids (anti-inflammatory oral, nasal, topical or ophthalmic treatment).	<input type="checkbox"/>	<input type="checkbox"/>
20	Hypolipemic, statins, resins, synthetic steroid or progestin only pills (e.g. progestin-only contraceptive).	<input type="checkbox"/>	<input type="checkbox"/>
21	Alpha adrenergic receptor antagonist, alpha adrenergic receptor agonist (e.g. treatment of ADHD), beta adrenergic receptor antagonist or beta adrenergic receptor agonist (e.g. treatment of asthma).	<input type="checkbox"/>	<input type="checkbox"/>
22	Anti-cholinergic (e.g. treatment of asthma or IBS) or cholinergic.	<input type="checkbox"/>	<input type="checkbox"/>
23	Estrogen replacement therapy or contraceptives.	<input type="checkbox"/>	<input type="checkbox"/>

**Please put the questionnaire back into the envelope when you are finished. Thank you.**