

## EXPLORING WHAT MATTERS – PROJECT INFORMATION

**You are being invited to take part in a research project. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information and ask us if there is anything that is not clear. Thank you**

### PROJECT OVERVIEW

This study aims to learn about the psychological and physiological wellbeing of people taking part in the 'Exploring What Matters' course developed by Action for Happiness. Participation is voluntary and you have the right to withdraw at any point without needing to give any reason.

### YOUR INVOLVEMENT

Taking part in this study involves attending the 8-week 'Exploring What Matters' course, which has been run successfully many times in local communities across the UK. On three occasions - before, during and after the course - you will also be invited to provide some information about your personal wellbeing and attitudes, plus a small salivary sample to allow the measurement of biomarkers.

### WHAT ARE BIOMARKERS?

Biomarkers are measurable features that can be used to predict physiological states. For this study, salivary samples will be used to measure specific hormones and proteins relating to wellbeing, with a particular focus on stress response and immune function. No markers for any other illnesses will be investigated. The biomarker samples may be shipped to a laboratory outside the UK for analysis.

### DATA CONFIDENTIALITY

All data collected as part of this project will be treated confidentially. You will be given an identification number so that all the data you provide will be anonymous and you cannot be identified by it. Any data that is retained will be kept securely in accordance with the Data Protection Act.

### ARE THERE ANY RISKS INVOLVED?

We do not envisage any risks from taking part in this project. If you don't enjoy the course or don't wish to provide the required information or salivary samples, you can withdraw at any time. While it is unlikely, it is possible you may experience distress at some point as the study asks you to consider your emotions. If this occurs you may wish to seek advice from your GP or a counsellor, therapist or other professional.

### PROJECT OUTCOMES

The results of the project may be published in academic journals and books as well as in other forms (e.g. reports, websites) in the public domain. You will not be identified by name or other identifying feature in any publication. If you are interested, we can send these results to you once the project is complete.

### WHO IS BEHIND THE STUDY?

The study is being led by the Centre for Economic Performance at the London School of Economics, with funding from the Templeton Foundation. It is being run in collaboration with Action for Happiness.

### THANK YOU

We are very grateful for your participation in this study. Your responses will help to provide valuable insight into the wellbeing of individuals who participate in the Exploring What Matters course.

For more information about the project, please contact:

LSE / CEP: **Dr Jan-Emmanuel de Neve** 020 7955 7447 [j.de-neve@lse.ac.uk](mailto:j.de-neve@lse.ac.uk)  
Action for Happiness: **Dr Mark Williamson** 020 8980 6263 [mark.williamson@actionforhappiness.org](mailto:mark.williamson@actionforhappiness.org)



## EXPLORING WHAT MATTERS – CONSENT FORM

I have read the Information Sheet relating to this research study and have been provided with the opportunity to discuss any details or questions about this.

I understand the aims of this research and the procedures which I will be involved with as part of the study, including providing salivary samples and information about my wellbeing.

I understand that all data relating my involvement in this study will remain confidential and the researchers involved will not be able to identify me by my responses as my data are anonymous. I also understand that the samples provided may be shipped to a laboratory outside the UK for analysis. I have been informed what will happen when the study has been completed.

I fully and freely provide my consent to participate in this study. By giving this consent, I also understand that at any time during the study, I have the right to withdraw without disadvantage to myself and I will not be required to provide a reason. I can withdraw from the study by sending an email to [info@actionforhappiness.org](mailto:info@actionforhappiness.org).

I also understand that if I do decide to withdraw, the researchers reserve the right to use the anonymous data which I have provided when analysing and writing-up the study.

Name of participant (please print): \_\_\_\_\_

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

Signature: \_\_\_\_\_

## EXPLORING WHAT MATTERS – PARTICIPANT QUESTIONS

### SECTION I: YOUR WELLBEING

Please answer these 4 questions on a scale of 0 to 10 where 0 means “Not at all” and 10 means “Completely”.

**Overall, how satisfied are you with your life nowadays?**

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

**Overall, how happy did you feel yesterday?**

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

**Overall, how anxious did you feel yesterday?**

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

**Overall, to what extent do you feel the things you do in your life are worthwhile?**

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

<b>Over the <u>last two weeks</u>, how often have you been bothered by any of the following problems?</b>	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

<b>Over the last two weeks, how often have you been bothered by the following problems?</b>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

## SECTION II: YOUR ATTITUDES

### COMPASSION

Please answer the following questions honestly and quickly using the scale below.

**When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her**

Not at all true of me						Very true of me
1	2	3	4	5	6	7

**I tend to feel compassion for people, even though I do not know them**

Not at all true of me						Very true of me
1	2	3	4	5	6	7

**One of the activities that provides me with the most meaning to my life is helping others in the world when they need help**

Not at all true of me						Very true of me
1	2	3	4	5	6	7

**I would rather engage in actions that help others, even though they are strangers, than engage in actions that would help me**

Not at all true of me						Very true of me
1	2	3	4	5	6	7

**I often have tender feelings toward people (strangers) when they seem to be in need**

Not at all true of me						Very true of me
1	2	3	4	5	6	7

## TRUST

Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

Can't be too careful					Most people can be trusted					
0	1	2	3	4	5	6	7	8	9	10

## GRATITUDE

I have so much in life to be thankful for

Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

## SOCIAL CONTEXT

How important is it for you to be meeting new people and making friends?

Not at all important					Extremely important					
0	1	2	3	4	5	6	7	8	9	10

How regularly do you meet with local groups (e.g. club, residents association, choir etc)?

Never					Extremely often					
0	1	2	3	4	5	6	7	8	9	10

## SECTION III: ABOUT YOU

Please circle the answers which apply:

What age are you?	16-19	20-24	25-34	35-44	45-54	55-64	65-74	75+
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What is your gender?	Male	Female
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Tick here

<b>What is your approximate annual household income?</b>	<input type="checkbox"/>	Less than £15,000
	<input type="checkbox"/>	£15,000 to £29,999
	<input type="checkbox"/>	£30,000 to £44,999
	<input type="checkbox"/>	£45,000 to £59,999
	<input type="checkbox"/>	£60,000 to £74,999
	<input type="checkbox"/>	£75,000 or more
	<input type="checkbox"/>	<i>Prefer not to say</i>

<b>What is your current marital status?</b>	<input type="checkbox"/>	Single/never been married
	<input type="checkbox"/>	Married
	<input type="checkbox"/>	Separated
	<input type="checkbox"/>	Divorced
	<input type="checkbox"/>	Widowed
	<input type="checkbox"/>	Domestic partner
	<input type="checkbox"/>	<i>Prefer not to say</i>

<b>What is your employment status?</b>	<input type="checkbox"/>	Employed full time for an employer
	<input type="checkbox"/>	Employed full time for self
	<input type="checkbox"/>	Employed part time - do not want full time
	<input type="checkbox"/>	Employed part time - want full time
	<input type="checkbox"/>	Unemployed
	<input type="checkbox"/>	Out of workforce
	<input type="checkbox"/>	<i>Prefer not to say</i>

<b>What is your highest completed level of education?</b>	<input type="checkbox"/>	Completed elementary education or less
	<input type="checkbox"/>	Secondary education
	<input type="checkbox"/>	Tertiary education – vocational
	<input type="checkbox"/>	Tertiary education – graduate
	<input type="checkbox"/>	Tertiary education – post-graduate
	<input type="checkbox"/>	<i>Prefer not to say</i>

Tick here

<b>What is your ethnic group?</b>	<input type="checkbox"/>	White
	<input type="checkbox"/>	Indian
	<input type="checkbox"/>	Pakistani
	<input type="checkbox"/>	Bangladeshi
	<input type="checkbox"/>	Chinese
	<input type="checkbox"/>	African
	<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	Arab
	<input type="checkbox"/>	Mixed
	<input type="checkbox"/>	Other
	<input type="checkbox"/>	<i>Prefer not to say</i>

<b>Do you regard yourself as belonging to any particular religion? If yes, which?</b>	<input type="checkbox"/>	No religion
	<input type="checkbox"/>	Christian (including Church of England, Catholic, Protestant)
	<input type="checkbox"/>	Buddhist
	<input type="checkbox"/>	Hindu
	<input type="checkbox"/>	Jewish
	<input type="checkbox"/>	Muslim
	<input type="checkbox"/>	Sikh
	<input type="checkbox"/>	Other religion (please specify):
	<input type="checkbox"/>	<i>Prefer not to say</i>

<b>Apart from such special occasions as weddings, funerals and baptisms, how often nowadays do you attend services or meetings connected with your religion?</b>	<input type="checkbox"/>	Never
	<input type="checkbox"/>	Less than annually
	<input type="checkbox"/>	At least annually
	<input type="checkbox"/>	At least monthly
	<input type="checkbox"/>	At least weekly
	<input type="checkbox"/>	<i>Prefer not to say</i>

**How much do you care about eating a healthy diet?**

Not at all										Very Much	
0	1	2	3	4	5	6	7	8	9	10	

**How often do you drink alcohol?**

Not at all										Very Often	
0	1	2	3	4	5	6	7	8	9	10	

**How often are you physically active (for example, by doing sports)?**

Not at all										Very Often	
0	1	2	3	4	5	6	7	8	9	10	

**How many hours did you sleep last night?**

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**How satisfied are you with your sleep last night?**

Not at all										Completely	
0	1	2	3	4	5	6	7	8	9	10	

<b>Do you smoke?</b>	Yes	No
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<b>Are you pregnant?</b>	Yes	No
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<b>Are you currently on any medication?</b>	Yes	No
	If yes please specify:	



### SECTION III: YOUR LIFE

Please respond to the following statements honestly and quickly using the scale below.

#### I feel aware of what contributes to a happy and meaningful life

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

#### I know what really matters to me in life

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

#### I feel able to do things to improve my own wellbeing

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

#### I feel able to do things to improve the wellbeing of others

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

In recent weeks, how often have you done the following?	Not at all	Several days	More than half the days	Nearly every day
1. Noticed and felt grateful for good things	0	1	2	3
2. Practised mindfulness / meditation	0	1	2	3
3. Treated yourself in a kind way	0	1	2	3
4. Made time for something really important to you	0	1	2	3
5. Responded well to a difficult situation	0	1	2	3
6. Learnt or tried out something new	0	1	2	3
7. Gave time to one of your closest relationships	0	1	2	3
8. Connected with other people	0	1	2	3
9. Did something kind or helpful for others	0	1	2	3
10. Tried to increase happiness at work	0	1	2	3
11. Tried to increase happiness in the community	0	1	2	3
12. Thought about the difference you make in the world	0	1	2	3

Many thanks for taking the time to provide this information.  
Please check to make sure that you have answered all the questions.

## EXPLORING WHAT MATTERS – PARTICIPANT QUESTIONS

### SECTION I: YOUR WELLBEING

Please answer these 4 questions on a scale of 0 to 10 where 0 means “Not at all” and 10 means “Completely”.

**Overall, how satisfied are you with your life nowadays?**

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

**Overall, how happy did you feel yesterday?**

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

**Overall, how anxious did you feel yesterday?**

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

**Overall, to what extent do you feel the things you do in your life are worthwhile?**

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

<b>Over the last two weeks, how often have you been bothered by any of the following problems?</b>	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

<b>Over the last two weeks, how often have you been bothered by the following problems?</b>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

## SECTION II: YOUR ATTITUDES

### COMPASSION

Please answer the following questions honestly and quickly using the scale below.

**When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her**

Not at all true of me						Very true of me
1	2	3	4	5	6	7

**I tend to feel compassion for people, even though I do not know them**

Not at all true of me						Very true of me
1	2	3	4	5	6	7

**One of the activities that provides me with the most meaning to my life is helping others in the world when they need help**

Not at all true of me						Very true of me
1	2	3	4	5	6	7

**I would rather engage in actions that help others, even though they are strangers, than engage in actions that would help me**

Not at all true of me						Very true of me
1	2	3	4	5	6	7

**I often have tender feelings toward people (strangers) when they seem to be in need**

Not at all true of me						Very true of me
1	2	3	4	5	6	7

## TRUST

Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

Can't be too careful					Most people can be trusted					
0	1	2	3	4	5	6	7	8	9	10

## GRATITUDE

I have so much in life to be thankful for

Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

## SOCIAL CONTEXT

How important is it for you to be meeting new people and making friends?

Not at all important					Extremely important					
0	1	2	3	4	5	6	7	8	9	10

## HEALTH

Do you smoke?	Yes	No
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Are you pregnant?	Yes	No
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Are you currently on any medication?	Yes	No
	If yes please specify:	

### SECTION III: YOUR LIFE

Please respond to the following statements honestly and quickly using the scale below.

#### I feel aware of what contributes to a happy and meaningful life

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

#### I know what really matters to me in life

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

#### I feel able to do things to improve my own wellbeing

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

#### I feel able to do things to improve the wellbeing of others

Not at all										Completely
0	1	2	3	4	5	6	7	8	9	10

In recent weeks, how often have you done the following?	Not at all	Several days	More than half the days	Nearly every day
1. Noticed and felt grateful for good things	0	1	2	3
2. Practised mindfulness / meditation	0	1	2	3
3. Treated yourself in a kind way	0	1	2	3
4. Made time for something really important to you	0	1	2	3
5. Responded well to a difficult situation	0	1	2	3
6. Learnt or tried out something new	0	1	2	3
7. Gave time to one of your closest relationships	0	1	2	3
8. Connected with other people	0	1	2	3
9. Did something kind or helpful for others	0	1	2	3
10. Tried to increase happiness at work	0	1	2	3
11. Tried to increase happiness in the community	0	1	2	3
12. Thought about the difference you make in the world	0	1	2	3

## SECTION IV: YOUR COURSE

Please respond to the following statements honestly and quickly using the scale below.

**How many of the 8 Exploring What Matters course sessions did you attend?**

None								All	
0	1	2	3	4	5	6	7	8	

**How was the course overall?**

1 Very poor	2 Poor	3 Ok	4 Good	5 Very good
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**How was the content of the sessions?**

1 Very poor	2 Poor	3 Ok	4 Good	5 Very good
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**How was the facilitation of the course?**

1 Very poor	2 Poor	3 Ok	4 Good	5 Very good
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**How likely are you to recommend the course to others?**

Not at all likely								Extremely likely			
0	1	2	3	4	5	6	7	8	9	10	

**What were the highlights of the course for you?**

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**What could we do to make the course even better?**

--

**How would you describe the impact of the course on your life?**

Negative	Neutral	Positive
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**What will you do differently as a result of the course?**

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Many thanks for taking the time to provide this information.  
Please check to make sure that you have answered all the questions.

## EXPLORING WHAT MATTERS – PARTICIPANT QUESTIONS

### SECTION I: YOUR WELLBEING

Please answer these 4 questions on a scale of 0 to 10 where 0 means “Not at all” and 10 means “Completely”.

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Not at all										Completely
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**Overall, how anxious did you feel yesterday?**

Not at all										Completely
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**Overall, to what extent do you feel the things you do in your life are worthwhile?**

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<b>Over the <u>last two weeks</u>, how often have you been bothered by any of the following problems?</b>	Not at all	Several days	More than half the days	Nearly every day
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7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3

<b>Over the last two weeks, how often have you been bothered by the following problems?</b>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

## SECTION II: YOUR ATTITUDES

### COMPASSION

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Can't be too careful					Most people can be trusted					
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## GRATITUDE

I have so much in life to be thankful for

Strongly Disagree	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Strongly Agree
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## SOCIAL CONTEXT

How important is it for you to be meeting new people and making friends?

Not at all important					Extremely important					
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## HEALTH

Do you smoke?	Yes	No
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Are you pregnant?	Yes	No
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Are you currently on any medication?	Yes	No
	If yes please specify:	

### SECTION III: YOUR LIFE

Please respond to the following statements honestly and quickly using the scale below.

#### I feel aware of what contributes to a happy and meaningful life

Not at all										Completely
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Not at all										Completely
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6. Learnt or tried out something new	0	1	2	3
7. Gave time to one of your closest relationships	0	1	2	3
8. Connected with other people	0	1	2	3
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12. Thought about the difference you make in the world	0	1	2	3

Many thanks for taking the time to provide this information.  
Please check to make sure that you have answered all the questions.