Mere Measurement Effect on Blood Donation:

Attitudes, Intentions and Behaviors

by

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STATEMENT OF AUTHORSHIP

This thesis contains no material which has been accepted for any award or any other degree or diploma in any university or other institution. It is affirmed by the candidate that, to the best of her knowledge, the thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Signed Aylin Uzun

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ABSTRACT

Research has shown that when people have favorable attitudes towards a behavior, merely asking people about their intention to perform the behavior increases their likelihood of performing the behavior. The goal of the study was to examine the effects of meta-cognitive processes as a moderator of this effect. It was shown that when individuals receive manipulation designed to increase their level of confidence in their future actions, they showed increased levels of blood donation than people who did not receive manipulation. This study introduced, not only a feasible method to increase blood donation but also meta-cognitive processes as a novel moderator. Furthermore it demonstrated that people's decisions to perform a behavior can be affected, not just by content presented but also by their level of confidence regarding their future behavior.

Keywords: mere measurement effect, question behavior effect, blood donation, meta-cognitive processes, theory of planned behavior, intention, attitude

ÖZET

Araştırmalar göstermiştir ki, eğer kişiler bir davranışa karşı olumlu tutumlara sahiplerse, onlara davranışı gerçekleştirme konusundaki niyetlerini sormak davranışının yapılma olasılığını arttırmaktadır. Bu çalışmanın amacı, üst bilişsel işleme süreçlerini (meta-cognitive processes) bu etkinin bir düzenleyici değişkeni olarak incelemekti. Kişiler gelecekteki davranışlarıyla ilgili kendine güven seviyelerini arttırmaya yönelik bir manipülasyona tabi tutulduklarında, manipülasyonu almayan kişilere kıyasla daha fazla kan bağış davranışı gösterdiler. Bu çalışma hem kan bağışını arttırmak için kolay uygulanabilen bir yol göstermiş, hem de üst bilişsel işleme süreçlerini yeni bir düzenleyici değişken olarak tanıtmıştır. Ayrıca, bu araştırma insanların bir davranışta bulunma kararlarının gelecekteki davranışları hakkında kendilerine güven seviyelerinden etkilendiğini de göstermiştir.

Anahtar Kelimeler: salt ölçüm etkisi, soru cevap etkisi, kan bağışı, üst bilişsel işleme süreçleri, planlı davranış kuramı, niyet, tutum

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Chapter 1

INTRODUCTION

Most people have favorable attitudes towards blood donation (Armitage & Conner, 2001; Godin, Sheeran, Conner, & Germain, 2008). However, these attitudes do not always translate into corresponding behaviors (Boulware et al., 2002; Cioffi & Gamer, 1998; Davey, 2004; Héma-Québec, 2003; World Health Organization, 2007). Thus, practical interventions are sorely needed to increase the correspondence between attitudes and behaviors (Godin, Conner, Sheeran, Bélanger-Gravel, & Germain, 2007; Schreiber, Sanchez, Glynn, & Wright, 2003; Yu, Chung, Lin, Chan, & Lee, 2007).

According to a phenomenon called "mere measurement effect", when people have favorable attitudes towards a behavior, merely asking them whether or not they intend to perform a behavior in the future increases the likelihood of performing that behavior (Conner, Godin, Norman, & Sheeran, 2011; Godin et al., 2008; Sandberg & Conner, 2011; Sherman, 1980). Sherman (1980) was the first to establish this effect when he observed how people who were asked to make a prediction about volunteering for the American Cancer Society were more likely to agree to collect neighborhood donations for this organization. Thus, mere-measurement can be a promising intervention strategy as people do not encounter decision points regarding blood donation in everyday life frequently. Indeed, when asked to indicate a reason for donation, many people report "being asked to donate" as an important factor in influencing their decisions (Duboz & Cuneo, 2010; Duboz, Macia,& Cuneo, 2010; Gillespie & Hillyer, 2002).

Presumably, answering a question or making a prediction about a target behavior increases the accessibility of the behavior in mind. Then, when the opportunity to engage in the behavior arises or becomes salient, this accessible attitude guides the behavior (Sprott et al., 2006). It is also possible that when people make a prediction about a target behavior and

when their tendency is towards performing that behavior, they may be making an implicit commitment. This commitment, in turn, may induce pressures to comply with the initial prediction (Sprott et al., 2006). In any case, mere-measurement effect has been shown to be influential in various fields such as volunteering, voting, marketing, and health (Borle, Dholakia, Singh, & Westbrook, 2007; Conner et al., 2011; Godin et al., 2008; Greenwald, Carnot, Beach, & Young, 1987; Imai, Goldstein, Göritz, & Gollwitzer, 2007; Janiszewski & Chandon, 2007; Sandberg & Conner, 2009; Sherman, 1980; Spangenberg & Sprott, 2006).

Chapter 2

LITERATURE REVIEW

2.1 Mere-Measurement Effect in Health Behavior Domain

In the context of health, Godin et al. (2008) showed that participants who expressed their attitudes and intentions about blood donation made more registrations at a blood drive later on than those who did not express their attitudes and intentions.

Sandberg and Conner (2009) found similar results for cervical screening. Participants who completed a survey about their intentions, attitudes and other cognitions regarding cervical screening showed higher attendance rates to screening appointments than participants who did not complete the survey. In another study, Conner and colleagues (2011) replicated the effect for getting vaccination and check-up adherence.

Cox and colleagues (2012) further demonstrated how making self-predictions increased vaccination acceptance for patients who perceive high barriers against target behavior. Additionally, Van Dongen, Abraham, Ruiter, and Veldhuizen (2013) showed that participants who received and returned a questionnaire about blood donation were more likely to donate blood than participants who did not receive the questionnaire. More recently, Wood, Conner, Sandberg, Godin, and Sheeran (2014) showed that when participants reported their intentions to eat healthy foods, they were more likely to choose a healthy snack compared to participants who did not report their intentions.

Despite previous research verifying the effect across different health behaviors, it could not be reliably replicated in some contexts. Godin et al. (2010), for instance, could not detect the effect for blood donation behavior. In their study, participants who reported their future blood donation intentions were not different from the control group with regards to registration rates to blood drives. Similarly, Ayres et al. (2013) demonstrated that completing

a questionnaire about diet, did not increase the rates of obtaining a health plan for participants with elevated serum cholesterol levels.

Indeed a recent meta-analysis focusing on different health behaviors verified that behavioral changes caused by mere-measurement were at best small (Mankarious & Kothe, 2014). Another meta-analysis focusing on health behaviors verified the small magnitude of the effect and added that the small effect size may be overestimated due to risk of bias within studies and publication bias (Rodrigues, O'Brien, French, Glidewell, & Sniehotta, 2015).

Finding an overall small effect with some inconsistencies across studies could be regarded as a call for further investigation of moderators of mere-measurement. Thus, the goal of the present study was to contribute to the literature by examining the relevance of possible moderators of the effect. In particular, we focus on meta-cognitive processes that presumably take place at the time of making a judgment about future behaviors.

2.2 Meta-Cognitive Processes

According to the self-validation paradigm, one of the factors that affect the likelihood of performing a behavior is the degree of confidence people have in their thoughts about the behavior (Brinol & Petty, 2004; Olson & Stone, 2005; Petty, Brinol, & Tormala, 2002). Thus, in the present context, when asked to state their predictions or intentions about a target behavior, the degree of confidence people have in these predictions or intentions can make a difference. Especially for challenging health behaviors that have a higher chance of invoking fear such as vaccination, blood donation, and cervical screening, these meta-cognitive processes might be even more vital. Hence, one of the goals of the present study was to explore this possibility in the present context for the first time. We reasoned that bolstering people's confidence in their predictions could increase the magnitude of the mere-measurement effect.

2.3 Moderators and Correlates of Meta-Cognitive Processes

Various factors can influence the level of confidence people have in their cognitions and evaluations. For instance, people's perceptions of their control over the behavior or their perceptions of the social norms can affect the degree of confidence they have in their predicted actions (Conner et al., 2011; Sprott, Spangenberg, & Fisher, 2003).

Similarly, whether or not people have past experience with the behavior can make a difference. Morwitz, Johnson, and Schmittlein (1993), for instance, demonstrated that participants who had no experience with the products mentioned in a description were found to be more affected by the mere-measurement effect as they had higher rates of purchase after the intent question. In line with this, Fitzsimons and Morwitz (1996) found that after individuals were asked about their purchase intentions, current car owners were more likely to repurchase their current brand whereas first time car buyers were more likely to purchase brands that hold higher market shares.

Anticipation of negative consequences for not performing intended behavior can also affect the confidence level that people have in their predictions. In a series of studies, Sandberg and Conner (2009, 2011) demonstrated that when participants were asked additional questions about whether they would regret not performing the target behavior, they were more likely to perform that behavior, compared to participants who only completed a questionnaire on cognitions regarding the behavior.

In conclusion, there is some extant evidence linking meta-cognitive processes to the mere-measurement phenomenon. Thus, factors that increase confidence in thoughts and predictions can be expected to lead to stronger mere-measurement effects and factors that decrease confidence can be expected to lead to weak mere-measurement effects—possibilities tested for the first time in the present study.

Chapter 3

PRESENT STUDY

In the present study, people were asked to indicate their willingness to make a donation in the next coming blood drive on campus (Mere-Measurement condition). After stating their intentions, some of these participants received additional information and questions designed to increase or decrease their level of confidence in their blood donation behavior (Self-Validation and Self-Doubt conditions, respectively). In about ten days, opportunity for actual donation behavior was provided through the blood drive, which was announced to everyone on campus via e-mail. Two weeks after the departure of the blood drive, self-reported donation behavior was assessed with a follow-up questionnaire. Participants in the control condition did not respond to questions about blood donation, but about exercising regularly.

More important than showing the main effect of mere-measurement, the purpose of this research was to examine the role of meta-cognitive processes as a moderator of the mere-measurement effect. With increased levels of confidence in their intended actions, participants were expected to engage in the target behavior. However, when participants' level of confidence has been undermined, they were expected to fail at performing the intended behavior. Given the focus on meta-cognitive processes, relevant individual difference variables such as preference for consistency, self-concept clarity, and self-doubt were measured as control variables.

Chapter 4

METHOD

4.1 Participants

A total of 361 university students (M_{age} = 22.53, SD_{age} = 3.06; 69% female) participated in the study in exchange for a chance to win a shopping check that can be used in a local bookstore. [1] Each participant was randomly assigned to one of the four conditions (Mere-Measurement; Control; Self-Validation; Self-Doubt).

4.2 Procedure

The study consisted of two sessions. In the first session, participants were directed to a web-based survey. All of the participants completed a set of individual difference measures including self-concept clarity, preference for consistency, and self-doubt.

Participants in each experimental condition (Mere-Measurement, Self-Validation, Self-Doubt) additionally answered questions regarding blood donation—typically measured within the theory of planned behavior framework (Fishbein & Ajzen, 2010) as well as other factors such as self-efficacy and fears regarding blood donation. Additionally, participants indicated their intention to donate blood in the blood drive which was scheduled to arrive on campus within the semester. Participants in the control condition answered similar questions for a different behavior (i.e. exercising regularly).

After completing blood donation questionnaire, participants in each meta-cognition condition received additional questions designed to increase or decrease their level of confidence in their predicted behaviors— self-validation and self-doubt conditions respectively. Participants in these meta-cognition conditions were given information about

[1] The invitation to participate in the study was sent approximately to 5.000 people via email. Of 435 participants who completed the first session of the study, 361 participants completed the follow-up and hence constituted the present sample.

previous intended blood donation behaviors of other individuals and additionally asked two confidence questions related to their future behavior. Finally, participants in all four conditions completed a measure of demographics, which included questions on gender, age, and major.

After the departure of blood drive from campus, participants were invited to the second session of the study to complete a brief follow-up questionnaire. First they answered questions regarding their blood donation and exercising behaviors. Then, using the same question structure from the first session of the study, they indicated their blood donation intentions for the following six months.

4.3 Materials

Participants in the experimental conditions reported the following cognitions and evaluations about blood donation, along five-point rating scales. Participants in the control condition received equivalent questions on exercising behavior.

4.3.1 Intention. Intentions to donate blood in the blood drive were assessed with three items adapted from Armitage and Conner (2001). Specifically, participants indicated whether they intend to, and want to donate their blood in the blood drive which will come to campus. Additionally, they indicated their probability of donating blood in the blood drive ($\alpha = .90$).

4.3.2 Attitudes. Attitudes toward donating blood in the blood drive were measured with four items ($\alpha = .92$; adapted from Armitage & Conner, 2001; Conner, Godin, Sheeran, & Germain, 2013; Godin et al., 2005). Specifically participants indicated their attitudes towards donating blood along semantic differential anchors such as "very bad-very good", "very unpleasant-very pleasant", and "very negative-very positive".

4.3.3 Norms. Normative considerations tapping on subjective norms, descriptive norms, moral norms and injunctive norms were measured with six items ($\alpha = .75$) such as,

“The people who are most important to me think I should give blood in the blood drive”, “My personal values encourage me to give blood”, “A lot of the people I know give blood”.

4.3.4 Perceived behavioral control. Perceived behavioral control was assessed with three items taken from Godin et al. (2005). For instance; “I am confident that I can overcome the obstacles that could prevent me from giving blood” ($\alpha = .83$).

4.3.5 Self-efficacy. Self-efficacy regarding the blood donation behavior was assessed with three items such as, “If I wanted to donate blood, I could easily do so in the next months” and “If I wanted to donate blood, I could cope with any tension or nervousness associated with blood donation” ($\alpha = .78$; adapted from Armitage & Conner, 2001; Lemmens et al. 2009).

4.3.6. Fears regarding blood donation. Fears regarding blood donation was assessed with five items such as, "I’m afraid of needles" and “I am concerned that I could contract an infectious disease while donating” ($\alpha = .66$; adapted from Hupfer, Taylor, & Letwin., 2005; James, Schreiber, Hillyer, & Shaz, 2013; Martin-Santana & Beerli-Palacio, 2013).

Participants in all of the experimental conditions completed these measures. In addition to these measures, participants in self-validation and self-doubt conditions received a specific manipulation designed to change their degree of confidence.

4.3.7. The degree of confidence manipulation. To induce a difference in confidence levels regarding expressed intentions, a short passage about other individuals’ past experiences were presented. To increase the level of confidence, some of the participants read how 90% of individuals went through with their intention to donate blood and found the process to be easy. This information was expected to boost their confidence by showing participants that others could follow through their intended actions. To decrease the level of confidence, other participants read how 90% of individuals could not go through with their intention to donate blood and found the process to be hard. The negative version of the

passage was expected to undermine participants' confidence by showing how others failed to follow their intended actions.

After reading the passage, participants in both conditions answered if they think they could go through with their intended decision about blood donation, and if they were confident that they can go through with their intended behavior (r = .84).

4.3.8 Follow-up. After the departure of blood drive participants in all conditions received the follow-up questionnaire designed to get self-reported measure of the blood donation behavior. Specifically, participants were asked if they applied for blood donation; either in the blood drive that came to campus or elsewhere. Participants also indicated their intention to donate blood in the next six months (α = .90).

4.3.9. Individual difference variables related to meta-cognitive processes. Besides all these measures related to blood donation, individual difference variables related to meta-cognitive processes were measured as control variables in the first session.

4.3.9.1 Self-concept clarity. Self-concept clarity was measured with Campbell et al.'s (1996) 12-item scale (α = .87), which contains items such as "My beliefs about myself often conflict with one another," "On one day I might have one opinion of myself and on another day I might have a different opinion," "I spend a lot of time wondering about what kind of person I really am."

4.3.9.2 Self-doubt. In order to measure the general state of self-doubt, a 10-item measure (α =.84) was constructed by selecting items from the following two scales: *Self-Doubt Subscale* (Oleson, Poehlmann, Yost, Lynch, & Arkin, 2000); *Judgmental Self-Doubt Scale* (Mirels, Greblo, & Dean, 2002). Sample items included "More often than not I feel unsure of my abilities.", "I have a tendency to change my mind according to the last opinion I hear."

4.3.9.3 Preference for consistency. Preference for consistency was assessed with eight items (α =.79; Cialdini, Trost, & Newsom, 1995) such as the following: “I’m uncomfortable holding two beliefs that are inconsistent” and “I typically prefer to do things the same way.”

Chapter 5

RESULTS

5.1 Descriptive Analysis

In terms of the theory of planned behavior (TPB) variables, participants who dropped out after the first session and participants who completed the study were similar to each other.[2] Out of 361 participants who completed the study, only 36 of them (10%) reported applying for blood donation and 26 of these participants (72%) were female. Conditions did not differ in age ($F(3, 357) = 1.37$, $p > .25$).

Although participants in this sample had very favorable attitudes toward donation ($M = 4.01$, $SD = 0.97$), intentions to donate were not very strong ($M = 3.33$, $SD = 1.13$). As expected, all planned behavior variables were found to be positively correlated with each other (See Table 1), In particular, intentions were most strongly related to perceived behavioral control ($r = .81$, $p < .001$) and self-efficacy ($r = .75$, $p < .001$). Perceived behavioral control (PBC) and self-efficacy were strongly correlated ($r = .84$, $p < .001$). Therefore, further analyses were conducted by using the combined version of PBC and self-efficacy, named as control perceptions. Out of all planned behavior variables, norms were the most weakly related one to intentions ($r = .46$, $p < .001$). Furthermore, fear was negatively associated with all of the planned behavior variables, including intentions ($r = -.51$, $p < .001$).

5.2 TPB variables and Intention

Next, regression analysis was used to test if planned behavior variables (attitudes, norms, control perception) significantly predicted intentions to donate blood.

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[2] Age was found to be significantly different between participants who dropped out ($M = 21.55$, $SD = 2.09$) and who continued ($M = 22.38$, $SD = 2.92$; $F(1, 325) = 3.73$, $p < .05$). Also a marginal difference was observed for fear ($F(1, 325) = 3.56$, $p < .06$). Participants who completed the study ($M = 2.48$, $SD = 0.78$) had higher levels of fear than drop outs ($M = 2.26$, $SD = 0.67$).

Table 1.

Descriptive results and Correlations between variables

Variable	Mean	SD	Intention	Attitude	Norm	PBC	Self-efficacy	Control perception	Fear
Intention	3.33	1.13	1						
Attitude	4.01	0.97	.70*	1					
Norm	3.80	0.61	.46*	.45*	1				
PBC	3.40	0.96	.81*	.61*	.37*	1			
Self-efficacy	3.60	0.92	.75*	.57*	.36*	.84*	1		
Control perception	3.50	0.90	.81*	.62*	.38*	.96*	.96*	1	
Fear	2.48	0.79	−.51*	−.36*	−.30*	−.59*	−.60*	−.62*	1

Note. * $p < .01$

The results of the regression indicated the three predictors explained 73% of the variance ($R^2 = .73$, $F(3,273) = 246.62$, $p < .001$). It was found that attitude significantly predicted intention to donate ($\beta = .28$, $t(273) = 6.67$, $p < .001$), as did norms ($\beta = .10$, $t(273) = 2.88$, $p < .005$) and control perceptions ($\beta = .60$, $t(273) = 14.84$, $p < .001$). Multicollinearity was not a problem for this analysis; all VIF scores were below two.

5.3 Intention and Donation

Logistic regression analysis showed that with increasing intention to donate, participants also showed increased donation application rates (Odds ratio [OR] = 3.64, 95% CI [2.11, 6.27], $p < .001$).

For descriptive purposes, participants' intentions to donate were grouped into three levels. A crosstab analyses with this measure showed that with higher levels of intentions, participants also reported higher levels of donation behavior. While at the lowest level of intention, only three out of 93 (3%) of participants reported blood donation behavior, at the

moderate levels of intention, the number of participants engaging in donation behavior increased to six out of 109 (5%). When participants had the highest level of intention, 22 out of 75 (29%) reported donating blood.

As these analysis demonstrated, there is a very strong relation between intentions and donation behavior. However, at low levels of intention very few participants engaged in blood donation behavior. Considering that this divergence would make observation of intervention effects harder, before proceeding to hypothesis testing, participants who had intentions equal and lower than two on a five-point scale (n = 55) were excluded from the analysis and further analyses were conducted with 306 participants. Out of the remaining 306, only 34 (11%) reported applying for blood donation.

5.4 Hypothesis Testing

We expected that blood donation would be more likely among participants who were asked about their blood donation intentions about ten days before the opportunity to donate was presented. Furthermore, we expected blood donation behavior to be bolstered when participants read a passage designed to increase their level of confidence, by informing them how 90% of individuals in the past acted out their favorable intentions and found the process easy. In contrast, we expected the mere measurement-effect to be weakened when people's confidence was undermined upon receiving information about how 90% of individuals could not act out their favorable intentions and found the process hard.

In order to investigate donation behavior, cross-tab analyses concerning conditions and donation behavior were conducted. In the control condition, only five out of 84 (6%) participants reported donating blood. In mere-measurement condition a slight increase was observed, with six out of 69 (9%) indicating blood donation behavior. This difference was not significant (d = 0.20, 95% CI [−0.40, 0.80]). However, an important leap was found for the meta-cognition conditions. As expected, participants in the self-validation condition donated

blood to a greater extent (16%) than participants in the control condition (6%; d = 0.58, 95% CI [0.03, 1.13]). Furthermore, donation rate for the self-validation group was almost double the rate observed in the mere-measurement condition (d = 0.38, 95% CI [−0.16, 0.93]).

Surprisingly, donation rate was high in the other meta-cognition condition as well: 11 out of 80 (14%) participants in the self-doubt condition indicated donating blood. This rate was marginally different from the rate observed in the control condition (14 vs. 6%; d = 0.47, 95% CI [−0.08, 1.02]). Taken together, donation rate observed in the meta-cognition conditions (self-validation and self-doubt) was significantly higher than the rate observed in the control condition (d = 0.52, 95% CI [0.03, 1.01]) and marginally higher than the rate observed in the mere-measurement condition (d = 0.32, 95% CI [−0.16, 0.81]). [3] (See Table 2)

Thus, merely responding to questions about future behavior or indicating intentions was not sufficient enough to trigger behavior in this study (Ayres et al., 2013; Godin et al., 2010). As expected, however, providing people an extra opportunity to reflect on their level of confidence made a difference and increased their likelihood of performing the behavior.
In line with these results, demonstrating the importance of meta-cognitive processes in this context is the main contribution of current research.

[3] In order to eliminate other explanations and demonstrate there were no differences between experimental groups, comparisons between conditions were conducted. There were no differences between groups, regarding TPB variables (attitudes towards blood donation; $F(2,219) = 0.61$, $p > .54$, norms; $F(2,219) = 0.96$, $p > .38$, control perception; $F(2,219) = 0.98$, $p > .37$, intention to donate; $F(2,219) = 0.69$, $p > .50$) and although there was a marginal difference regarding fear ($F(2,219) = 2.58$, $p > .07$), post hoc tests showed no significant difference between groups.

Table 2.

Blood Donation Behavior across Conditions

Condition	N	Intention	Donation (%)
Control	84	–	5.95
Mere-measurement	69	M = 3.67 SD = 0.77	8.70
Self-validation	73	M = 3.74 SD = 0.79	16.44
Self-doubt	80	M = 3.82 SD = 0.82	13.75
Between		$F(2,219) = 0.69$, $p > .50$	

One surprising finding is the increase in blood donation behavior observed in the self-doubt condition. A possible explanation for this unexpected outcome might be the difference in interpretation. When participants received normative information about how others failed to act on their intentions, we expected them to be less likely to engage in donation behavior as their confidence would be undermined by others' failure. However, learning how other people failed can also be interpreted as a challenge, and as they further ruminated over whether or not they can succeed, participants may have concluded that even though others failed, they can act out their favorable intentions.

To further investigate this surprising result, control perceptions and confidence levels of self-validation and self-doubt conditions were checked. As expected, no difference was found between control perceptions ($F(1,151) = 0.38$, $p > .50$), demonstrating that at pre-manipulation both self-validation and self-doubt conditions had similar perceptions regarding their ability to control their actions. Furthermore, no difference was found between post-manipulation confidence levels ($F(1,151) = 0.43$, $p > .51$), supporting the conclusion that self-doubt manipulation did not lower participants' confidence level and both meta-cognition

manipulations regarding confidence only caused participants to reflect further upon their future behavior.

5.5 Supplementary Analyses with Individual Difference Variables

Current study focuses on how meta-cognitive processes affect engagement in future behavior. Therefore, it was necessary to examine the relevance of certain individual difference variables potentially related to meta-cognitive processes. However, due to sample limitations the relation between individual difference variables and meta-cognitive processes could not be investigated. Therefore, we examined the relationship between these individual difference variables and intentions to donate. Specifically, we wanted to examine the strength of the relationship between preference for consistency (PFC), self-doubt (SD), and self-concept clarity (SCC) and intention to donate blood. None of these variables correlated with intentions, (rs < .10 for all variables).

Next, we examined whether these individual differences could account for those who indicate strong intentions to donate but do not follow up their intentions; in other words those who do not enact on their strong favorable intentions. For instance, people with low PFC may not follow up their intentions even if these intentions may be strong. Similarly, people with a high level of SD or low level of SCC, may fail to follow their strong intentions to donate.

To examine these possibilities, participants who indicated strong intentions to donate ($M_{\text{int}} \geq 4$) were chosen. Of these 121 participants, only 27 (22%) made a donation. Thus, even among participants with strong intentions there was a large discrepancy between donation intentions and donation behavior. To examine if individual difference variables were different across participants who applied and not applied for donation, a MANOVA was conducted with individual difference variables as dependent variables. No difference was found between participants who applied or did not apply for blood donation regarding PFC ($F(1,119) = 0.10$, $p > .74$) , SD ($F(1,119) = 0.00$, $p > .94$) and SCC ($F(1,119) = 1.05$, $p > .30$), demonstrating

that these individual difference variables were not related to the discrepancy between intentions and behavior.

Chapter 6

DISCUSSION

The goal of current research was to contribute to the mere-measurement literature by introducing meta-cognitive processes as a novel moderator of the effect. As participants' level of confidence in their future behavior was manipulated, increased level of confidence in intended actions was expected to lead to higher levels of engagement in blood donation behavior, whereas when participants' level of confidence was undermined, participants were expected to fail at performing the target behavior. The results showed, as expected, that providing self-validating information increased donation behavior; but trying to undermine people's confidence did not have the opposite effect. On the contrary, participants in both conditions donated more than those who were in the mere-measurement condition.

Initial conclusion that can be drawn from these results is, self-doubt manipulation failed to undermine participants' level of confidence. Considering no difference was found between confidence levels of self-doubt and self-validation conditions, this conclusion is plausible. However, even though confidence manipulations did not create a difference between self-doubt and self-validation conditions, results still show the importance of examining meta-cognitive processes as a moderator of mere-measurement effect.

The reason why both meta-cognition conditions were effective in increasing blood donation behavior could be because they encouraged participants to reflect more on their future behavior. In each meta-cognition condition, we first presented normative information to be evaluated, and then asked two extra questions about how confident participants feel about their intended actions. This information and questions might have evoked deeper processing or elaboration over the behavior (e.g., leading them to analyze the information with regards to their previous experiences and subsequently directing them to generate new implications about their actions; Petty, Cacioppo, Strathman, & Priester, 2005). At each step, as

participants compared their situation to other individuals, we compelled them to further reflect on their intentions, level of confidence, ability and motivation to carry out their predicted actions. This deeper processing might have increased their commitment to the intended behavior.

For participants in the self-validation condition this process might have been easier as they received information about how others succeeded. Participants in the self-doubt condition who received information about how others failed to perform the behavior, however, might have perceived this feedback as a challenge. Specifically, a person who indicates a strong intention to donate may not necessarily get demotivated by information about how others had difficulty performing the behavior in the past. On the contrary, such information might have increased people's determination and motivation to donate. Several participants in the self-doubt condition might have concluded that they can overcome this challenge. In both conditions, engaging in meta-cognitive activities and further thinking about intended actions seems to strengthen participants' resolve to carry out their intentions, thus increases donation behavior compared to mere-measurement effect.

Another reason why donation likelihood was stronger in the meta-cognition conditions could be because of the increased length of the survey. In the mere-measurement condition, participants not only indicated their intentions to donate but answered 19 other questions related to blood donation. Despite the long and comprehensive structure of mere-measurement questionnaire, the increase in donation behavior was strongly observed when confidence manipulation was added on donation questionnaire. Considering how both meta-cognition conditions have the same length and layout, the combined number of questions might have led to similar higher percentages in blood donation, compared to the mere-measurement condition. As previously mentioned by Godin et al. (2008), the minimum number of items necessary to observe the mere-measurement effect is still unclear. Although

a recent meta-analysis (Rodrigues et al., 2015) found no difference between intensive or non-intensive measurement of mere-measurement, further research is needed on this question.

Considering how meta-cognitive processes strengthened the effect of mere-measurement by providing normative information, future research can further focus on another aspect of meta-cognition: different time periods. As Zauberman and Lynch (2005) have shown with their concept of 'time slack', people can be quite optimistic about the actions that are in distant future. This phenomenon can demonstrate interesting results as extend of time has been shown to be quite controversial in mere-measurement literature.

Apart from introducing meta-cognitive processes as a moderator of mere-measurement, present study aimed to contribute to the literature by investigating individual difference variables that are related to meta-cognitive processes. However, due to small percentage of donation behavior, the effect of individual difference variables on meta-cognition conditions could not be examined. Further research on this question is still needed.

As another goal, the relevance of these individual difference variables to the question of intention-behavior gap was examined to the extent that the data permitted. Previously, individual difference variables such as; conscientiousness, willpower, perceived behavioral control and executive control abilities were found to account for intention-behavior gap in various behavior contexts (Allan, Johnston, & Campbell, 2011; Fitch & Ravlin, 2005; Hall, Fong, Epp, & Elias, 2008; Rhodes, Courneya, & Hayduk, 2002). However, results from the current study did not show any effect of individual difference variables on intention strength or intention-behavior relation. One possible explanation of these null results might be the nature of the behavior, as blood donation can be regarded as a challenging, demanding, and anxiety inducing behavior. Thus, further research focusing on different behaviors is still needed, as individual difference variables used in the present study might have worked better for another behavior.

6.1 Limitations

One of the limitations of the current study was its reliance on self-report for blood donation behavior. Although self-reports may not be reliable for socially-desirable behaviors (Stone et al., 2000), as in the case of blood donation, one would still expect participants who claimed to donate for social desirability purposes to be randomly distributed across experimental conditions .Thus, the fact that donation behavior was self-reported cannot constitute an alternative explanation to the difference observed between the traditional mere-measurement condition and the meta-cognition measurement conditions.

Another limitation of the study was the low percentage of blood donation behavior. With only 10% of the sample engaged in donation behavior, previously planned investigations regarding individual difference variables and meta-cognition conditions could not be conducted. As a future direction, either a larger sample or a sample with higher likelihood of donation is needed to explore these interactions involving individual differences.

6.2 Conclusion

Even when people have favorable attitudes towards blood donation they do not always act accordingly (Boulware et al., 2002; Cioffi & Gamer, 1998; Davey, 2004; Héma-Québec, 2003; World Health Organization, 2007). As shown, only a small number of people carried out their intentions to donate blood. Against this discrepancy between intentions and behavior, mere-measurement effect on its own was not enough to motivate people to perform the behavior (Ayres et al., 2013; Godin et al., 2010).

The novelty as well as the main contribution of the current study is its proposition of meta-cognitive processes as an alternative way to strengthen the mere-measurement effect. By demonstrating that participants showed increased levels of engagement in blood donation behavior after a meta-cognition manipulation, current research presented a cost effective way to increase blood donation. Furthermore, it illustrated that people’s decisions to perform a

behavior can be affected when they are urged to further think about their intentions, level of confidence and ability regarding their future behavior. Future research should expand on the strength of meta-cognition by testing it on different target behaviors, by manipulating the length of the survey and by focusing on different aspects of meta-cognitive processes.

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Appendix A

Consent Form

AYDINLATILMIŞ ONAM FORMU

Koç Üniversitesi Yard. Doç. Dr. öğretim üyesi G. Tarcan Kumkale ve eğitim-öğretim görevlisi Aylin Uzun tarafından sağlık davranışları konusunda yürütülen araştırmaya katılımınız rica olunmaktadır. Bu çalışmaya 18 ve 18 yaş üzerindeki kişiler katılabilir ve katılımınız tamamen gönüllülük esasına dayanır. Lütfen aşağıdaki bilgileri okuyunuz ve katılmaya karar vermeden önce anlamadığınız her hangi bir şey varsa çekinmeden sorunuz.

Araştırmanın Adı: Sağlık Davranışları Araştırması

Araştırmanın amacı: Bu çalışma çeşitli sağlık davranışları ve genel tutumlar hakkında bilgi toplamak amacıyla yapılmaktadır. Çalışmada toplanan tüm bilgiler, sağlık davranışları bağlamında incelenecektir.

Prosedürler: Bu çalışma **iki kısa etaptan** oluşmaktadır. İlk etabın tamamlanmasının ardından 1 ay dolmadan ikinci etabın soruları e-posta yoluyla size ulaştırılacaktır.
Bu çalışmaya gönüllü katılmak istemeniz halinde, sizden çeşitli sağlık davranışları hakkındaki görüşleriniz ve yaşama dair genel tutumlarınız hakkında sorular cevaplamanız istenecektir. Sorduğumuz soruların doğru ya da yanlış cevabı yoktur; sadece vereceğiniz samimi ve kişisel cevaplarınızı öğrenmek istiyoruz.

Araştırma süresi: Araştırmanın **her iki etabının da 5-10 dakika** sürmesi beklenmektedir.

Araştırmanın olası yarar ve zararları/riskleri: Katılımcılar katılımları karşılığında Pandora Kitabevi'nden her biri 100TLlik 5 tane alış-veriş çekinden birini kazanmaya hak kazanacaklardır. Çekiliş çalışma bittikten sonra yapılıp, kazananlar e-posta yolu ile bilgilendirileceklerdir. Bu araştırmaya katılmak hiçbir zarar içermemektedir.

Araştırmanın topluma ve/veya deneklere olası faydaları: Bu çalışma çeşitli sağlık davranışları ve genel tutumlar hakkında bilgi toplamak amacıyla yapılmaktadır. Elde edilen bilgiler ışığında toplumdaki sağlık tutumlarının ve durumlarının değişmesine yönelik adımlar atılması olasıdır.

Gizlilik İlkesi: Bu çalışmayla bağlantılı olarak elde edilen ve sizinle özdeşleşmiş her bilgi gizli kalacak, üçüncü kişilerle paylaşılmayacak ve yalnızca sizin izniniz veya kanunun gerektirdiği ölçüde ifşa edilecektir. Gizlilik tanımlanmış bir kodlama prosedürüyle sağlanacak ve kod çözümüne erişim yalnızca çalışmanın sorumlusu araştırmacılarla sınırlı kalacaktır. Tüm veriler, sınırlı erişime sahip, güvenli ve şifreli kaynaklarda saklanacaktır.
Araştırma bittikten ve veriler analiz edildikten sonra, size ait verilerin olduğu tüm orijinal dosyalar ve dokümanlar imha edilecektir. Eğer bu araştırma bilimsel toplantılarda sunulur veya bilimsel makalelerde yayınlanırsa, kimliğiniz hiçbir şekilde ifşa edilmeyecektir.

Katılım ve Ayrılma: Bu çalışmanın içinde olmak isteyip istemediğinize tamamen bağımsız ve etki altında kalmadan karar verebilirsiniz. Bu çalışmaya gönüllü olarak katılmaya karar

vermeniz halinde dahi, sahip olduğunuz her hangi bir hakkı ve faydayı kaybetmeden veya herhangi bir cezaya maruz kalmadan istediğiniz zaman çekilebilirsiniz.

Eğer araştırma ile ilgili sorunuz olursa, bağlantı kurabileceğiniz yetkili kişi:
Aylin Uzun
Koç Üniversitesi, Psikoloji Bölümü, Rumelifeneri Yolu, 34450, Sarıyer, İstanbul
Email: aylinuzun@ku.edu.tr

Eğer bir araştırma katılımcısı olarak haklarınızla ilgili sorularınız varsa, bağlantı kurabileceğiniz yetkili kişi:
Pınar Yazıcı Yaman
KÜ İnsan Araştırmaları Etik Kurulu, Rumelifeneri Yolu, 34450, Sarıyer, İstanbul
Email: chr@ku.edu.tr

- ☐ Yukarıda açıklanan prosedürleri anladım. Sorularım tatmin olacağım şekilde yanıtlandı ve dilediğim zaman ayrılma hakkım saklı kalmak koşulu ile bu çalışmaya katılmayı onaylıyorum.

Appendix B

Individual Difference Variables related to Meta-Cognitive Processes

A. Self-Concept Clarity

Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Kendim hakkındaki inançlarımın birbiriyle çeliştiği oluyor.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

2. **Bir gün aklımda bir fikrim vardır ve diğer bir gün başka bir fikrim vardır.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

3. **Gerçekten ne çeşit bir insan olduğumu merak ederek çok fazla zaman harcarım.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

4. **Bazen gerçekten göründüğüm gibi bir insan olmadığımı hissediyorum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

5. **Geçmişte ne tip bir insan olduğumu düşündüğümde, gerçekten nasıl biri olduğumdan emin olamıyorum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

6. **Kişiliğimin değişik yönleri arasında çelişki yaşadığım oluyor.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

7. **Bazen diğer insanları kendimi tanıdığımdan daha iyi tanıyormuşum gibi hissediyorum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

8. **Kendi hakkımdaki düşüncelerim sıklıkla değişiyormuş gibi görünüyor.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

9. **Kişiliğimi tarif etmem istense, bir günü diğerine uymaz diye tarif edebilirim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*

1----------2----------3----------4----------5

10. Birine gerçekten nasıl biri olduğumu anlatırken zorlanırdım herhalde.

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

11. Genel anlamda kim olduğuma dair net bir fikrim var.

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

12. Birçok konuda aklımı netleştirmek benim için zor oluyor, çünkü gerçekten ne istediğimi bilmiyorum.

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

B. Self-Doubt

Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Çoğu zaman yapabileceklerimden/kabiliyetlerimden emin değilimdir.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

2. **Bazen önemli aktivitelerde başarılı olup olamayacağımı merak ederim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

3. **Önemli bir faaliyete başlarken genelde yeteneklerimden/kabiliyetlerimden eminimdir.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

4. **En son duyduğum fikre göre kendi düşüncelerimi değiştirme eğilimim vardır.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

5. **Bir karar verdikten sonra, o kararımın yanlış olup olmadığından endişe ederim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

6. **Genelde doğru kararı vermek konusunda kendime güvenmem.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

7. **Bir konu hakkında hangi tarafta yer alacağım konusunda sorun yaşama eğilimindeyimdir.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

8. **Hemen hemen her durumda doğru kararı verebileceğimden eminim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

9. **Keşke kendi fikirlerimden daha çok emin olabilseydim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

10. **Kendi fikirlerimden çok eminimdir.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

C. Preference for Consistency

Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Benim için davranışlarımın, fikirlerimle ve inançlarımla tutarlı olması önemlidir.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

2. **Tutarlı görünmek, çevreme yansıttığım imajın önemli bir parçasıdır.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

3. **Tutarsızmışım gibi görünmekten hoşlanmam.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

4. **Davranışlarımın fikirlerimle/inançlarımla çeliştiğini fark ettiğimde rahatsız olurum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

5. **Genelde bir şeyleri daha önce yaptığım şekilde yapmayı tercih ederim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

6. **Diğer kişilerin beni istikrarlı biri olarak görmeleri benim için önemlidir.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

7. **Çelişkili iki ayrı fikre/inanca sahip olmak beni rahatsız eder.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

8. **Davranışlarımın birbirleriyle tutarsız olması beni rahatsız etmez.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

Appendix C

Mere-Measurement Questionaire: Blood Donation Behavior

Daha önceki dönemlerden hatırlayabileceğiniz gibi, Koç Üniversitesi'ne sonbahar ve bahar olmak üzere her dönem kan bağış arabası gelmektedir.

Çalışmanın şimdiki bölümünde, bu dönem gelecek olan kan bağış arabasıyla ne derecede ilgilendiğinizi merak ediyoruz.

A. Attitudes

Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Okula gelecek olan kan bağış arabasında kan vermek, benim için…**

Oldukça kötü olurdu	*Kötü olurdu*	*Ne kötü, ne iyi olurdu*	*İyi olurdu*	*Oldukça iyi olurdu*
1	***2***	***3***	***4***	***5***

Hiç hoş olmazdı	*Hoş olmazdı*	*Ne hoş olurdu ne hoş olmazdı*	*Hoş olurdu*	*Oldukça hoş olurdu*
1	***2***	***3***	***4***	***5***

Oldukça olumsuz olurdu	*Olumsuz olurdu*	*Ne olumsuz, ne olumlu olurdu*	*Olumlu olurdu*	*Oldukça olumlu olurdu*
1	***2***	***3***	***4***	***5***

2. **Okula gelecek olan kan bağış arabasında kan vermeye karşı tutumum…**

Oldukça olumsuzdur	*Olumsuzdur*	*Ne olumlu, ne olumsuzdur*	*Olumludur*	*Oldukça olumludur*
1	***2***	***3***	***4***	***5***

B. Norms

A. Subjective Norm
Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Benim için önemli olan kişiler okula gelecek olan kan bağış arabasında kan vermem gerektiğini düşünür.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

B. Moral Norm
Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Kişisel değerlerim, kan vermek konusunda beni teşvik eder.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

C. Descriptive Norm

Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Kan bağışlayan birçok tanıdığım var.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

D. Injunctive Norm

Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Kan bağışı yapmak önemlidir.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

2. **Kan bağışı yapmak gereklidir.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

3. **Herkes düzenli olarak kan bağışı yapmalıdır.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

C. Perceived Behavioral Control

Aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Okula gelecek olan kan bağış arabasında kan verebileceğimi düşünüyorum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

2. **Kan vermemi engelleyebilecek sorunların üstesinden gelebileceğimden eminim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

3. **Benim için okula gelecek olan kan bağış arabasında kan vermek…**

Oldukça zor olacaktır	*Zor olacaktır*	*Ne zor, ne kolay olacaktır*	*Kolay olacaktır*	*Oldukça kolay olacaktır*
1	***2***	***3***	***4***	***5***

D. Self-Efficacy

Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Eğer kan bağışlamak istersem, okula gelecek olan kan bağış arabasında bunu rahatlıkla yapabilirim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

2. **Eğer kan bağışlamak istersem, kan bağışı ile ilgili her türlü gerginlik ve tedirginlik ile baş edebilirim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

3. **Okula gelecek olan kan bağış arabasında, kan bağışı yapabileceğinizden ne kadar eminsiniz?**

Hiç emin değilim	*Emin değilim*	*Ne eminim, ne emin değilim*	*Eminim*	*Kesinlikle eminim*
1	***2***	***3***	***4***	***5***

E. Fears regarding blood donation

Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **İğnelerden korkarım.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

2. **Kan görmekten hoşlanmam; tedirgin olurum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

3. **Kan bağışı sırasında bulaşıcı bir hastalık kapacağımdan korkuyorum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

4. **Kan bağış merkezine güveniyorum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

5. **Kan bağış merkezinden hoşlanmıyorum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

F. Intention

Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Okula gelecek olan kan bağış arabasında kan vermeye niyetliyim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

2. **Okula gelecek olan kan bağış arabasında kan vermek istiyorum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

Lütfen aşağıdaki ölçeği size uygun olan yüzdeye doğru kaydırarak soruyu cevaplayınız.

3. **Okula gelecek olan kan bağış arabasında kan verme olasılığınız (%) nedir?**

0-------10-------20-------30-------40-------50-------60-------70-------80-------90-------100

Appendix D

The Degree of Confidence Manipulation: Self-Validation

Daha önceki çalışmalarda insanların yüzde 90'ının kan bağışında bulunma kararlarını uyguladıkları görülmüş ve bu kişiler uygulama sürecini çok kolay bulduklarını belirtmişlerdir.

Biraz önceki sayfalarda kan bağışı hakkında verdiğiniz cevapları düşündüğünüzde…

1. **Kan bağışı hakkındaki kararımı yerine getirebileceğimi düşünüyorum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

2. **Kan bağışı hakkındaki kararımı yerine getirebileceğimden eminim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

Appendix E

The Degree of Confidence Manipulation: Self-Doubt

Daha önceki çalışmalarda insanların yüzde 90'ının kan bağışında bulunma kararlarını uygulayamadıkları görülmüş ve bu kişiler uygulama sürecini çok zor bulduklarını belirtmişlerdir.

Biraz önceki sayfalarda kan bağışı hakkında verdiğiniz cevapları düşündüğünüzde…

1. **Kan bağışı hakkındaki kararımı yerine getirebileceğimi düşünüyorum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

2. **Kan bağışı hakkındaki kararımı yerine getirebileceğimden eminim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

Appendix F

Demographic Information

Lütfen aşağıdaki bölümü doldurunuz.

Cinsiyetiniz: Kadın ☐ Erkek ☐

Doğum Yılınız: _____

Şu anda okumakta olduğunuz bölüm: _____

Lütfen aşağıdaki bölüme çekiliş sonuçlarını haber verebilmemiz için **KU e-posta adresi**nizi giriniz.

E-posta adresiniz (__@ku.edu.tr): _____

Appendix G

Follow-up

A. Consent Form

Merhaba,

Daha önce **Sağlık Davranışları Araştırması** çalışmamızın birinci bölümüne katılmıştınız.
Aynı çalışmanın devamı olarak size birkaç soru daha sormak istiyoruz.
Bu soruları yanıtlamanız **1 dakika**nızı alacaktır.

İkinci aşamayı da tamamladığınız takdirde **Pandora Kitabevi**'nden her biri **100TLlik 5 tane alış-veriş çeki**nden birini kazanmaya hak kazanacaksınız.

Çekiliş çalışma bittikten sonra yapılıp, kazananlar e-posta yolu ile bilgilendirileceklerdir.

Yardımınız ve ilginiz için çok teşekkür ederiz.

☐ Çalışmanın ikinci kısmına devam etmek istiyorum.

B. Behavior related questions

Lütfen aşağıdaki soruları yanıtlayınız.

1. **Bahar döneminde Koç Üniversitesi'ne gelen kan bağış arabasına, bağış yapmak amacıyla başvurdunuz mu?**
   Evet ☐ Hayır ☐

2. **Son 2-3 hafta içerisinde (Koç Üniversitesi'ne gelen kan bağış arabası dışında) başka bir merkeze kan bağışı yapmak amacıyla başvurdunuz mu?**
   Evet ☐ Hayır ☐

3. **Son 2-3 hafta içerisinde Koç Üniversitesi'nin spor merkezlerinde her hafta düzenli egzersiz yaptınız mı?**
   Evet ☐ Hayır ☐

4. **Son 2-3 hafta içerisinde (Koç Üniversitesi'nin spor merkezlerinin dışında) başka bir spor merkezinde ve/veya mekanda her hafta düzenli egzersiz yaptınız mı?**
   Evet ☐ Hayır ☐

C. Intention

Lütfen aşağıda verilen ifadelere ne derecede katıldığınızı belirtiniz.

1. **Önümüzdeki 6 ay içerisinde kan bağışı yapmaya niyetliyim.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

2. **Önümüzdeki 6 ay içerisinde kan bağışı yapmak istiyorum.**

Kesinlikle Katılmıyorum	*Katılmıyorum*	*Ne katılıyorum, ne katılmıyorum*	*Katılıyorum*	*Kesinlikle Katılıyorum*
1	***2***	***3***	***4***	***5***

Lütfen aşağıdaki ölçeği size uygun olan yüzdeye doğru kaydırarak soruyu cevaplayınız.

3. **Önümüzdeki 6 ay içerisinde kan bağışı yapma olasılığınız (%) nedir?**

0-------10-------20-------30-------40-------50-------60-------70-------80-------90-------100