

The Past Prosocial Behavior Scale: A Briefer, More Inclusive Measure

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ABSTRACT – Existing measures of past prosocial behavior include some items that are not available to all people (e.g., shoveling snow). The purpose of this investigation was to develop a brief, valid, and more broadly applicable measure of past prosocial behavior. A measure of prosocial behavioral intentions (Baumsteiger & Siegel, 2019) was modified to create the four-item past prosocial behavior scale (PPBS). Across three survey studies ($Ns = 119, 125,$ and 95), the PPBS was internally consistent, demonstrated initial convergent validity with theoretically related constructs (prosocial intentions, prosocial identity, prosocial agency, concern for others, social responsibility, empathy, meaning, life satisfaction, positive affect, negative affect, and social relatedness), and was strongly related to volunteering and organ donor status, thereby exhibiting initial evidence of concurrent validity. This measure could be useful for future studies on prosocial behavior.

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Prosocial, behavior; Past; Scale; Measure; Helping; Adults; Survey

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Introduction

When there is a natural disaster, a community dispute, or a person who needs a ride to work, who steps up to help? What kinds of strategies could parents, educators, policymakers, and organizations employ to encourage people to pitch in when help is needed? These questions require an understanding of prosocial behavior, which refers to actions intended to help others (Eisenberg & Fabes, 1998; Pfattheicher et al., 2022). In addition to benefiting those in need (e.g., Siegel et al., 2021), prosocial behavior strengthens interpersonal relationships and communities by fostering trust and social support among individuals (e.g., de Guzman et al., 2012; Szreter & Woolcock, 2004). Prosocial behavior also boosts psychological well-being for the people who perform prosocial behaviors (e.g., Lyubomirsky et al., 2005; Martela & Ryan, 2016; Van Tongeren et al., 2016), particularly through the satisfaction of autonomy, competence, and social relatedness needs (Chen, 2024). Due to the many benefits of prosocial behavior, there are extensive efforts to promote it. For example, character development programs aim to foster prosociality among children and adolescents in educational systems by scaffolding cognitive abilities such as perspective taking and providing opportunities for young people to serve others in their communities (Berkowitz et al., 2017). Similarly, organizational psychologists seek to increase prosocial behaviors in the workplace by promoting leader supportiveness (Wang et al.,

2021). Social psychologists have also investigated strategies to encourage specific prosocial behaviors such as mentoring (Thomson et al., 2014) and organ donation (e.g., Siegel et al., 2021) that are critical for both individuals and societies to thrive. Given the value of prosocial behavior and the current interest in fostering it, it is critical to assess it accurately.

Strategies for Assessing Prosocial Behavior

One approach to assessing prosocial behavior is to directly observe specific actions such as helping someone who fell to get back up. Unfortunately, direct measures are not always feasible. A second strategy is to administer a self-report measure that asks people to rate how frequently they engaged in a variety of prosocial behaviors in the past (e.g., Penner, 2002; Rushton et al., 1981). Measuring previous behavior can contribute insight into a person's overall prosocial tendencies, which can be used to trace developmental processes (e.g., Eisenberg et al., 2015), to evaluate the efficacy of interventions aimed at promoting prosocial behavior (e.g., Thomson et al., 2014), and to predict future behavior (Ouellette & Wood, 1998). Furthermore, using a survey approach enables researchers to amass information on a wide array of behaviors quickly and cheaply (Paulhus & Vazire, 2007), which makes it possible to include prosocial behavior in a larger number of studies.

There are two prominent self-report measures of past prosocial behavior that are used regularly in the field. First, the self-reported altruism subscale of the Prosocial Personality Battery (Penner, 2002) assesses the frequency of previous prosocial behavior. Respondents are asked to report how often they have carried out five helping behaviors in the past. Items include actions such as, "I have helped carry a stranger's belongings" and "I have let a neighbor whom I didn't know too well borrow an item of some value (e.g., tools, a dish, etc.)." This subscale exhibits adequate internal consistency ($\alpha = .73$). A second measure is the self-report altruism scale (Rushton et al., 1981), which asks respondents to report how often they helped strangers in 20 ways. Each item is rated on a 6-point Likert scale from 0 (*Never*) to 5 (*Often*). This scale is internally consistent ($\alpha = .78-.87$), is positively correlated with peer ratings of altruism, organ donor status, and prosocial orientation; and is not conflated with the "Big Five" personality traits (Rushton et al., 1981).

Although these measures are validated and have been used across multiple studies, they contain items that are not available to all people. For instance, two of the five items in Penner and colleagues' scale (2002) relate to helping other people physically (carrying a stranger's belongings and offering to help an elderly or handicapped person cross the street). People who are frail, disabled, or injured are likely to score lower than other people on these items. Similarly, people who complete Rushton and colleagues' measure (1981) might score lower on items such as, "I have donated blood" because health reasons prevent them from doing it; "I have helped push a stranger's car out of the snow" if it does not snow where they reside; and "Giving up one's seat on the bus" because they do not ride buses often or because they are not physically capable of standing for long periods of time. Assessing prosociality based on behaviors that are not available to everyone could distort composite scores based on factors such as physical health, geographical residence, or religious involvement, which are unrelated to people's underlying prosociality. Developing items that are more inclusive is especially important for research on diverse populations differing in identity, health, language, and opportunity structures (e.g., Alonso-Martínez et al., 2024).

Baumsteiger and Siegel (2019) conducted two studies to identify prosocial behaviors that are relevant for most U.S. adults and account for interpersonal variance in prosociality. They gathered items from existing measures and qualitative data about people's past and future prosocial behavior. Next, they asked people ($n = 319$) to indicate how likely they would be to enact each behavior in the future. They used a factor analysis to condense this list to the most common and representative items for assessing prosocial intentions. In two additional validation studies ($n = 247, 147$), they found that the new measure demonstrated good internal consistency ($\alpha = .80, .82$); convergent validity with moral identity ($r = .50, .55$), past prosocial behavior ($r = .52, .51$), and materialism ($r = -.25, -.25$); and predicted who answered additional questions for no payment. Given that the four actions included in

this measure are common, generalizable prosocial behaviors that people could enact in the future (e.g., comforting someone), it is likely that these actions could also represent the overall variance of reported past prosocial behavior. The present studies tested this question empirically.

Present Studies

The purpose of this investigation was to evaluate the psychometric properties of a new past prosocial behavior scale that is briefer than previous measures and includes items that are more inclusive for U.S. adults based on ability status and geographic location. Three surveys were used to assess (a) internal validity across three samples; (b) convergent validity based on the extent to which the past prosocial behavior scale was related to measures of prosocial intentions (Studies 1 and 2), other facets of prosociality (e.g., empathy, social responsibility; Study 1), dimensions of well-being (e.g., life satisfaction, positive affect, meaning; Studies 1 and 3), and social relatedness (Study 3); and, (c) concurrent validity based on the new measure's relation to current prosocial behaviors (volunteering and organ donation; Study 2). The procedures of these studies were reviewed and approved by the Claremont Graduate University Institutional Review Board (Protocol #2662), and approved procedures were followed. Research materials and data for all studies are publicly available at https://osf.io/8n4qw/overview?view_only=585da81b42d941b388afd95a23ef7df6.

Study 1

The goal of this study was to test the validity of the new past prosocial behavior scale (PPBS) by assessing its internal consistency and convergent validity. Because the PPBS contains the same items as the PBIS, which had items load onto one factor and exhibited good internal consistency (Baumsteiger & Siegel, 2019), it was hypothesized that the PPBS items would also load onto one factor and that the PPBS would be internally consistent ($\alpha > .70$) and have a moderate positive correlation with the PBIS. Given that prosocial behavior is related to prosocial identity (Winterich et al., 2013), prosocial agency (Caprara & Steca, 2005), concern for others (Narvaez & Lapsley, 2009), social responsibility (Steele et al., 2008), and empathy (Davis, 2015), it was hypothesized that the PPBS would be positively correlated to measures of each of these constructs. Finally, the literature suggests that prosocial behavior is associated with indices of well-being, including higher levels of meaning in life (Van Tongeren et al., 2016) and life satisfaction (Lyubomirsky et al., 2005; Martela & Ryan, 2016). Therefore, it was hypothesized that the PPBS would be positively correlated to measures of each of these constructs.

Method

Participants

The sample included 119 late adolescents and young adults (ages 16–25; $M_{age} = 21.55$, $SD = 1.93$). The sample was largely female (77%), with 22% males and 2% non-binary people. Participants identified as African American (3%), Asian (17%), Caucasian (11%), Hispanic/Latinx (52%), Middle Eastern (3%), Native American (<1%), Pacific Islander (2%), or multiple ethnicities (11%). A power analysis using G*Power (Faul et al., 2007) indicated that this sample size would provide sufficient power for detecting moderate or larger effect sizes using correlational analyses.

Materials

Past Prosocial Behavior. The Prosocial Behavioral Intentions Scale (Baumsteiger & Siegel, 2019) was adapted to create the new Past Prosocial Behavior Scale (PPBS). The instructions were modified to ask respondents to report how frequently they performed each behavior in the past instead of their intentions to perform them in the future. Similarly, the items' verbiage was changed from future to past tense, so "Comfort someone" became "Comforted someone." The rating anchors were also altered so that participants would report the frequency of each behavior (*Never* to *Always*) rather than the likelihood of doing them. The new PPBS asked people to report how often they performed four helping

behaviors on a 7-point Likert scale from 1 (*Never*) to 7 (*Always*). Respondents were instructed to think about “the past” broadly instead of a specified time such as “the past week,” and to rate those behaviors based on when they had the opportunity to perform each to decrease situational bias. The items were: “Comforted someone I knew after they experienced a hardship,” “Helped a stranger find something they lost, like their key or a pet,” “Helped care for a sick friend or relative,” and “Assisted a stranger with a small task (e.g., helped carry groceries or watched their things while they used the restroom).” The measure was scored by computing the mean across all items. See Figure 1 for the full measure.

Figure 1: Past Prosocial Behavior Scale

Instructions: Please indicate how often you have performed each behavior (when you had an opportunity) **in the past** from 1 (*Never*) to 7 (*Always*).

1. Comforted someone I knew after they experienced a hardship
 2. Helped a stranger find something they lost, like their key or a pet
 3. Helped care for a sick friend or relative
 4. Assisted a stranger with a small task (e.g., helped carry groceries or watched their things while they used the restroom)
-

Scoring: Compute the mean of all items.

Prosocial Intentions. As described above, the Prosocial Behavior Intentions Scale (Baumsteiger & Siegel, 2019) instructed respondents to indicate the likelihood that they will comfort someone, help a stranger find something they lost, help care for a sick friend or relative, and assist a stranger with a small task. Each item was rated from 1 (*Definitely would not do this*) to 7 (*Definitely would do this*).

Prosocial Identity. The Self-Importance of Moral Identity Scale (Aquino & Reed, 2002) was adapted to assess the extent to which people considered prosocial characteristics to be central to their identities. Respondents were instructed to imagine a person who is caring, compassionate, friendly, generous, helpful, and kind. Next, they were asked to rate their agreement with three statements such as, “Having these characteristics is an important part of who I am.” These were rated from 1 (*Strongly disagree*) to 7 (*Strongly agree*). The original scale demonstrated good internal consistency ($\alpha = .73-.82$; Aquino & Reed, 2002) and predicted donation behavior and volunteering in normal U.S. adult samples (Winterich et al., 2013). The modified version also had good internal consistency in the current study ($\alpha = .93$). Similar strategies have been used to assess prosocial identity in previous studies (Proulx et al., 2023).

Prosocial Agency. A six-item scale was developed for this study to assess people’s beliefs that they have the capacity to effectively enact prosocial behavior in a variety of ways. This scale was created based on Bandura’s (2006) recommendations for creating domain-specific measures of self-efficacy, including the wording “I am confident that I can make an impact on...” The items varied based on the recipients of help, which is indicated as the most important distinction for determining helping intentions (Eisenberg & Spinrad, 2014). Thus, this scale asked respondents to rate their confidence that they can make a positive impact on friends, family members, people in their school, people in their community, strangers, and the world from 1 (*Very unconfident*) to 7 (*Very confident*). This scale demonstrated good internal consistency ($\alpha = .90$) in the present study.

Concern for Others. The Altruistic Attitudes Scale (Kahana et al., 2013) was used to assess a person’s desire to help other people. It asks respondents to rate their agreement with four statements such as, “I try to help others, even if they do not help me” from 1 (*Strongly disagree*) to 7 (*Strongly agree*). In previous studies, this measure demonstrated adequate internal consistency ($\alpha = .66$). Furthermore, scores on this scale have been linked to volunteering ($r = .27, p < .01$) and informal prosocial behavior ($r = .27, p < .01$; Kahana et al., 2013). It was also internally consistent in the current study ($\alpha = .86$).

Social Responsibility. Items from the Youth Social Responsibility Scale (Pancer et al., 2007) were used to assess individuals' beliefs that people have a responsibility to help others and society at large. The four items that were selected ask about attitudes towards one's responsibility for helping other people. These items also had strong factor loadings in the original publication. They include statements such as, "People should help one another without expecting to get paid or rewarded for it." Participants were asked to rate their agreement with each statement from 1 (*Strongly disagree*) to 7 (*Strongly agree*). The original measure is internally consistent ($\alpha = .88$) and positively correlated with perceived social support, optimism, and identity development (Pancer et al., 2007). The modified scale was also internally consistent in the present study ($\alpha = .81$).

Empathy. Items from the Toronto Empathy Questionnaire (Spreng et al., 2009) were used to assess the extent to which people understood and experienced other people's emotions. Eight items were selected because they had the highest factor loadings in the original publication. This measure asks respondents to rate their agreement with statements such as, "I enjoy making people feel better" and "I am usually 'in tune' with other people's moods." Each item was rated on a 7-point Likert scale from 1 (*Strongly disagree*) to 7 (*Strongly agree*). The full scale was internally consistent ($\alpha = .85$) and correlated with other measures of perspective taking and empathic concern (Spreng et al., 2009). The eight items selected for this study also demonstrated adequate internal consistency in the current study ($\alpha = .88$).

Meaning in Life. The Identified Meaning subscale of the Meaning in Life Questionnaire (Steger et al., 2006) is a five-item self-report measure that was used to assess the extent to which people feel like they have identified meaning and purpose in their lives. The scale instructed respondents to rate their agreement with items such as, "I understand my life's meaning" from 1 (*Absolutely Untrue*) to 7 (*Absolutely True*). This scale has demonstrated good internal consistency ($\alpha = .86$) and test-retest reliability ($r = .70$; Steger et al., 2006).

Life Satisfaction. The Satisfaction with Life Scale (Diener et al., 1985) is a 5-item Likert scale that asked respondents to indicate their agreement with statements such as, "In most ways my life is close to my ideal" from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). It has demonstrated good internal consistency ($\alpha = .87$), test-retest reliability ($r = .82$), and convergent validity with other measures of life satisfaction (Diener et al., 1985).

Procedure

High school and college students were invited to participate in the study for extra credit in their courses. Those who opted to participate clicked on a link to the survey on Qualtrics.com. The first page of the study was an online consent form. Those who consented to participate were then led to the measures and demographic questions. Responses on each measure were averaged (dropping items that were not completed) to create composite scores.

Results

Preliminary Analyses

All participants passed the attention check and there were no apparent outliers, so all cases were retained. Scores on all the measures were relatively normally distributed (*Skewness* ranged from -1.4 to -0.4 and *Kurtosis* ranged from -0.6 to 2.9).

Main Analyses

The results of the exploratory factor analysis using principal axis factoring indicated that the four items of the PPBS loaded onto a single dimension, with the eigenvalue for factor 1 being 3.03, accounting for 61.62% of the variance across items. Eigenvalues for all other factors were 0.65 or lower. Based on the rotated pattern matrix, all items loaded onto factor 1 with loadings at .79 or higher. The PPBS had good internal consistency ($\alpha = .79$) and was significantly, positively correlated with prosocial intentions ($r = .51$), prosocial identity ($r = .45$), prosocial agency ($r = .48$), concern for others ($r = .44$),

social responsibility ($r = .41$), empathy ($r = .46$); meaning ($r = .42$), and life satisfaction ($r = .26$); all p values $< .001$.

Discussion of Study 1

The goal of this study was to assess basic psychometric properties of the PPBS. The findings supported all the hypotheses. First, the four items of the PPBS loaded onto a single dimension and exhibited adequate internal consistency. Cronbach's alpha coefficient indicates that responses to each item were strongly related to each other but not identical, which suggests that they each contribute valuable information for assessing the overall construct (Clark & Watson, 1995). Second, scores on the PPBS were strongly related to scores on the PBIS. This aligns with previous findings that past prosocial behavior is strongly related to people's intentions to help others in the future (Ouellette & Wood, 1998). The strength of this correlation likely reflects that both measures include the same four behaviors. The relationship between the PPBS and PBIS might be particularly useful for interventions that seek to detect changes in intentions while accounting for initial differences in past prosocial behavior. In other words, these results indicate that controlling pretest scores on the PPBS could help assess whether differences in PPBS scores are due to existing differences in past prosocial behavior (perhaps reflecting general tendencies), or whether those differences were due to an intervention.

The PPBS was also positively correlated to measures of prosocial identity, prosocial agency, concern for others, social responsibility, empathy, life satisfaction, and meaning. Given that these constructs are theoretically related to prosocial behavior (Caprara & Steca, 2005; Davis, 2015; Lyubomirsky et al., 2005; Martela & Ryan, 2016; Narvaez & Lapsley, 2009; Steele et al., 2008; Van Tongeren et al., 2016; Winterich et al., 2013), these findings provide evidence that the PPBS has good convergent validity. An important next step is to investigate whether the PPBS is also related to actual behaviors.

Study 2

The goal of this study was to further test the validity of the PPBS by replicating the tests of internal consistency and convergent validity with prosocial intentions in a new sample, and by assessing its concurrent validity by testing its relationship to current prosocial behaviors. Because the PPBS was designed to measure past prosocial behavior, it was hypothesized that it would be related to two specific prosocial behaviors that people performed in the past: volunteering and organ donation.

Method

Participants

The sample included 125 adults recruited from Amazon's Mechanical Turk (MTurk). MTurk worker samples tend to be more diverse than most undergraduate student samples and tend to provide reliable data (Azzam & Jacobson, 2013; Casler et al., 2013; Goodman et al., 2013). A power analysis using G*Power (Faul et al., 2007) indicates that this sample size provides enough power to detect moderate or larger effect sizes for correlational analyses and t tests using two groups. Participants' ages ranged from 18 to 60 years old ($M_{age} = 33.64$, $SD = 10.40$). The sample was almost evenly split between males (47%) and females (53%). Participants identified as African American (10%), Asian (18%), Caucasian (64%), Hispanic/Latino (4%), Pacific Islander (3%), or of multiple ethnicities (2%).

Materials

The same measures from Study 1 were used to measure past prosocial behavior (PPBS) and prosocial intentions (PBIS).

Volunteering and Organ Donation. Respondents were asked to indicate whether they had ever volunteered for an organization and whether they registered as an organ donor. For each prompt, they could choose one of three options: "Yes," "No – I could but I did not want to," or "No – I could not or I did not have the opportunity." The third option was used to distinguish people who did not volunteer

or sign up to donate their organs because they could not (or perceived that they could not), which reflects a different motivation than those who simply did not want to behave prosocially, and therefore could conflate comparisons between people who selected the first two options. Previous researchers have used similar strategies to assess prosocial behavior (e.g., Cox, 2010; Hart et al., 2007).

Procedure

The survey was hosted on Qualtrics.com. A link to the survey was advertised on MTurk.com. People who clicked on the link were presented with an online consent form that described the study. After providing consent, participants completed the PPBS, PBIS, past prosocial behavior questions, and demographic questions. The survey took approximately three and a half minutes to complete. Responses on the PPBS and PBIS were averaged to create composite scores and then correlations were used to evaluate the relationship between the measures. Next, *t* tests were used to compare scores on the PPBS between (a) volunteers and people who said that they could volunteer but chose not to and (b) organ donors and people who said that they could register to be an organ donor but chose not to. People who said that they did not volunteer or register to be organ donors because they could not do so were excluded from group comparisons.

Results

Preliminary Analyses

All participants passed the attention check and there were no apparent outliers, so all cases were retained. Scores on the PPBS were relatively normally distributed ($M = 4.83$, $SD = 1.24$, $Skewness = -.25$, $Kurtosis = -.40$). Scores on the PBIS were normally distributed except that a disproportionate percentage of participants (28%) had a mean score of 7 out of 7. This resulted in a distribution with a large negative skew ($M = 5.64$, $SD = 1.29$, $Skewness = -.95$, $Kurtosis = .79$). A logarithmic transformation was applied to reduce skewness, improving the interpretation of the relationship between scores on the PBIS and PPBS. The PBIS exhibited strong internal consistency ($\alpha = .90$). More than half of the participants were volunteers (64%), whereas 18% did not volunteer because they did not want to and 18% did not volunteer because they were not able to or did not receive an opportunity. Approximately half of the participants were organ donors (55%), whereas 36% did not register to be an organ donor because they did not want to and 9% did not register to be an organ donor because they were not able to or did not receive an opportunity.

Main Analyses

The PPBS demonstrated good internal consistency ($\alpha = .79$). There was a large positive correlation between the PPBS and prosocial intentions ($r = .70$, $p < .001$). Volunteers scored higher on the PPBS ($M = 4.98$, $SD = 1.21$) than non-volunteers ($M = 4.24$, $SD = 1.37$), $t(81) = 2.24$, $p < .05$, $d = .57$. Similarly, organ donors scored significantly higher on the PPBS ($M = 5.17$, $SD = 1.03$) than non-organ donors ($M = 4.48$, $SD = 1.33$), $t(90) = 2.77$, $p < .01$, $d = .57$.

Discussion of Study 2

The findings from this study build on those from Study 1, indicating that the PPBS had good internal consistency and convergent validity with prosocial intentions within a second sample. This study also revealed that the PPBS was related to specific prosocial behaviors: volunteers and organ donors tended to score significantly higher than people who did not exhibit those behaviors. This result excludes people who indicated that they could not enact those behaviors or did not receive an opportunity. Collectively, this suggests that the PPBS accurately discriminated reported prosocial behavior.

Study 3

The purpose of this study was to further evaluate the psychometric properties of the PPBS, including its internal consistency and convergent validity – assessed through its relationship to measures of related constructs. Because the PPBS was internally consistent in Studies 1 and 2, it was expected to exhibit good internal consistency again in this study. In terms of convergent validity, the literature suggests that prosocial behavior is associated with indices of well-being, including higher levels of meaning in life (Van Tongeren et al., 2016), life satisfaction, and positive affect (Lyubomirsky et al., 2005; Martela & Ryan, 2016), and lower levels of negative affect (Martela & Ryan, 2016). Additionally, people who behave prosocially more frequently tend to have stronger interpersonal relationships and therefore feel more socially supported than others (de Guzman et al., 2012). Therefore, it was hypothesized that the PPBS would be positively correlated to identified meaning, life satisfaction, positive affect, and social support, and negatively correlated to negative affect.

Method

Participants

The sample included 95 MTurk workers. Based on a power analysis, this sample size was sufficient to detect correlations with moderate effect sizes (Faul et al., 2007), which were expected based on prior literature. Participants' ages ranged from 20 to 66 ($M_{age} = 34.75$, $SD = 10.73$). In this sample, there were more males (67%) than females (33%). Participants identified as African American (10%), Asian (15%), Caucasian (65%), Hispanic (6%), Native American (1%), or of multiple ethnicities (3%).

Materials

The survey included the measures of past prosocial behavior (PPBS), life satisfaction (Diener et al., 1985), and meaning in life (Steger et al., 2006) described in Study 1.

Positive and Negative Affect. The Positive and Negative Affect Schedule (Watson et al., 1988) is a 20-item self-report measure. It has two mood subscales; the positive affect subscale contains items such as “excited” and “content” and the negative subscale contains items such as “distressed” and “bored.” Each item is rated on a 5-point scale ranging from 1 (*Very slightly or not at all*) to 5 (*Extremely*) to indicate the extent to which the respondent has felt this way in the indicated time frame. This scale has been found to be internally consistent ($\alpha = .86-.90$) and to have good test-retest reliability ($r = .79-.81$ one week later).

Social Support. The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) is a self-report measure of how much respondents feel that their family, friends, and significant others are available to provide emotional support and other resources when needed. This Likert scale includes 12 items such as, “There is a special person who is around when I am in need” and “My friends really try to help me.” Respondents rate their agreement with each item from 1 (*Very Strongly Disagree*) to 7 (*Very Strongly Agree*). This scale has demonstrated good internal consistency ($\alpha = .88$), high test-retest reliability ($r = .72-.85$), convergent validity with social networks, and discriminant validity with anxiety and depression (Zimet et al., 1988).

Procedure

The survey was hosted on Qualtrics.com and a link to the survey was posted on MTurk.com. Participation was restricted to people who had not completed the previous study. People who clicked on the link and provided consent were asked to answer a series of questions about their habits as a part of another study. Next, they completed the PPBS, well-being scales, and questions about their age, gender, and ethnicity. It took participants approximately 17 minutes to complete the survey. Responses on each scale were averaged to create composite scores. Correlations were then computed to examine the relationships between the PPBS, identified meaning, life satisfaction, social support, positive affect, and negative affect.

Results

Preliminary Analyses

Two participants failed the attention check (“Please select ‘1’”), so they were removed from the database. Another three participants completed the survey in less than two minutes and selected the same value (e.g., “4”) across the entire survey, so their responses were also removed. Based on the remaining cases, there were relatively normal distributions for all main constructs (*Skewness* ranged from $-.70$ to 1.24 and *Kurtosis* ranged from -1.25 to $.82$).

Main Analyses

The PPBS was internally consistent ($\alpha = .81$). It was positively correlated with meaning in life ($r = .26$, $p < .01$), life satisfaction ($r = .25$), positive affect ($r = .41$), and social support ($r = .42$). It was negatively correlated with negative affect ($r = -.27$). All correlations were statistically significant ($p < .01$).

Discussion of Study 3

The goal of this study was to test the internal consistency of the PPBS in a third sample and to assess its relationship to additional related measures. The findings support all hypotheses. First, the PPBS exhibited good internal consistency (H_1), indicating that people responded similarly to each scale item. Cronbach’s alpha coefficients for the PPBS for Studies 1–3 were similar ($\alpha = .79$, $.79$, and $.81$, respectively), demonstrating psychometric stability across samples. Next, the PPBS had small to moderate correlations with all indices of well-being, as predicted from the literature (de Guzman et al., 2012; Lyubomirsky et al., 2005; Martela & Ryan, 2016; Van Tongeren et al., 2016). Thus, this study adds further evidence that the PPBS accurately assesses past prosocial behavior.

Main Discussion

The goal of this investigation was to collect information on the psychometric properties of the new PPBS. Data from these studies indicate that the PPBS was internally consistent and exhibited convergent validity in terms of its relation to prosocial intentions, prosocial identity, prosocial agency, concern for others, social responsibility, empathy, meaning, life satisfaction, positive and negative affect, and social support. The indices of convergent validity are consistent with previous research (Baumsteiger & Siegel, 2019; Caprara & Steca, 2005; Davis, 2015; Lyubomirsky et al., 2005; Martela & Ryan, 2016; Narvaez & Lapsley, 2009; Ouellette & Wood, 1998; Steele et al., 2008; Van Tongeren et al., 2016; Winterich et al., 2013). Scores on the PPBS also corresponded to specific prosocial behaviors such as volunteering and organ donation. See Table 1 for a summary of psychometric statistics across studies. Altogether these findings offer initial evidence that the measure accurately detects reported past prosocial behavior.

A comparison of findings on the PPBS from Study 1 and the self-reported altruism subscale of the prosocial personality battery (SRA; Penner, 2002) from previous work (Baumsteiger & Siegel, 2019) reveals that the two scales are both internally consistent ($\alpha = .79$ – $.81$ versus $.75$ – $.85$, respectively) and have strong positive correlations with prosocial intentions ($r = .61$ versus $.51$ – $.52$, respectively). Thus, the PPBS appears to have similar psychometric characteristics as the SRA while excluding actions that are not available to all people, such as “carrying a stranger’s belongings” or “giving up one’s seat on the bus.” Although this bias might not make a substantial impact on most research projects, the new scale avoids this issue altogether, thereby making it useful for broader participant pools. Furthermore, given that the PPBS is more similar and strongly correlated to the PBIS than the SRA is, it might be more useful for studies in which the researcher intends to include both prosocial intentions and past prosocial behavior as covariates.

Table 1: Summary of Psychometric Statistics for the PPBS

	Study 1	Study 2	Study 3
<i>N</i>	119	125	95
Sample type	Students	MTurk workers	MTurk workers
Internal consistency (α)	.79	.79	.81
<i>Basic descriptives</i>			
Mean	4.33	4.83	4.16
Standard deviation	1.10	1.24	1.46
Skewness	-.22	-.25	-.32
Kurtosis	-.03	-.40	-.76
<i>Correlations (r)</i>			
Prosocial intentions	.51	.70	
Prosocial identity	.45		
Prosocial agency	.48		
Concern for others	.44		
Social responsibility	.41		
Empathy	.46		
Meaning	.42		.26
Life satisfaction	.26		.25
Positive affect			.41
Negative affect			-.27
Social support			.42
<i>Group differences M(SD)</i>			
Volunteers		4.98(1.21)	
Non-volunteers		4.24(1.37)	
Organ donors		5.17(1.03)	
Non-organ donors		4.48(1.33)	

Note: p values for all tests were $< .01$.

A key strength of the PPBS is its brevity: it contains only four items and uses simple language that is easily understood (Flesch Reading Ease score = 77.3, as calculated in Microsoft Word). This is important for the sake of reducing survey fatigue, which is a serious validity threat within survey research (Jeong et al., 2023). Recent psychometric work has similarly emphasized the value of brief measures assessing everyday, low-cost prosocial behaviors that occur across common social contexts (e.g., Baryła-Matejczuk et al., 2024). The PPBS may be particularly useful for studies that involve multiple measures, multiple time points, or that have samples with lower attention spans, such as adolescents (Fortenbaugh et al., 2015).

Given that prosocial behavior is both trait-like and susceptible to developmental change (Eisenberg & Spinrad, 2014), this measure could be useful for studying a variety of research questions. For example, researchers could use the PPBS to assess inter-individual differences in prosocial behavior, to compute correlations between prosocial behavior and other constructs, and to promote prosocial behavior. At the same time, it may not be appropriate for children and younger adolescents who are likely to encounter fewer opportunities than adults to perform the behaviors listed, such as, “helped care for a sick friend or relative.” Instead, it would be more useful to assess children’s past prosocial behavior by asking about actions such as sharing their toys with a schoolmate or helping clean up their classroom without being asked (e.g., Scales & Benson, 2003). Additionally, this scale has not yet been validated

for people outside of the U.S. It is possible that cultural differences could influence people's scores on the PPBS, thereby leading to differences that do not reflect the underlying construct of reported prosocial behavior. For example, Asian people tend to seek out social support less often than European Americans (Kim et al., 2008) and therefore might indicate that they "Comforted someone I knew after they experienced a hardship" less frequently than people in the U.S. solely because they encounter fewer opportunities to do that. Future studies could test the validity of this measure for additional populations.

The results of this research should be interpreted within the context of its limitations. First, Studies 2 and 3 utilized responses from MTurk workers. Although this population is shown to be demographically diverse and to provide reliable data (Azzam & Jacobson, 2013; Casler et al., 2013; Goodman et al., 2013), it is possible that their prosocial behavior intentions and previous behavior differ from other groups of people. Nonetheless, the internal consistency of the PPBS and correlations between the PPBS and PBIS were similar between the studies with MTurk workers and the study of high school and college students, suggesting that the quality of responses from MTurk workers was comparable to non-MTurk workers. Another limitation is that this work only compared scores on the PPBS to volunteering and organ donation. Although these are examples of prosocial behavior, they do not represent the entire construct. It could be useful to compare scores on the PPBS to other actions such as extending emotional support to someone who is suffering. This could help determine whether the PPBS adequately assesses people's overall past prosocial behavior. Lastly, a key limitation of the measure itself is that the instructions refer to a broad time frame (behaviors "in the past") and ask respondents to estimate the frequency of behavior when they had an opportunity. Each of these elements introduces subjectivity into the scores. Therefore, scores should be interpreted as indicating respondents' *perceived* past behavior rather than actual behavior.

In conclusion, the present studies provide initial evidence that the new past prosocial behavior scale has strong psychometric properties. This measure builds on previous work in that it is briefer and excludes examples of behavior that are not available to most people. This measure could be used to quickly collect accurate information about people's past prosocial behavior.

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