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| *Participant number: Session number:* |
| **Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.** |
| ***The rating scale is as follows:***  0 Did not apply to me at all  1 Applied to me to some degree, or some of the time  2 Applied to me to a considerable degree, or a good part of time  3 Applied to me very much, or most of the time  1. I found it hard to wind down 0 1 2 3  2. I was aware of dryness of my mouth 0 1 2 3  3. I couldn’t seem to experience any positive feelings at all 0 1 2 3  4. I experienced breathing difficulty (eg, excessively rapid breathing,  breathlessness in the absence of physical exertion) 0 1 2 3  5. I found it difficult to work up the initiative to do things 0 1 2 3  6. I tended to over-react to situations 0 1 2 3  7. I experienced trembling (eg, in the hands) 0 1 2 3  8. I felt that I was using a lot of nervous energy 0 1 2 3  9. I was worried about the situations in which I might panic and make  a fool of myself 0 1 2 3  10. I felt that I had nothing to look forward to 0 1 2 3  11. I found myself getting agitated 0 1 2 3  12. I found it difficult to relax 0 1 2 3  13. I felt down-hearted and blue 0 1 2 3  14. I was intolerant of anything that kept me from getting on with what  I was doing 0 1 2 3  15. I felt I was close to panic 0 1 2 3  16. I was unable to become enthusiastic about anything 0 1 2 3  17. I felt I wasn’t worth much as a person 0 1 2 3  18. I felt that I was rather touchy 0 1 2 3  19. I was aware of the actions of my heart in the absence of physical  exertion (eg, sense of heart rate increase, heart missing a beat) 0 1 2 3  20. I felt scared without any good reason 0 1 2 3  21. I felt that life was meaningless 0 1 2 3 |