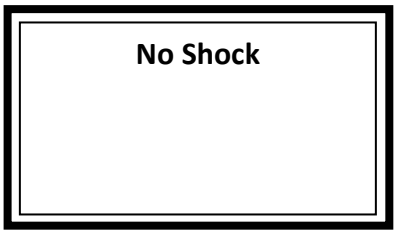
ID#: _____ Date: _____

Questionnaire #1

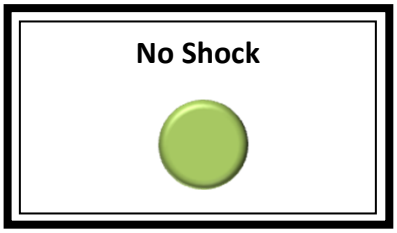
Instructions: Please answer the following questions by circling a number on the 1-10 scale below each question.

1) How anxious were you during the no shock condition while you were seeing this:



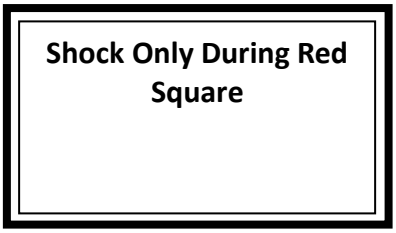
1 2 3 4 5 6 7 8 9 10
not anxious/fearful **moderately anxious/fearful** **extremely anxious/fearful**

2) How anxious were you during the no shock condition while you were seeing this:



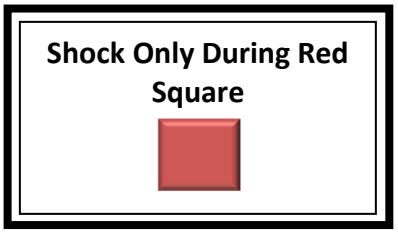
1 2 3 4 5 6 7 8 9 10
not anxious/fearful **moderately anxious/fearful** **extremely anxious/fearful**

3) How anxious were you during the shock only during red square condition while you were seeing this:



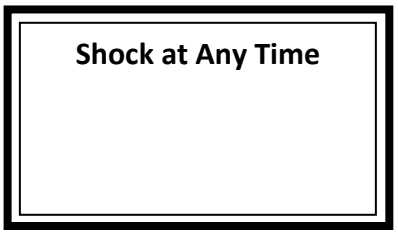
1 2 3 4 5 6 7 8 9 10
not anxious/fearful **moderately anxious/fearful** **extremely anxious/fearful**

4) How anxious were you during the shock only during red square condition while you were seeing this:



1 2 3 4 5 6 7 8 9 10
not anxious/fearful **moderately anxious/fearful** **extremely anxious/fearful**

5) How anxious were you during the shock at any time condition while you were seeing this:



1 2 3 4 5 6 7 8 9 10
not anxious/fearful **moderately anxious/fearful** **extremely anxious/fearful**

6) How anxious were you during the shock at any time condition while you were seeing this:

1 2 3 4 5 6 7 8 9 10
not anxious/fearful **moderately anxious/fearful** **extremely anxious/fearful**

ID#: _____ Date: _____

Questionnaire #2

Instructions: Please circle a number 1-10 for the questions below.

1) How intense was the shock?

1	2	3	4	5	6	7	8	9	10
very mild				moderate					high

2) How anxiety/fear provoking was the shock?

1	2	3	4	5	6	7	8	9	10
low				moderate					high

3) How painful was the shock?

1	2	3	4	5	6	7	8	9	10
Not at all painful				moderately painful					very painful