

Date: _____

ID#: _____

The following questionnaire asks how much you thought about the tasks you just completed during the time that you have been sitting here resting. Please indicate your response on a scale of 1 to 7, where 1 is "not at all" and 7 is "all the time."

	1  7 Not at all All the time
1. To what extent did you think about the tasks you completed in the time since you completed them?	1 2 3 4 5 6 7
2. To what extent did you criticize yourself about not doing well on the tasks?	1 2 3 4 5 6 7
3. How much did you think about other past situations where you were evaluated?	1 2 3 4 5 6 7
4. To what extent did you think about the anxiety you felt while doing the tasks?	1 2 3 4 5 6 7
5. Were your thoughts about the tasks positive, neutral or negative?	1 2 3 4 5 6 7 positive  neutral  negative