

Extended Post-Event Processing Questionnaire (15-Item)

We would like you to remember one specific social situation, which has led to unreasonably strong or unrealistic anxiety or discomfort or in which you had a strong feeling of shame. Please let yourself be guided by the situations listed below. The situation should have been of personal relevance to you, and it should have happened during the past six months. If you remember more than one situation, please choose the one that was most relevant for you.

Examples:

talking in front of a group being at a party talking to authorities participating in group activities using public restrooms returning goods to a store beginning/maintaining a conversation expressing disapproval talking on the phone initiating a romantic relationship dating someone oral exam eating/drinking/writing in public talking on the phone with others listening giving a party formal and informal meetings being criticized

- 1) Please mark the situation you have chosen and remember to refer to this situation while answering the following questions.

☐ talking in front of a group ☐ being at a party ☐ talking to authorities ☐ participating in group activities ☐ using public restrooms ☐ returning goods to a store ☐ beginning/maintaining a conversation ☐ expressing disapproval ☐ talking on the phone ☐ initiating a romantic relationship ☐ dating someone ☐ oral exams ☐ eating/drinking/writing in public ☐ talking on the phone with others listening ☐ giving a party ☐ formal and informal meetings ☐ being criticized

| | 0 (not at all) | | | | | 5 | | | | | 10 (very much so) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 2) After the event was over, did you think about it a lot? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Did your memories and thoughts about the event keep coming into your head even when you did not wish to think about it again? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) Did the thoughts about the event interfere with your concentration? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5) Did you find it difficult to forget about the event? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6) Did you try to resist thinking about the event? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7) If you repeatedly thought about the event, did your feelings about the event worsen? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8) Have you ever wondered about whether you could have avoided or prevented your behavior/feelings during the event? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

9)

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|-----|--|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|
| | Have you ever wished that you could turn the clock back and do it again but better this time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10) | Did you experience a sense of shame while remembering your behavior during the situation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11) | Did you think about anxious feelings that you had experienced during the event? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12) | When remembering the situation did other instances of past failure that you had experienced in the same way come into your mind? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13) | Did you criticize yourself for your behavior in the situation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14) | Did you think about the event more than you wanted to? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15) | Did you think about bodily sensations you had experienced in the situation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | <hr/> | | | | | | | | | |
| | | ...in a positiv e way | | | | | | | | | ...in a negati ve way |
| 16) | In my memories about the event, I saw myself (my behavior, my attributes)... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |