

Pre-Task Questionnaire (version B)

1. How many hours of sleep did you get last night? ___ (type in numerical answer)
2. Compared to how much caffeine you typically consume up until this point in the day, how much caffeine have you had today?
No caffeine-----A typical amount-----An excessive amount
(1) (5) (10)
3. How sick or unwell do you feel right now?
Not sick/unwell at all-----somewhat sick/unwell-----Very sick/unwell
(1) (5) (10)
4. How hungry are you right now?
Not hungry at all-----somewhat Hungry-----Extremely hungry
(1) (5) (10)
5. How tired do you feel right now?
Not tired at all-----somewhat Tired-----Extremely tired
(1) (5) (10)
6. How much are you worried about what others are thinking of you right now?
Not worried at all-----moderately worried-----Extremely worried
(1) (5) (10)
7. How anxious do you feel right now?
Not anxious at all-----moderately anxious-----Extremely anxious
(1) (5) (10)
8. How worried are you about making errors?
Not worried at all-----moderately worried-----Extremely worried
(1) (5) (10)
9. How many errors do you expect to make? ___ (type in numerical answer)