

State Survey: After Activity

Please answer the following questions about the activity you just completed.

1)	How well do you think you did on the activity?	Not well at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very well	<input type="radio"/>
2)	How hard did you try?	Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much	<input type="radio"/>
3)	How much did it bother you when you made a mistake?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
4)	How anxious or nervous were you during the activity?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
5)	How calm and confident were you during the activity?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
6)	How much did you worry about being judged negatively?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>
7)	How much did you think about performing well?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>

How much did each of the following influence how well you did on the activity?							
8)	Your own ability	Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much	<input type="radio"/>
9)	Difficulty of the activity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>