Post-Scan Feedback Questionnaire

1. How pleasant was the current neuroimaging session for you?

0 1 2 3 4 5 6 7 8 9 10

not at all mildly moderately markedly extremely

1. How unpleasant was the current neuroimaging session for you?

0 1 2 3 4 5 6 7 8 9 10

not at all mildly moderately markedly extremely

1. How challenging was the current neuroimaging session for you?

0 1 2 3 4 5 6 7 8 9 10

not at all mildly moderately markedly extremely

1. How successful do you feel you were at completing the task during the scan?

0 1 2 3 4 5 6 7 8 9 10

not at all mildly moderately markedly extremely

1. How often did you find yourself focusing on events or thoughts other than the task specified in the scan?

0 1 2 3 4 5 6 7 8 9 10

not at all somewhat moderately markedly extremely

often often often often

1. How did you feel about the amount of time you were in the scanner?

0 1 2 3 4 5 6 7 8 9 10

Much somewhat just right somewhat much

Too short too short too long too long

1. What did you like about the task(s) you completed in the scanner?
2. What did you dislike about the task(s) you completed in the scanner?
3. Is there anything else you think we should know about your experience of completing the task(s)?