SURVEYS

All surveys were administered using Qualtrics survey software.

The introduction and participant characteristics were included in all surveys.

Part A. Introduction and Participant Characteristics

Part B. Survey for Pretest and Study #1

Part D. Survey for Study #2

Part E. Survey for Study #3

Part F. Survey for Study #4-5

| PART A. Introduction and | d Participant Characteristics | S |
|--------------------------|-------------------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Information



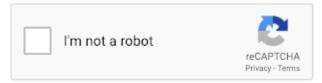
Please enter your Prolific ID:

\${e://Field/PROLIFIC_PID}

Thank you for your interest in our research study.

For more information, please download the information sheet.

To proceed, please confirm you're human. By clicking "Next", you agree to participate.



Demographics

| What | is | your | age? |
|------|----|------|------|
| | | | |

What gender do you identify as?

- Male
- Female
- Non-binary

Which race best describes you?

- White
- Black or African American
- Native American or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Multi-race

| 3/14/2020 Other | Qualtrics Survey Software |
|--|---|
| Are you of Hispo O Yes O No | anic, Latino, or Spanish origin? |
| What was the p | orimary language spoken in your childhood |
| EnglishMandarinSpanishOther | |
| Socioeconomi | cs |
| What is your hig | ghest level of education? |
| O Never went to scho | ol |
| O Less than a high sc | hool diploma |
| O High school diplom | a or equivalent (e.g. GED) |
| O Some college, no d | egree |
| O Technical, occupati | onal, or vocational school |

Associate degree (e.g. AA, AS)

| O Bachelor's degree (e.g. BA, BS) |
|--|
| O Postgraduate degree (e.g. Master's, Professional, or Doctorate) |
| |
| |
| Do you feel you have enough financial resources to make ends meet? |
| O More than enough |
| O Enough |
| O Not enough |
| |
| |
| Do you have a disability? |
| O Yes |
| O No |
| |
| |
| Which of the following describes your disability? |
| Problems with physical mobility |
| Problems with seeing |
| Problems with hearing |
| Other |
| |

Qualtrics Survey Software

Literacy & More

8/14/2020

| How confident are you filling out medical forms by yourself? |
|--|
| Not at all A little bit Somewhat Quite a bit Extremely |
| How often do you have problems learning about your health condition because of difficulty understanding written information? |
| AlwaysOftenSometimesOccasionallyNever |
| How often do you have someone help you read health materials? |
| AlwaysOftenSometimesOccasionally |

| 0/14/20 | J20 |
|------------|------|
| \bigcirc | Neve |
| | |

Are you colorblind?

| Yes |
|-----|
| Υ |

| \bigcirc | No |
|------------|----|
| | |

| \bigcirc | don't | know |
|------------|-------|------|
| | | |

What device are you using right now?

| () | Deskto | a com | nutar |
|-----|--------|-------|--------|
| | DESKIU | | ipatei |

| Captop compute | er |
|----------------|----|
|----------------|----|

| | | / | ` |
|-----|---------|-------|--------|
| () | Tablet | (ea | iPad) |
| | 1 00100 | (0.9. | 11 44) |

Mobile phone

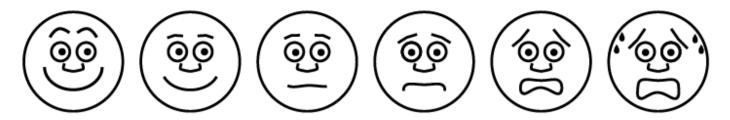
Midway Confirmation

You are about to continue to the next part of the survey.

To continue, press "Continue." To change your answers, press "Back."

| PART B. Survey for Pretest and Study # | #1 | |
|--|-----------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Anxiety



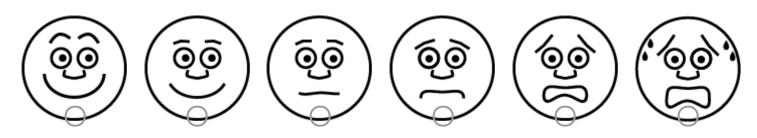
Copyright © 2020 Anxiety Rating Scale (6 Item)

These faces represent anxiety.

The <u>first</u> face represents no anxiety.

The <u>last</u> face represents extreme anxiety.

Please choose the face that best represents how anxious you have been in the past week.



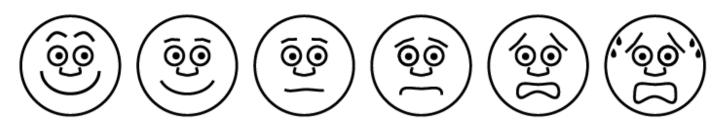
Is it <u>easy</u> or <u>difficult</u> to understand that these faces represent anxiety?

O Very easy



Does this <u>last</u> face represent the <u>most</u> possible anxiety?

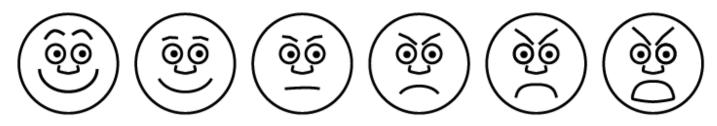
| \bigcirc | Yes | |
|------------|---------------------|----|
| \bigcirc | No (please explain) | |
| | | |
| | | |
| | | // |



Copyright © 2020 Anxiety Rating Scale (6 Item)

Do you have any suggestions for improvement?

Anger



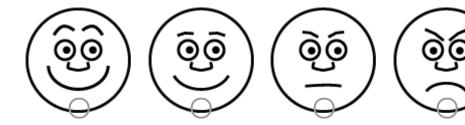
Copyright © 2020 Anger Rating Scale (6 Item)

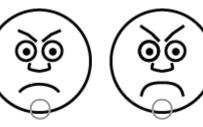
These faces represent anger.

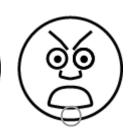
The <u>first</u> face represents no anger.

The <u>last</u> face represents extreme anger.

Please choose the face that best represents how angry you have been in the past week.







Is it easy or difficult to understand that these faces represent anger?

Very easy

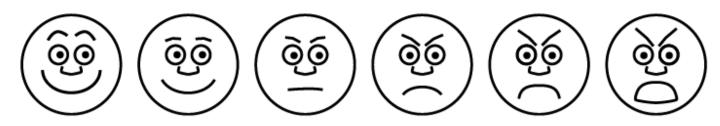
Somewhat easy

Neither easy nor difficult



Does this <u>last</u> face represent the <u>most</u> possible anger?

| \bigcirc | Yes | |
|------------|---------------------|----|
| 0 | No (please explain) | |
| | | |
| | | |
| | | // |

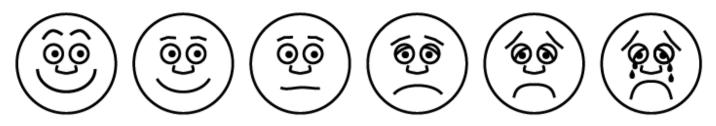


Copyright © 2020 Anger Rating Scale (6 Item)

Do you have any suggestions for improvement?



Pain



Copyright © 2020 Modified Pain Rating Scale (6 Item)

These faces represent pain.

The <u>first</u> face represents no pain.

The <u>last</u> face represents extreme pain.

Please choose the face that best represents how much pain you have had in the past week.













Is it easy or difficult to understand that these faces represent pain?

Very easy

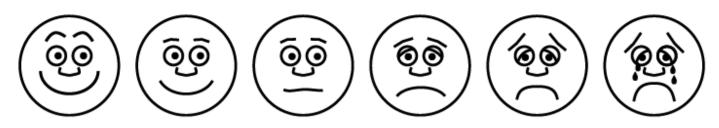
Somewhat easy

Neither easy nor difficult



Does this <u>last</u> face represent the <u>most</u> possible pain?

| \bigcirc | Yes | |
|------------|---------------------|----|
| \bigcirc | No (please explain) | |
| | | |
| | | |
| | | // |



Copyright © 2020 Modified Pain Rating Scale (6 Item)

Do you have any suggestions for improvement?



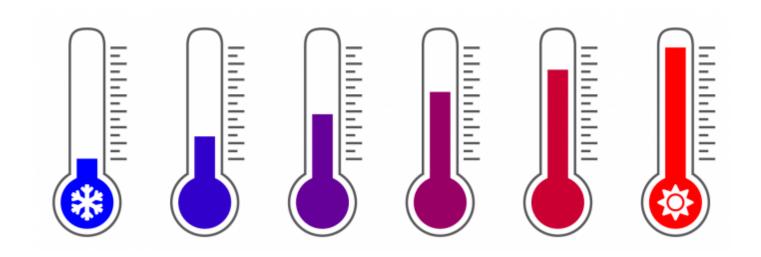
Submission Confirmation

PART C. Survey for Study #2

Teaching Task

Next, you will look at 6 different series of images and say what feelings the first and last images could represent.

For example, look at this series of images.



The <u>last</u> image represents feeling <u>hot</u>. Type "hot" into the box below.

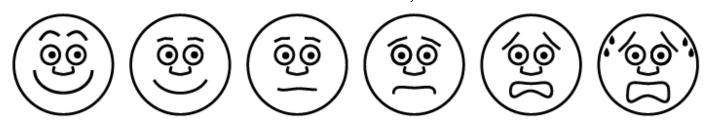


The <u>first</u> image represents feeling <u>cold</u>. Type "cold" into the box below.



Anxiety

Look at this series of images.



What feelings could the <u>last</u> image represent?

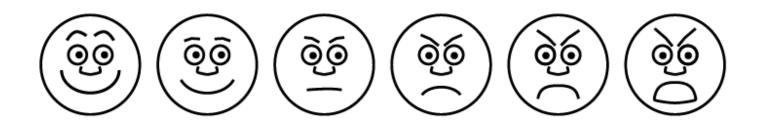


What feelings could the <u>first</u> image represent?



Anger

Look at this series of images.



What feelings could the <u>last</u> image represent?

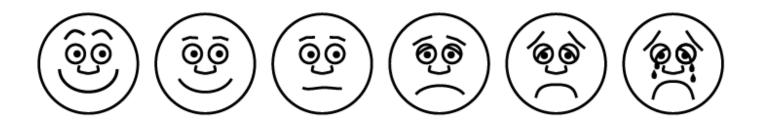


What feelings could the <u>first</u> image represent?



Pain

Look at this series of images.



What feelings could the <u>last</u> image represent?



What feelings could the <u>first</u> image represent?



PART D. Survey for Study #3

Attention Check

Next, you will read 6 different scenarios about a person named Felix.

To answer some questions, you will use a blue slider like the one below.

Please move the blue slider from 0 to 100, so we know you can use it.



Severity: Anxiety Control

Felix never feels anxious (worried or afraid). Every day, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's anxiety is.

0 is no anxiety, and 100 is the worst possible anxiety.



Felix rarely feels anxious (worried or afraid). On most days, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's anxiety is.

0 is no anxiety, and 100 is the worst possible anxiety.



100

Felix occasionally feels anxious (worried or afraid). On other days, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's anxiety is.

0 is no anxiety, and 100 is the worst possible anxiety.



Felix often feels anxious (worried or afraid). On some days, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's anxiety is.

0 is no anxiety, and 100 is the worst possible anxiety.



Felix feels very anxious (worried or afraid) on most days. He rarely feels okay.

Using the blue slider below, please indicate how severe you think Felix's anxiety is.

0 is no anxiety, and 100 is the worst possible anxiety.



Felix feels extremely anxious (worried or afraid) every day. He is never not worried or afraid.

Using the blue slider below, please indicate how severe you think Felix's anxiety is.

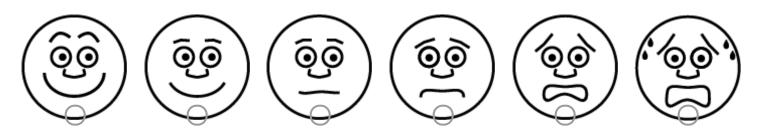
0 is no anxiety, and 100 is the worst possible anxiety.



Severity: Anxiety Experiment

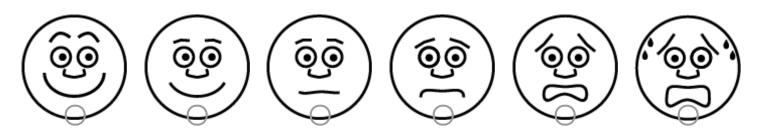
Now, please indicate how severe you think Felix's anxiety is, by choosing an image below.

As a reminder, Felix never feels anxious (worried or afraid). Every day, he feels okay.



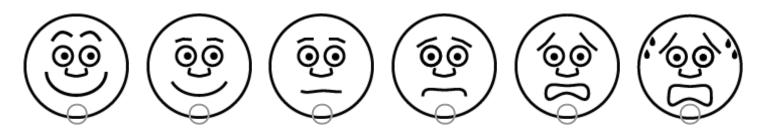
Now, please indicate how severe you think Felix's anxiety is, by choosing an image below.

As a reminder, Felix rarely feels anxious (worried or afraid). On most days, he feels okay.



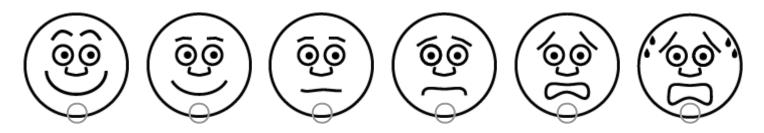
Now, please indicate how severe you think Felix's anxiety is, by choosing an image below.

As a reminder, Felix occasionally feels anxious (worried or afraid). On other days, he feels okay.



Now, please indicate how severe you think Felix's anxiety is, by choosing an image below.

As a reminder, Felix often feels anxious (worried or afraid). On some days, he feels okay.



Now, please indicate how severe you think Felix's anxiety is, by choosing an image below.

As a reminder, Felix feels very anxious (worried or afraid) on most days. He rarely feels okay.













Now, please indicate how severe you think Felix's anxiety is, by choosing an image below.

As a reminder, Felix feels extremely anxious (worried or afraid) every day. He is never not worried or afraid.













Severity: Anger Control

Felix never feels angry. Every day, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's anger is.

0 is no anger, and 100 is the worst possible anger.



100

Felix rarely feels angry. On most days, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's anger is.

0 is no anger, and 100 is the worst possible anger.



Felix occasionally feels angry. On other days, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's anger is.

0 is no anger, and 100 is the worst possible anger.



Felix often feels angry. On some days, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's anger is.

0 is no anger, and 100 is the worst possible anger.



Felix feels very angry on most days. He rarely feels okay.

Using the blue slider below, please indicate how severe you think Felix's anger is.

0 is no anger, and 100 is the worst possible anger.



Felix feels extremely angry every day. He is never not angry.

Using the blue slider below, please indicate how severe you think Felix's anger is.

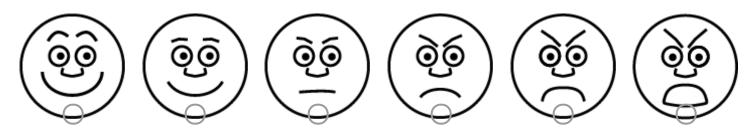
0 is no anger, and 100 is the worst possible anger.



Severity: Anger Experiment

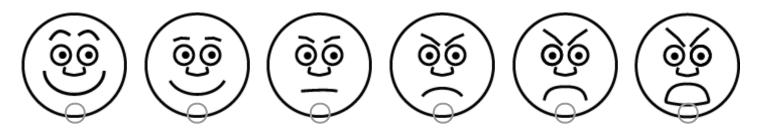
Now, please indicate how severe you think Felix's anger is, by choosing an image below.

As a reminder, Felix never feels angry. Every day, he feels okay.



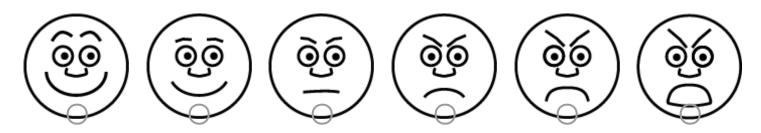
Now, please indicate how severe you think Felix's anger is, by choosing an image below.

As a reminder, Felix rarely feels angry. On most days, he feels okay.



Now, please indicate how severe you think Felix's anger is, by choosing an image below.

As a reminder, Felix occasionally feels angry. On other days, he feels okay.



Now, please indicate how severe you think Felix's anger is, by choosing an image below.

As a reminder, Felix often feels angry. On some days, he feels okay.













Now, please indicate how severe you think Felix's anger is, by choosing an image below.

As a reminder, Felix feels very angry on most days. He rarely feels okay.













Now, please indicate how severe you think Felix's anger is, by choosing an image below.

As a reminder, Felix feels extremely angry every day. He is never not angry.













Severity: Pain Control

Felix is never in pain. Every day, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's pain is.

0 is no pain, and 100 is the worst possible pain.



Felix is rarely in pain. On most days, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's pain is.

0 is no pain, and 100 is the worst possible pain.



Felix is occasionally in pain. On other days, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's pain is.

0 is no pain, and 100 is the worst possible pain.



Felix is often in pain. On some days, he feels okay.

Using the blue slider below, please indicate how severe you think Felix's pain is.

0 is no pain, and 100 is the worst possible pain.



Felix is in pain on most days. He rarely feels okay.

Using the blue slider below, please indicate how severe you think Felix's pain is.

0 is no pain, and 100 is the worst possible pain.



Felix is in pain every day. He is never not in pain.

Using the blue slider below, please indicate how severe you think Felix's pain is.

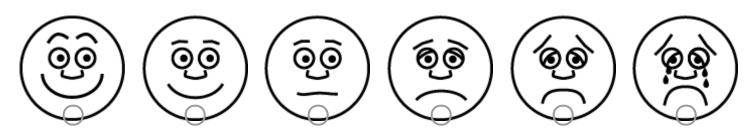
0 is no pain, and 100 is the worst possible pain.



Severity: Pain Experiment

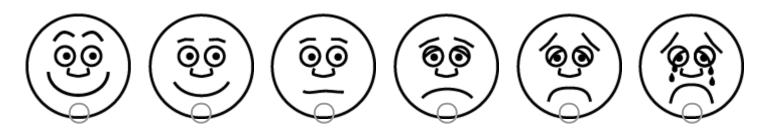
Now, please indicate how severe you think Felix's pain is, by choosing an image below.

As a reminder, Felix is never in pain. Every day, he feels okay.



Now, please indicate how severe you think Felix's pain is, by choosing an image below.

As a reminder, Felix is rarely in pain. On most days, he feels okay.



Now, please indicate how severe you think Felix's pain is, by choosing an image below.

As a reminder, Felix is occasionally in pain. On other days, he feels okay.













Now, please indicate how severe you think Felix's pain is, by choosing an image below.

As a reminder, Felix is often in pain. On some days, he feels okay.













Now, please indicate how severe you think Felix's pain is, by choosing an image below.

As a reminder, Felix is in pain on most days. He rarely feels okay.













Now, please indicate how severe you think Felix's pain is, by choosing an image below.

As a reminder, Felix is in pain every day. He is never not in pain.













Submission Confirmation

You are about to submit your survey.

To continue, press "Submit." To change your answers, press "Back."

PART E. Survey for Study #4-5

VRS Anxiety

In the past week, how anxious (worried or afraid) have you been?













VRS Anger

In the past week, how angry have you been?











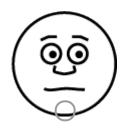


VRS Pain

In the past week, how much pain have you been in?













PROMIS Anxiety

Never

| In the past 7 days, I felt fearful |
|---|
| NeverRarelySometimesOftenAlways |
| In the past 7 days, I found it hard to focus on anything other than my anxiety |
| NeverRarelySometimesOftenAlways |
| In the past 7 days, my worries overwhelmed me |

| 8/14/2020 | Qualtrics Survey Software |
|---------------------------------|----------------------------|
| Rarely | |
| O Sometimes | |
| Often | |
| O Always | |
| | |
| | |
| In the past 7 days, I felt une | asy |
| O Never | |
| Rarely | |
| O Sometimes | |
| Often | |
| O Always | |
| • | |
| | |
| DDOMIC Appear | |
| PROMIS Anger | |
| | |
| In the past 7 days, I was irrit | ated more than people knew |
| O Never | |
| Rarely | |
| O Sometimes | |
| Often | |
| O Always | |
| | |

In the past 7 days, I felt angry

Qualtrics Survey Software

8/14/2020

| 8/14/2020 | Qualtrics Survey Software |
|--|--|
| O Rarely | |
| O Sometimes | |
| Often | |
| O Always | |
| | |
| PROMIS F | ain |
| In the pas | st 7 days, how intense was your pain at its worst? |
| Had no pairMildModerateSevereVery severe | |
| In the pas O Had no pair O Mild | st 7 days, how intense was your average pain? |
| O Moderate | |
| O Severe | |
| O Very severe | |
| , | |

What is your level of pain right now?

| 8/14/2020 | Qualtrics Survey Software | |
|-----------------------------|---------------------------|--|
| O No pain | | |
| O Mild | | |
| O Moderate | | |
| O Severe | | |
| O Very severe | | |
| | | |
| | | |
| Submission Confirmation | | |
| You are about to submit you | ır survey. | |

To continue, press "Submit." To change your answers, press

"Back."