Physical Stress Experiences – Short Form 8a

Please respond to each question or statement by marking one box per row.

	In the past 7 days…	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
EoS_S_032R1	My heart beat faster than usual, even when I was not exercising or playing hard	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_033R1	I had trouble breathing, even when I was not exercising or playing hard	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_039R1	My body shook	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EOS_S_046R1	I had pain that really bothered me	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_017R1	My muscles felt tight	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_024R1	My mouth was dry	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_042R1	I had a headache	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_044R1	My back hurt.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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