Physical Stress Experiences

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_011R1	I felt as if I needed to move my legs a lot..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_015R1	A sudden noise made me jump	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_017R1	My muscles felt tight.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_019R1	I could not stay still for long	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_024R1	My mouth was dry	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_026R1	My breathing was fast, even when I was not exercising or playing hard.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_029R1	My palms were sweaty.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_030R1	I was sweaty, even when I was not exercising or playing hard.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_031R1	My heart pounded, even when I was not exercising or playing hard.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
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_034R1	I felt dizzy	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_035R1	My breathing was fast	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_037R1	My hands shook	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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In the past 7 days…

		Never	Rarely	Sometimes	Often	Always
EoS_S_038R1	My legs shook	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_039R1	My body shook.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_042R1	I had a headache	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_043R1	My neck hurt	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_044R1	My back hurt	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_045R1	I had a bad stomach ache	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_046R1	I had pain that really bothered me.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_048R1	My appetite changed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_049R1	I felt some food coming up into my throat	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_055R1	I threw up	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_064R1	I had trouble staying asleep.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EoS_S_072R1	My neck felt tight.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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