

Introduction

In this study, we are interested in examining how recall of past experiences of particular mental and physical states impact your current perceptions of these states.

You will be asked to recall and describe a specific state that you experienced recently in your life.

For example, you may be asked to recall and describe a recent time you experienced EXCITEMENT. If multiple instances come to mind, choose one that the experience was most intense.

You will be given some time to recall the experience. You will also be provided with some guiding points regarding what you can focus on when recalling and describing the experience.

After describing your experience in detail, you will then make a number of ratings on what you described.

You will do this for THREE different states.

Whenever you are ready, you may proceed to the next page for the FIRST state.

Cond1_physical_nerv

Think of a recent time when you experienced NERVOUSNESS.

As you recall the experience, think about the following -

- 1. Did the experience involve sensation (appeals to your sense of touch, smell, taste, hearing, sight)?**
- 2. Did the experience involve movement?**
- 3. Did the experience involve any perceivable outcomes or external consequences (e.g. physical response, reactions)?**

Close your eyes, and take some time to imagine the experience. Proceed to the next page only after you have attempted to imagine the experience.

☐ I have attempted to imagine the experience.

Now, describe this experience of **NERVOUSNESS** in as much detail as you can, paying special attention to what was happening outside you. Once again, in your description, try to focus on these questions -

- 1. Did the experience involve sensation (appeals to your sense of touch, smell, taste, hearing, sight)?
- 2. Did the experience involve movement?
- 3. Did the experience involve any perceivable outcomes or external consequences (e.g. physical response, reactions)?

Now, we would like you to rate the experience that you just recalled and described on a number of dimensions.

Some questions will require you to make ratings on a single 7-point continuous scale, while some questions will require you to make ratings on a pair of descriptors using the slider shown below. You might rate one item of the pair high and the other low, both high, both low, or however you wish.

You can practice moving the sliders shown below before you continue.

	0	1	2	3	4	5	6	7	8	9	10
Descriptor 1											
Descriptor 2											

For the following questions, please use the sliders to indicate how much each term describes your experience.

My experience of NERVOUSNESS was _____.

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Physical											
Psychological											

My experience of NERVOUSNESS was _____.

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Bodily											
Mental											

My experience of NERVOUSNESS was _____.

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Material											
Immaterial											

My experience of NERVOUSNESS was _____.

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Real											
Imagined											

My experience of NERVOUSNESS was _____.

[illegible]

My experience of NERVOUSNESS was _____.

[illegible]

My experience of NERVOUSNESS was _____.

[illegible]

My experience of NERVOUSNESS was _____.

[illegible]

My experience of NERVOUSNESS was _____.

[illegible]

Bad													
-----	--	--	--	--	--	--	--	--	--	--	--	--	--

My experience of NERVOUSNESS was _____.

	Not at all											Extremely
	0	1	2	3	4	5	6	7	8	9	10	
Pleasant												
Unpleasant												

For the following set of questions, you will rate your experience on a 7-point scale, ranging from "not at all" to "extremely".

To what extent would you describe the experience of NERVOUSNESS as physically intense?

Not at all							Extremely

To what extent would you describe the experience of NERVOUSNESS as involving strong feelings?

Not at all							Extremely

To what extent would you describe the experience of NERVOUSNESS as mentally intense?

Not at all							Extremely

To what extent would you describe the experience of NERVOUSNESS as involving much thinking?

Not at all							Extremely

To what extent would the state you were experiencing have been visible to others?

Not at all							Extremely

To what extent would the state you were experiencing have been identifiable to others?

Not at all							Extremely
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Did the experience of the state lead to any observable changes in the environment around you?



During the experience of the event itself, to what extent was your attention focused on yourself and/or the world around you?

	Not at all					Extremely					
	0	1	2	3	4	5	6	7	8	9	10
Myself											
The world around me											

During the experience of the event itself, to what extent was your attention focused on internal (your mind and the inner parts of your body) and/or external (the world and the external parts of your body as they relate to it)?

		Not at all					Extremely					
		0	1	2	3	4	5	6	7	8	9	10
	Internal											
	External											

The following item is a checklist. CHECK ALL OF THE RESPONSES THAT APPLY.

What parts of yourself were the cause, home, or origin of the state?

- ☐ My mind
- ☐ My muscles
- ☐ My stomach
- ☐ My body
- ☐ My hormones
- ☐ My blood
- ☐ My soul
- ☐ My heart
- ☐ My thoughts
- ☐ My brain
- ☐ My lungs
- ☐ My nerves

The following questions will be about not the experience itself but rather your memory of it. Understanding characteristics of the memory will help us understand your responses.

How strong was your memory of the experience?



How visually clear and vivid was your memory of the experience?

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Extremely

How confident are you in the memory?

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Extremely

How frequently do you experience the state of nervousness?

Never ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very frequently

Cond1_physical_anger

Think of a recent time when you experienced ANGER.

As you recall the experience, think about the following -

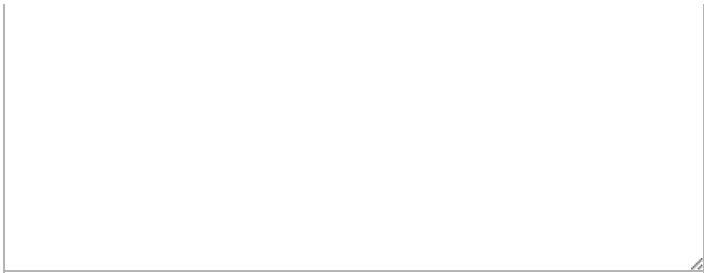
- 1. Did the experience involve sensation (appeals to your sense of touch, smell, taste, hearing, sight)?**
- 2. Did the experience involve movement?**
- 3. Did the experience involve any perceivable outcomes or external consequences (e.g. physical response, reactions)?**

Close your eyes, and take some time to imagine the experience. Proceed to the next page only after you have attempted to imagine the experience.

☐ I have attempted to imagine the experience.

Now, describe this experience of ANGER in as much detail as you can, paying special attention to what was happening outside you. Once again, in your description, try to focus on these questions -

- 1. Did the experience involve sensation (appeals to your sense of touch, smell, taste, hearing, sight)?**
- 2. Did the experience involve movement?**
- 3. Did the experience involve any perceivable outcomes or external consequences (e.g. physical response, reactions)?**



Now, we would like you to rate the experience that you just recalled and described on a number of dimensions.

Some questions will require you to make ratings on a single 7-point continuous scale, while some questions will require you to make ratings on a pair of descriptors using the slider shown below. You might rate one item of the pair high and the other low, both high, both low, or however you wish.

You can practice moving the sliders shown below before you continue.

	0	1	2	3	4	5	6	7	8	9	10
Descriptor 1											
Descriptor 2											

For the following questions, please use the sliders to indicate how much each term describes your experience.

My experience of ANGER was _____.

		Not at all								Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Physical											
Psychological											

My experience of ANGER was _____.

		Not at all								Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Bodily											

Mental											
--------	--	--	--	--	--	--	--	--	--	--	--

My experience of ANGER was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Material											
Immaterial											

My experience of ANGER was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Real											
Imagined											

My experience of ANGER was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Actual											
Made up											

My experience of ANGER was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Purposeful											
Accidental											

My experience of ANGER was _____.

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Voluntary											
Involuntary											

My experience of ANGER was _____.

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Controllable											
Uncontrollable											

My experience of ANGER was _____.

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Good											
Bad											

My experience of ANGER was _____.

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Pleasant											
Unpleasant											

For the following set of questions, you will rate your experience on a 7-point scale, ranging from "not at all" to "extremely".

To what extent would you describe the experience of ANGER as physically intense?

Not at all							Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would you describe the experience of ANGER as involving strong feelings?

Not at all

☐

☐

☐

☐

☐

☐

Extremely

☐

To what extent would you describe the experience of ANGER as mentally intense?

Not at all

☐

☐

☐

☐

☐

☐

Extremely

☐

To what extent would you describe the experience of ANGER as involving much thinking?

Not at all

☐

☐

☐

☐

☐

☐

Extremely

☐

To what extent would the state you were experiencing have been visible to others?

Not at all

☐

☐

☐

☐

☐

☐

Extremely

☐

To what extent would the state you were experiencing have been identifiable to others?

Not at all

☐

☐

☐

☐

☐

☐

Extremely

☐

Did the experience of the state lead to any observable changes in the environment around you?

Not at all

☐

☐

☐

☐

☐

☐

Very much so

☐

During the experience of the event itself, to what extent was your attention focused on yourself and/or the world around you?

Not at all

Extremely

0

1

2

3

4

5

6

7

8

9

10

Myself											
The world around me											

During the experience of the event itself, to what extent was your attention focused on internal (your mind and the inner parts of your body) and/or external (the world and the external parts of your body as they relate to it)?

Not at all

Extremely

0

1

2

3

4

5

6

7

8

9

10

Internal										
External										

The following item is a checklist. CHECK ALL OF THE RESPONSES THAT APPLY.

What parts of yourself were the cause, home, or origin of the state?

- ☐ My mind
- ☐ My muscles
- ☐ My stomach
- ☐ My body
- ☐ My hormones
- ☐ My blood
- ☐ My soul
- ☐ My heart
- ☐ My thoughts
- ☐ My brain
- ☐ My lungs
- ☐ My nerves

The following questions will be about not the experience itself but rather your memory of it. Understanding characteristics of the memory will help us understand your responses.

How strong was your memory of the experience?



How visually clear and vivid was your memory of the experience?



How confident are you in the memory?



How frequently do you experience the state of anger?



Cond1_physical_exhaustion

Think of a recent time when you experienced EXHAUSTION.

As you recall the experience, think about the following -

1. Did the experience involve sensation (appeals to your sense of touch, smell, taste, hearing, sight)?
2. Did the experience involve movement?
3. Did the experience involve any perceivable outcomes or external consequences (e.g.

physical response, reactions)?

Close your eyes, and take some time to imagine the experience. Proceed to the next page only after you have attempted to imagine the experience.

☐ I have attempted to imagine the experience.

Now, describe this experience of EXHAUSTION in as much detail as you can, paying special attention to what was happening outside you.

Once again, in your description, try to focus on these questions -

1. Did the experience involve sensation (appeals to your sense of touch, smell, taste, hearing, sight)?

2. Did the experience involve movement?

3. Did the experience involve any perceivable outcomes or external consequences (e.g. physical response, reactions)?

Now, we would like you to rate the experience that you just recalled and described on a number of dimensions.

Some questions will require you to make ratings on a single 7-point continuous scale, while some questions will require you to make ratings on a pair of descriptors using the slider shown below. You might rate one item of the pair high and the other low, both high, both low, or however you wish.

You can practice moving the sliders shown below before you continue.

	0	1	2	3	4	5	6	7	8	9	10
Descriptor 1											
Descriptor 2											

For the following questions, please use the sliders to indicate how much each term describes your experience.

My experience of EXHAUSTION was _____.

	Not at all										Extremely										
	0	1	2	3	4	5	6	7	8	9	10										
Physical																					
Psychological																					

My experience of EXHAUSTION was _____.

	Not at all										Extremely										
	0	1	2	3	4	5	6	7	8	9	10										
Bodily																					
Mental																					

My experience of EXHAUSTION was _____.

	Not at all										Extremely										
	0	1	2	3	4	5	6	7	8	9	10										
Material																					
Immaterial																					

My experience of EXHAUSTION was _____.

	Not at all										Extremely										
	0	1	2	3	4	5	6	7	8	9	10										
Real																					
Imagined																					

My experience of EXHAUSTION was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Actual											
Made up											

My experience of EXHAUSTION was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Purposeful											
Accidental											

My experience of EXHAUSTION was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Voluntary											
Involuntary											

My experience of EXHAUSTION was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Controllable											
Uncontrollable											

My experience of EXHAUSTION was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Good											

Bad											
-----	--	--	--	--	--	--	--	--	--	--	--

My experience of EXHAUSTION was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Pleasant											
Unpleasant											

For the following set of questions, you will rate your experience on a 7-point scale, ranging from "not at all" to "extremely".

To what extent would you describe the experience of EXHAUSTION as physically intense?

Not at all							Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would you describe the experience of EXHAUSTION as involving strong feelings?

Not at all						Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would you describe the experience of EXHAUSTION as mentally intense?

Not at all						Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would you describe the experience of EXHAUSTION as involving much thinking?

Not at all						Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would the state you were experiencing have been visible to others?

Not at all						Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would the state you were experiencing have been identifiable to others?

Not at all						Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did the experience of the state lead to any observable changes in the environment around you?

Not at all

Very much so

During the experience of the event itself, to what extent was your attention focused on yourself and/or the world around you?

		Not at all										Extremely	
		0	1	2	3	4	5	6	7	8	9	10	
Myself													
The world around me													

During the experience of the event itself, to what extent was your attention focused on internal (your mind and the inner parts of your body) and/or external (the world and the external parts of your body as they relate to it)?

		Not at all										Extremely	
		0	1	2	3	4	5	6	7	8	9	10	
Internal													
External													

The following item is a checklist. CHECK ALL OF THE RESPONSES THAT APPLY.

What parts of yourself were the cause, home, or origin of the state?

☐ My mind

☐ My muscles

☐ My stomach

☐ My body

☐ My hormones

☐ My blood

☐ My soul

☐ My heart

☐ My thoughts

☐ My brain

☐ My lungs

☐ My nerves

The following questions will be about not the experience itself but rather your memory of it. Understanding characteristics of the memory will help us understand your responses.

How strong was your memory of the experience?

Not at all

Extremely

How visually clear and vivid was your memory of the experience?



How confident are you in the memory?



How frequently do you experience the state of exhaustion?



Cond2_mental_nerv

Think of a recent time when you experienced NERVOUSNESS.

As you recall the experience, think about the following -

- 1. Did the experience involve any emotions, feelings or sentiments?**
- 2. Did the experience involve any thoughts or reflections?**
- 3. Did the experience involve any internal consequences (e.g. emotional or cognitive response, reactions)?**

Close your eyes, and take some time to imagine the experience. Proceed to the next page only after you have attempted to imagine the experience.

Now, describe this experience of NERVOUSNESS in as much detail as you can, paying special attention to what was happening within you. In your description, try to focus on addressing these questions -

- 1. Did the experience involve any emotions, feelings or sentiments?**
- 2. Did the experience involve any thoughts or reflections?**
- 3. Did the experience involve any internal consequences (e.g. emotional or cognitive response, reactions)?**

Now, we would like you to rate the experience that you just recalled and described on a number of dimensions.

Some questions will require you to make ratings on a single 7-point continuous scale, while some questions will require you to make ratings on a pair of descriptors using the slider shown below. You might rate one item of the pair high and the other low, both high, both low, or however you wish.

You can practice moving the sliders shown below before you continue.

	0	1	2	3	4	5	6	7	8	9	10
Descriptor 1											
Descriptor 2											

For the following questions, please use the sliders to indicate how much each term describes your experience.

My experience of NERVOUSNESS was _____.

		Not at all								Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Physical											
Psychological											

My experience of NERVOUSNESS was _____.

		Not at all								Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Bodily											
Mental											

My experience of NERVOUSNESS was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Material											
Immaterial											

My experience of NERVOUSNESS was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Real											
Imagined											

My experience of NERVOUSNESS was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Actual											
Made up											

My experience of NERVOUSNESS was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Purposeful											
Accidental											

My experience of NERVOUSNESS was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Voluntary											

Involuntary										
-------------	--	--	--	--	--	--	--	--	--	--

My experience of NERVOUSNESS was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Controllable											
Uncontrollable											

My experience of NERVOUSNESS was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Good											
Bad											

My experience of NERVOUSNESS was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Pleasant											
Unpleasant											

For the following set of questions, you will rate your experience on a 7-point scale, ranging from "not at all" to "extremely".

To what extent would you describe the experience of NERVOUSNESS as physically intense?

Not at all							Extremely
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would you describe the experience of NERVOUSNESS as involving strong feelings?

Not at all

☐

☐

☐

☐

☐

☐

☐

Extremely

To what extent would you describe the experience of NERVOUSNESS as mentally intense?

Not at all

☐

☐

☐

☐

☐

☐

☐

Extremely

To what extent would you describe the experience of NERVOUSNESS as involving much thinking?

Not at all

☐

☐

☐

☐

☐

☐

☐

Extremely

To what extent would the state you were experiencing have been visible to others?

Not at all

☐

☐

☐

☐

☐

☐

☐

Extremely

To what extent would the state you were experiencing have been identifiable to others?

Not at all

☐

☐

☐

☐

☐

☐

☐

Extremely

Did the experience of the state lead to any observable changes in the environment around you?

Not at all

☐

☐

☐

☐

☐

☐

☐

Very much so

During the experience of the event itself, to what extent was your attention focused on yourself and/or the world around you?

	Not at all										Extremely	
	0	1	2	3	4	5	6	7	8	9	10	
Myself												
The world around me												

During the experience of the event itself, to what extent was your attention focused on internal (your mind and the inner parts of your body) and/or external (the world and the external parts of your body as they relate to it)?

	Not at all										Extremely	
	0	1	2	3	4	5	6	7	8	9	10	
Internal												

External										
----------	--	--	--	--	--	--	--	--	--	--

The following item is a checklist. CHECK ALL OF THE RESPONSES THAT APPLY.

What parts of yourself were the cause, home, or origin of the state?

- ☐ My mind
- ☐ My muscles
- ☐ My stomach
- ☐ My body
- ☐ My hormones
- ☐ My blood
- ☐ My soul
- ☐ My heart
- ☐ My thoughts
- ☐ My brain
- ☐ My lungs
- ☐ My nerves

The following questions will be about not the experience itself but rather your memory of it. Understanding characteristics of the memory will help us understand your responses.

How strong was your memory of the experience?

Not at all

☐

☐

☐

☐

☐

☐

Extremely

How visually clear and vivid was your memory of the experience?

Not at all

☐

☐

☐

☐

☐

☐

Extremely

How confident are you in the memory?

Not at all

☐

☐

☐

☐

☐

☐

Extremely

How frequently do you experience the state of nervousness?

Never

☐

☐

☐

☐

☐

Very frequently

Cond2_mental_exhaustion

Think of a recent time when you experienced EXHAUSTION.

As you recall the experience, think about the following -

1. Did the experience involve any emotions, feelings or sentiments?
2. Did the experience involve any thoughts or reflections?
3. Did the experience involve any internal consequences (e.g. emotional or cognitive response, reactions)?

Close your eyes, and take some time to imagine the experience. Proceed to the next page only after you have attempted to imagine the experience

only after you have attempted to imagine the experience.

☐ I have attempted to imagine the experience.

Now, describe this experience of EXHAUSTION in as much detail as you can, paying special attention to what was happening within you. In your description, try to focus on addressing these questions -

- 1. Did the experience involve any emotions, feelings or sentiments?
- 2. Did the experience involve any thoughts or reflections?
- 3. Did the experience involve any internal consequences (e.g. emotional or cognitive response, reactions)?

Now, we would like you to rate the experience that you just recalled and described on a number of dimensions.

Some questions will require you to make ratings on a single 7-point continuous scale, while some questions will require you to make ratings on a pair of descriptors using the slider shown below. You might rate one item of the pair high and the other low, both high, both low, or however you wish.

You can practice moving the sliders shown below before you continue.

	0	1	2	3	4	5	6	7	8	9	10
Descriptor 1											
Descriptor 2											

For the following questions, please use the sliders to indicate how much each term describes your experience.

My experience of EXHAUSTION was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Physical											
Psychological											

My experience of EXHAUSTION was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Bodily											
Mental											

My experience of EXHAUSTION was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Material											
Immaterial											

My experience of EXHAUSTION was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Real											
Imagined											

My experience of EXHAUSTION was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10

Actual												
Made up												

My experience of EXHAUSTION was _____.

	Not at all										Extremely
	0	1	2	3	4	5	6	7	8	9	10
Purposeful											
Accidental											

My experience of EXHAUSTION was _____.

	Not at all										Extremely
	0	1	2	3	4	5	6	7	8	9	10
Voluntary											
Involuntary											

My experience of EXHAUSTION was _____.

	Not at all										Extremely
	0	1	2	3	4	5	6	7	8	9	10
Controllable											
Uncontrollable											

My experience of EXHAUSTION was _____.

	Not at all										Extremely
	0	1	2	3	4	5	6	7	8	9	10
Good											
Bad											

My experience of EXHAUSTION was _____.

	Not at all							Extremely			
	0	1	2	3	4	5	6	7	8	9	10
Pleasant											
Unpleasant											

For the following set of questions, you will rate your experience on a 7-point scale, ranging from "not at all" to "extremely".

To what extent would you describe the experience of EXHAUSTION as physically intense?

Not at all								Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would you describe the experience of EXHAUSTION as involving strong feelings?

Not at all								Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would you describe the experience of EXHAUSTION as mentally intense?

Not at all								Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would you describe the experience of EXHAUSTION as involving much thinking?

Not at all								Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would the state you were experiencing have been visible to others?

Not at all								Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would the state you were experiencing have been identifiable to others?

Not at all								Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did the experience of the state lead to any observable changes in the environment around you?

Not at all								Very much so
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the experience of the event itself, to what extent was your attention focused on yourself and/or the world around you?

	Not at all					Extremely					
	0	1	2	3	4	5	6	7	8	9	10
Myself											
The world around me											

During the experience of the event itself, to what extent was your attention focused on internal (your mind and the inner parts of your body) and/or external (the world and the external parts of your body as they relate to it)?

	Not at all					Extremely					
	0	1	2	3	4	5	6	7	8	9	10
Internal											
External											

The following item is a checklist. CHECK ALL OF THE RESPONSES THAT APPLY.

What parts of yourself were the cause, home, or origin of the state?

- ☐ My mind
- ☐ My muscles
- ☐ My stomach
- ☐ My body
- ☐ My hormones
- ☐ My blood
- ☐ My soul
- ☐ My heart
- ☐ My thoughts
- ☐ My brain
- ☐ My lungs
- ☐ My nerves

The following questions will be about not the experience itself but rather your memory of it. Understanding characteristics of the memory will help us understand your responses.

How strong was your memory of the experience?

Not at all							Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

How visually clear and vivid was your memory of the experience?

Not at all							Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

How confident are you in the memory?

Not at all ☐ ☐ ☐ ☐ ☐ ☐ ☐ Extremely

How frequently do you experience the state of exhaustion?

Never ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very frequently

Cond2_mental_anger

Think of a recent time when you experienced ANGER.

As you recall the experience, think about the following -

- 1. Did the experience involve any emotions, feelings or sentiments?**
- 2. Did the experience involve any thoughts or reflections?**
- 3. Did the experience involve any internal consequences (e.g. emotional or cognitive response, reactions)?**

Close your eyes, and take some time to imagine the experience. Proceed to the next page only after you have attempted to imagine the experience.

☐ I have attempted to imagine the experience.

Now, describe this experience of ANGER in as much detail as you can, paying special attention to what was happening within you. In your description, try to focus on addressing these questions -

- 1. Did the experience involve any emotions, feelings or sentiments?**
- 2. Did the experience involve any thoughts or reflections?**
- 3. Did the experience involve any internal consequences (e.g. emotional or cognitive response, reactions)?**

Now, we would like you to rate the experience that you just recalled and described on a number of dimensions.

Some questions will require you to make ratings on a single 7-point continuous scale, while some questions will require you to make ratings on a pair of descriptors using the slider shown below. You might rate one item of the pair high and the other low, both high, both low, or however you wish.

You can practice moving the sliders shown below before you continue.

	0	1	2	3	4	5	6	7	8	9	10
Descriptor 1											
Descriptor 2											

For the following questions, please use the sliders to indicate how much each term describes your experience.

My experience of ANGER was _____.

		Not at all								Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Physical											
Psychological											

My experience of ANGER was _____.

		Not at all								Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Bodily											
Mental											

My experience of ANGER was _____.

		Not at all								Extremely	
	0	1	2	3	4	5	6	7	8	9	10

Material											
Immaterial											

My experience of ANGER was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Real											
Imagined											

My experience of ANGER was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Actual											
Made up											

My experience of ANGER was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Purposeful											
Accidental											

My experience of ANGER was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Voluntary											
Involuntary											

My experience of ANGER was _____.

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Controllable											
Uncontrollable											

My experience of ANGER was _____.

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Good											
Bad											

My experience of ANGER was _____.

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Pleasant											
Unpleasant											

For the following set of questions, you will rate your experience on a 7-point scale, ranging from "not at all" to "extremely".

To what extent would you describe the experience of ANGER as physically intense?

Not at all							Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would you describe the experience of ANGER as involving strong feelings?

Not at all							Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

To what extent would you describe the experience of ANGER as mentally intense?

Not at all							Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐

☐

☐

☐

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☐

To what extent would you describe the experience of ANGER as involving much thinking?

Not at all

☐

☐

☐

☐

☐

☐

☐

Extremely

☐

To what extent would the state you were experiencing have been visible to others?

Not at all

☐

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☐

Extremely

☐

To what extent would the state you were experiencing have been identifiable to others?

Not at all

☐

☐

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☐

☐

☐

☐

Extremely

☐

Did the experience of the state lead to any observable changes in the environment around you?

Not at all

☐

☐

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☐

☐

☐

☐

Very much so

☐

During the experience of the event itself, to what extent was your attention focused on yourself and/or the world around you?

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Myself											
The world around me											

During the experience of the event itself, to what extent was your attention focused on internal (your mind and the inner parts of your body) and/or external (the world and the external parts of your body as they relate to it)?

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Internal											
External											

The following item is a checklist. CHECK ALL OF THE RESPONSES THAT APPLY.

What parts of yourself were the cause, home, or origin of the state?

- ☐ My mind
- ☐ My muscles
- ☐ My stomach
- ☐ My body
- ☐ My hormones
- ☐ My blood
- ☐ My soul
- ☐ My heart
- ☐ My thoughts
- ☐ My brain
- ☐ My lungs
- ☐ My nerves

The following questions will be about not the experience itself but rather your memory of it. Understanding characteristics of the memory will help us understand your responses.

How strong was your memory of the experience?

Not at all

☐

☐

☐

☐

☐

☐

Extremely

How visually clear and vivid was your memory of the experience?

Not at all

☐

☐

☐

☐

☐

☐

Extremely

How confident are you in the memory?

Not at all

☐

☐

☐

☐

☐

☐

Extremely

How frequently do you experience the state of anger?

Never

☐

☐

☐

☐

☐

☐

Very frequently

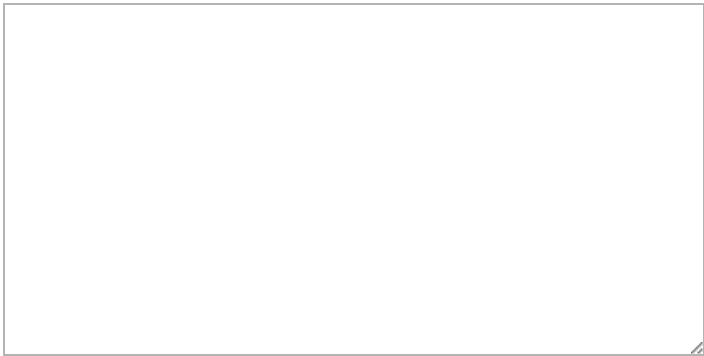
Cond3_control_nerv

Think of a recent time when you experienced NERVOUSNESS.

Close your eyes, and take some time to imagine the experience. Proceed to the next page only after you have attempted to imagine the experience.

☐ I have attempted to imagine the experience.

Now, describe this experience of NERVOUSNESS in as much detail as you can.



Now, we would like you to rate the experience that you just recalled and described on a number of dimensions.

Some questions will require you to make ratings on a single 7-point continuous scale, while some questions will require you to make ratings on a pair of descriptors using the slider shown below. You might rate one item of the pair high and the other low, both high, both low, or however you wish.

You can practice moving the sliders shown below before you continue.

	0	1	2	3	4	5	6	7	8	9	10
Descriptor 1											
Descriptor 2											

For the following questions, please use the sliders to indicate how much each term describes your experience.

My experience of NERVOUSNESS was _____.

		Not at all								Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Physical											
Psychological											

My experience of NERVOUSNESS was _____.

[illegible]

My experience of NERVOUSNESS was _____.

[illegible]

My experience of NERVOUSNESS was _____.

[illegible]

My experience of NERVOUSNESS was _____.

[illegible]

My experience of NERVOUSNESS was _____.

[illegible]

Accidental											
------------	--	--	--	--	--	--	--	--	--	--	--

My experience of NERVOUSNESS was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Voluntary											
Involuntary											

My experience of NERVOUSNESS was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Controllable											
Uncontrollable											

My experience of NERVOUSNESS was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Good											
Bad											

My experience of NERVOUSNESS was _____.

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Pleasant											
Unpleasant											

For the following set of questions, you will rate your experience on a 7-point scale, ranging from "not at all" to "extremely".

To what extent would you describe the experience of NERVOUSNESS as physically intense?

Not at all Extremely

To what extent would you describe the experience of NERVOUSNESS as involving strong feelings?

Not at all Extremely

To what extent would you describe the experience of NERVOUSNESS as mentally intense?

Not at all Extremely

To what extent would you describe the experience of NERVOUSNESS as involving much thinking?

Not at all Extremely

To what extent would the state you were experiencing have been visible to others?

Not at all Extremely

To what extent would the state you were experiencing have been identifiable to others?

Not at all Extremely

Did the experience of the state lead to any observable changes in the environment around you?

Not at all Very much so

During the experience of the event itself, to what extent was your attention focused on yourself and/or the world around you?

Not at all

Extremely

0 1 2 3 4 5 6 7 8 9 10

Myself											
The world around me											

During the experience of the event itself, to what extent was your attention focused on internal (your mind and the inner parts of your body) and/or external (the world and the external parts of your body as they relate to it)?

	Not at all									Extremely	
	0	1	2	3	4	5	6	7	8	9	10
Internal											
External											

The following item is a checklist. CHECK ALL OF THE RESPONSES THAT APPLY.

What parts of yourself were the cause, home, or origin of the state?

- ☐ My mind
- ☐ My muscles
- ☐ My stomach
- ☐ My body
- ☐ My hormones
- ☐ My blood
- ☐ My soul
- ☐ My heart
- ☐ My thoughts
- ☐ My brain
- ☐ My lungs
- ☐ My nerves

The following questions will be about not the experience itself but rather your memory of it. Understanding characteristics of the memory will help us understand your responses.

How strong was your memory of the experience?



How visually clear and vivid was your memory of the experience?



How confident are you in the memory?



How frequently do you experience the state of nervousness?



Cond3_control_exhaustion

Think of a recent time when you experienced EXHAUSTION.

Close your eyes, and take some time to imagine the experience. Proceed to the next page only after you have attempted to imagine the experience.

☐ I have attempted to imagine the experience.

Now, describe this experience of EXHAUSTION in as much detail as you can.

Now, we would like you to rate the experience that you just recalled and described on a number of dimensions.

Some questions will require you to make ratings on a single 7-point continuous scale, while some questions will require you to make ratings on a pair of descriptors using the slider shown below. You might rate one item of the pair high and the other low, both high, both low, or however you wish.

You can practice moving the sliders shown below before you continue.

	0	1	2	3	4	5	6	7	8	9	10
Descriptor 1											
Descriptor 2											

For the following questions, please use the sliders to indicate how much each term describes your experience.

My experience of EXHAUSTION was _____.

	Not at all										Extremely	
	0	1	2	3	4	5	6	7	8	9	10	
Physical												
Psychological												

My experience of EXHAUSTION was _____.

	Not at all										Extremely	
	0	1	2	3	4	5	6	7	8	9	10	
Bodily												
Mental												

My experience of EXHAUSTION was _____.

	Not at all										Extremely	
	0	1	2	3	4	5	6	7	8	9	10	
Material												
Immaterial												

My experience of EXHAUSTION was _____.

	Not at all										Extremely	
	0	1	2	3	4	5	6	7	8	9	10	
Real												
Imagined												

My experience of EXHAUSTION was _____.

	Not at all										Extremely	
	0	1	2	3	4	5	6	7	8	9	10	
Actual												

Made up												
---------	--	--	--	--	--	--	--	--	--	--	--	--

My experience of EXHAUSTION was _____.

		Not at all									Extremely	
		0	1	2	3	4	5	6	7	8	9	10
Purposeful												
Accidental												

My experience of EXHAUSTION was _____.

		Not at all									Extremely	
		0	1	2	3	4	5	6	7	8	9	10
Voluntary												
Involuntary												

My experience of EXHAUSTION was _____.

		Not at all									Extremely	
		0	1	2	3	4	5	6	7	8	9	10
Controllable												
Uncontrollable												

My experience of EXHAUSTION was _____.

		Not at all									Extremely	
		0	1	2	3	4	5	6	7	8	9	10
Good												
Bad												

My experience of EXHAUSTION was _____.

	Not at all							Extremely				
	0	1	2	3	4	5	6	7	8	9	10	
Pleasant												
Unpleasant												

For the following set of questions, you will rate your experience on a 7-point scale, ranging from "not at all" to "extremely".

To what extent would you describe the experience of EXHAUSTION as physically intense?

Not at all

☐

☐

☐

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☐

Extremely

To what extent would you describe the experience of EXHAUSTION as involving strong feelings?

Not at all

☐

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Extremely

To what extent would you describe the experience of EXHAUSTION as mentally intense?

Not at all

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☐

Extremely

To what extent would you describe the experience of EXHAUSTION as involving much thinking?

Not at all

☐

☐

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☐

☐

☐

☐

Extremely

To what extent would the state you were experiencing have been visible to others?

Not at all

☐

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☐

Extremely

To what extent would the state you were experiencing have been identifiable to others?

Not at all

☐

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☐

Extremely

Did the experience of the state lead to any observable changes in the environment around you?

Not at all

☐

☐

☐

☐

☐

☐

☐

Very much so

During the experience of the event itself, to what extent was your attention focused on yourself and/or the world around you?

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Myself											
The world around me											

During the experience of the event itself, to what extent was your attention focused on internal (your mind and the inner parts of your body) and/or external (the world and the external parts of your body as they relate to it)?

	Not at all						Extremely				
	0	1	2	3	4	5	6	7	8	9	10
Internal											
External											

The following item is a checklist. CHECK ALL OF THE RESPONSES THAT APPLY.

What parts of yourself were the cause, home, or origin of the state?

- ☐ My mind
- ☐ My muscles
- ☐ My stomach
- ☐ My body
- ☐ My hormones
- ☐ My blood
- ☐ My soul
- ☐ My heart
- ☐ My thoughts
- ☐ My brain
- ☐ My lungs
- ☐ My nerves

The following questions will be about not the experience itself but rather your memory of it. Understanding characteristics of the memory will help us understand your responses.

How strong was your memory of the experience?

Not at all							Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How visually clear and vivid was your memory of the experience?

Not at all							Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How confident are you in the memory?



How frequently do you experience the state of exhaustion?



Cond3_control_anger

Think of a recent time when you experienced ANGER.

Close your eyes, and take some time to imagine the experience. Proceed to the next page only after you have attempted to imagine the experience.

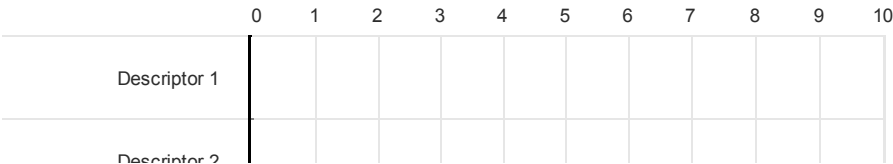
☐ I have attempted to imagine the experience.

Now, describe this experience of ANGER in as much detail as you can.

Now, we would like you to rate the experience that you just recalled and described on a number of dimensions.

Some questions will require you to make ratings on a single 7-point continuous scale, while some questions will require you to make ratings on a pair of descriptors using the slider shown below. You might rate one item of the pair high and the other low, both high, both low, or however you wish.

You can practice moving the sliders shown below before you continue.



Descriptor 2

For the following questions, please use the sliders to indicate how much each term describes your experience.

My experience of ANGER was _____.

	Not at all										Extremely										
	0	1	2	3	4	5	6	7	8	9	10										
Physical																					
Psychological																					

My experience of ANGER was _____.

	Not at all										Extremely										
	0	1	2	3	4	5	6	7	8	9	10										
Bodily																					
Mental																					

My experience of ANGER was _____.

	Not at all										Extremely										
	0	1	2	3	4	5	6	7	8	9	10										
Material																					
Immaterial																					

My experience of ANGER was _____.

	Not at all										Extremely										
	0	1	2	3	4	5	6	7	8	9	10										
Real																					
Imagined																					

My experience of ANGER was _____.

		Not at all											Extremely	
	0	1	2	3	4	5	6	7	8	9	10			
Actual														
Made up														

My experience of ANGER was _____.

		Not at all											Extremely	
	0	1	2	3	4	5	6	7	8	9	10			
Purposeful														
Accidental														

My experience of ANGER was _____.

		Not at all											Extremely	
	0	1	2	3	4	5	6	7	8	9	10			
Voluntary														
Involuntary														

My experience of ANGER was _____.

		Not at all											Extremely	
	0	1	2	3	4	5	6	7	8	9	10			
Controllable														
Uncontrollable														

My experience of ANGER was _____.

		Not at all											Extremely	
	0	1	2	3	4	5	6	7	8	9	10			

Good										
Bad										

My experience of ANGER was _____.

	Not at all										Extremely	
	0	1	2	3	4	5	6	7	8	9	10	
Pleasant												
Unpleasant												

For the following set of questions, you will rate your experience on a 7-point scale, ranging from "not at all" to "extremely".

To what extent would you describe the experience of ANGER as physically intense?

Not at all

☐

☐

☐

☐

☐

☐

☐

Extremely

To what extent would you describe the experience of ANGER as involving strong feelings?

Not at all

☐

☐

☐

☐

☐

☐

☐

Extremely

To what extent would you describe the experience of ANGER as mentally intense?

Not at all

☐

☐

☐

☐

☐

☐

☐

Extremely

To what extent would you describe the experience of ANGER as involving much thinking?

Not at all

☐

☐

☐

☐

☐

☐

☐

Extremely

To what extent would the state you were experiencing have been visible to others?

Not at all

☐

☐

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☐

☐

Extremely

To what extent would the state you were experiencing have been identifiable to others?

Not at all

☐

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☐

☐

Extremely

Did the experience of the state lead to any observable changes in the environment around you?

Not at all

Very much so

During the experience of the event itself, to what extent was your attention focused on yourself and/or the world around you?

		Not at all					Extremely					
		0	1	2	3	4	5	6	7	8	9	10
Myself												
The world around me												

During the experience of the event itself, to what extent was your attention focused on internal (your mind and the inner parts of your body) and/or external (the world and the external parts of your body as they relate to it)?

		Not at all					Extremely					
		0	1	2	3	4	5	6	7	8	9	10
Internal												
External												

The following item is a checklist. CHECK ALL OF THE RESPONSES THAT APPLY.

What parts of yourself were the cause, home, or origin of the state?

☐ My mind

☐ My muscles

☐ My stomach

☐ My body

☐ My hormones

☐ My blood

☐ My soul

☐ My heart

☐ My thoughts

☐ My brain

☐ My lungs

☐ My nerves

The following questions will be about not the experience itself but rather your memory of it. Understanding characteristics of the memory will help us understand your responses.

How strong was your memory of the experience?

Not at all

Extremely

How visually clear and vivid was your memory of the experience?

Not at all

Extremely

☐ ☐ ☐ ☐ ☐ ☐ ☐

How confident are you in the memory?

Not at all

Extremely

☐ ☐ ☐ ☐ ☐ ☐ ☐

How frequently do you experience the state of anger?

Never

Very frequently

☐ ☐ ☐ ☐ ☐ ☐ ☐

Indiv_diff

Click to write the question text

Demographics

Now we would like to collect some demographic information about you.

What is your gender?

- ☐ Male
☐ Female

What is your age?

What is your nationality?

What is your ethnicity? If more than one, select 'Other' or pick the one with which you primarily identify.

- ☐ White
☐ African American
☐ American Indian / Alaska Native
☐ Hispanic
☐ Asian / Pacific Islander
☐ Other

What is your occupation?

Did you find anything suspicious or strange about this survey? If so, what?

What did you think this survey was about?