

Survey 1

You may skip any questions you don't feel comfortable answering

How long have you been a musician? _____

What is your age? _____

Please Rate how you tend to feel overall when you perform?

[I feel awesome] ○ 1 2 3 4 5 6 7 8 9 10 [Extreme anxiety]

Is there something you currently do to mitigate symptoms of performance anxiety?

Pre-Performance Survey 1

You may skip any questions you don't feel comfortable answering

Please rate how anxious you feel right now with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10 n/a

Please rate how anxious you anticipate feeling overall immediately before your performance with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10

Please rate how anxious you anticipate feeling overall during your performance today with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10

Please rate any of the below statements that apply to how you are feeling in the present moment from 0 to 10.

I am doubting my own ability

0 1 2 3 4 5 6 7 8 9 10

I am confident in my ability

I fear I will lose control

0 1 2 3 4 5 6 7 8 9 10

I feel I will maintain control

I haven't practiced enough

0 1 2 3 4 5 6 7 8 9 10

I have practiced plenty

I'm concerned I won't see or hear properly

0 1 2 3 4 5 6 7 8 9 10

I will see and hear well

I'm worried my equipment might malfunction

0 1 2 3 4 5 6 7 8 9 10

I am confident my equipment will work

I doubt the audience will like my performance

0 1 2 3 4 5 6 7 8 9 10

I expect the audience to enjoy my performance

I fear I will forget what I have memorized

0 1 2 3 4 5 6 7 8 9 10

I am confident I will remember what I need to

Other _____

Please rate any of the following symptoms that you anticipate you will experience during your performance today from 0 to 10, with 0 meaning *I do not anticipate experiencing this symptom* and 10 meaning *I anticipate experiencing this symptom to the fullest extent*.

Loss of breath

○ 1 2 3 4 5 6 7 8 9 10

Dry mouth

○ 1 2 3 4 5 6 7 8 9 10

Increased heart rate

○ 1 2 3 4 5 6 7 8 9 10

Sweaty Hands

○ 1 2 3 4 5 6 7 8 9 10

Shaking hands, arms, or knees

○ 1 2 3 4 5 6 7 8 9 10

Loss of the ability to see or hear clearly

○ 1 2 3 4 5 6 7 8 9 10

Loss of sensitivity in the fingers

○ 1 2 3 4 5 6 7 8 9 10

Physical tension

○ 1 2 3 4 5 6 7 8 9 10

Stiff body movement

○ 1 2 3 4 5 6 7 8 9 10

Feeling sick or nauseous

○ 1 2 3 4 5 6 7 8 9 10

Inner voice blaming or praising aspects of my performance

○ 1 2 3 4 5 6 7 8 9 10

Forgetting words, fingerings, or some technical aspect

○ 1 2 3 4 5 6 7 8 9 10

Forgetting the music

○ 1 2 3 4 5 6 7 8 9 10

Losing my sense of time

○ 1 2 3 4 5 6 7 8 9 10

Feeling distracted										
0	1	2	3	4	5	6	7	8	9	10

Losing Concentration										
0	1	2	3	4	5	6	7	8	9	10

Other _____

Pre-Performance Survey 2

You may skip any questions you don't feel comfortable answering

Please rate how anxious you feel right now with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10

Please rate how anxious you anticipate feeling overall immediately before your performance with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10

Please rate how overall anxious you anticipate feeling during your performance today with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10

Please rate any of the below statements that apply to how you are feeling in the present moment from 1 to 10.

I am doubting my own ability

0 1 2 3 4 5 6 7 8 9 10

I am confident in my ability

I fear I will lose control

0 1 2 3 4 5 6 7 8 9 10

I feel I will maintain control

I haven't practiced enough

0 1 2 3 4 5 6 7 8 9 10

I have practiced plenty

I'm concerned I won't see or hear properly

0 1 2 3 4 5 6 7 8 9 10

I will see and hear well

I'm worried my equipment might malfunction

0 1 2 3 4 5 6 7 8 9 10

I am confident my equipment will work

I doubt the audience will like my performance

0 1 2 3 4 5 6 7 8 9 10

I expect the audience to enjoy my performance

I fear I will forget what I have memorized

0 1 2 3 4 5 6 7 8 9 10

I am confident I will remember what I need to

Other _____

Please rate any of the following symptoms that you anticipate you will experience during your performance today from 0 to 10, with 0 meaning *I do not anticipate experiencing this symptom* and 10 meaning *I anticipate experiencing this symptom to the fullest extent*.

Loss of breath

☐ 1 2 3 4 5 6 7 8 9 10

Dry mouth

☐ 1 2 3 4 5 6 7 8 9 10

Increased heart rate

☐ 1 2 3 4 5 6 7 8 9 10

Sweaty Hands

☐ 1 2 3 4 5 6 7 8 9 10

Shaking hands, arms, or knees

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Loss of the ability to see or hear clearly

☐ 1 2 3 4 5 6 7 8 9 10

Loss of sensitivity in the fingers

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Physical tension

☐ 1 2 3 4 5 6 7 8 9 10

Stiff body movement

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Feeling sick or nauseous

☐ 1 2 3 4 5 6 7 8 9 10

Inner voice blaming or praising aspects of my performance

☐ 1 2 3 4 5 6 7 8 9 10

Forgetting words, fingerings, or some technical aspect

☐ 1 2 3 4 5 6 7 8 9 10

Forgetting the music

☐ 1 2 3 4 5 6 7 8 9 10

Losing my sense of time

☐ 1 2 3 4 5 6 7 8 9 10

Feeling distracted										
0	1	2	3	4	5	6	7	8	9	10

Losing Concentration										
0	1	2	3	4	5	6	7	8	9	10

Other _____

Post-Performance Survey 1

You may skip any questions you don't feel comfortable answering

Please rate how anxious you feel right now with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10

Please rate how anxious you felt overall immediately before your performance with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10

Please rate how anxious you felt overall during your performance with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10

Please rate any of the below statements that apply to how you felt during your performance from 0 to 10.

I doubted my own ability

0 1 2 3 4 5 6 7 8 9 10

I felt confident in my ability

I feared I would lose control

0 1 2 3 4 5 6 7 8 9 10

I felt I maintained control

I hadn't practiced enough

0 1 2 3 4 5 6 7 8 9 10

I had practiced plenty

I felt concerned I wouldn't see or hear properly

0 1 2 3 4 5 6 7 8 9 10

I felt I could see and hear well

I worried my equipment would malfunction

0 1 2 3 4 5 6 7 8 9 10

I was confident my equipment would work

I thought the audience wouldn't enjoy it

0 1 2 3 4 5 6 7 8 9 10

I expected the audience to enjoy my performance

I worried I'd forget what I had memorized

0 1 2 3 4 5 6 7 8 9 10

I was confident I would remember what I needed to

Please rate any of the following symptoms that you experienced during your performance today from 0 to 10, with 0 meaning *I did not experience this symptom* and 10 meaning *I experienced this symptom to the fullest extent*.

Loss of breath

0 1 2 3 4 5 6 7 8 9 10

	Dry mouth									
O	1	2	3	4	5	6	7	8	9	10
	Increased heart rate									
O	1	2	3	4	5	6	7	8	9	10
	Sweaty Hands									
O	1	2	3	4	5	6	7	8	9	10
	Shaking hands, arms, or knees									
O	1	2	3	4	5	6	7	8	9	10
	Loss of the ability to see or hear clearly									
O	1	2	3	4	5	6	7	8	9	10
	Loss of sensitivity in the fingers									
O	1	2	3	4	5	6	7	8	9	10
	Physical tension									
O	1	2	3	4	5	6	7	8	9	10
	Stiff body movement									
O	1	2	3	4	5	6	7	8	9	10
	Feeling sick or nauseous									
O	1	2	3	4	5	6	7	8	9	10
	Inner voice blaming or praising aspects of my performance									
O	1	2	3	4	5	6	7	8	9	10
	Forgetting words, fingerings, or some technical aspect									
O	1	2	3	4	5	6	7	8	9	10
	Forgetting the music									
O	1	2	3	4	5	6	7	8	9	10
	Losing my sense of time									
O	1	2	3	4	5	6	7	8	9	10
	Feeling distracted									
O	1	2	3	4	5	6	7	8	9	10
	Losing Concentration									
O	1	2	3	4	5	6	7	8	9	10

Other _____

Post-Performance Survey 2

You may skip any questions you don't feel comfortable answering

Please rate how anxious you feel right now with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10

Please rate how anxious you felt overall immediately before your performance with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10

Please rate how anxious you felt overall during your performance with 0 being *not at all anxious* and 10 being *extreme anxiety*.

0 1 2 3 4 5 6 7 8 9 10

Please rate any of the below statements that apply to how you felt during your performance from 0 to 10.

I doubted my own ability

0 1 2 3 4 5 6 7 8 9 10

I felt confident in my ability

I feared I would lose control

0 1 2 3 4 5 6 7 8 9 10

I felt I maintained control

I hadn't practiced enough

0 1 2 3 4 5 6 7 8 9 10

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I felt I could see and hear well

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0 1 2 3 4 5 6 7 8 9 10

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I worried I'd forgot what I had memorized

0 1 2 3 4 5 6 7 8 9 10

I was confident I would remember what I needed to

Please rate any of the following symptoms that you experienced during your performance today from 0 to 10, with 0 meaning *I did not experience this symptom* and 10 meaning *I experienced this symptom to the fullest extent*.

Loss of breath

0 1 2 3 4 5 6 7 8 9 10

	Dry mouth									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Increased heart rate									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Sweaty Hands									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Shaking hands, arms, or knees									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Loss of the ability to see or hear clearly									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Loss of sensitivity in the fingers									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Physical tension									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Stiff body movement									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Feeling sick or nauseous									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Inner voice blaming or praising aspects of my performance									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Forgetting words, fingerings, or some technical aspect									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Forgetting the music									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Losing my sense of time									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Feeling distracted									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10
	Losing Concentration									
<input type="radio"/>	1	2	3	4	5	6	7	8	9	10

Do you feel that the mindfulness intervention helped you perform? Please rate
with 0 meaning *not at all* and 10 meaning *helped tremendously*

0 1 2 3 4 5 6 7 8 9 10

Other _____