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] 0 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 <u>0</u> being <i>not at all anxious</i> and <u>10</u> being <i>extreme anxiety</i> .															
0	1	2	3		-		6 7		:	9	10	n/a			
	Please rate how anxious you anticipate feeling overall immediately before your performance with <u>o</u> being <i>not at all anxious</i> and <u>10</u> being <i>extreme anxiety</i> . 0 1 2 3 4 5 6 7 8 9 10														
Please rate how anxious you anticipate feeling overall during your performance today with <u>o</u> being <i>not at all anxious</i> and <u>10</u> being <i>extreme anxiety</i> .															
	today with \underline{O} being not at all anxious and $\underline{10}$ being extreme anxiety. 0 1 2 3 4 5 6 7 8 9 10														
Please presen		•			ement	that	apply t	to how	you	are fee	ling	in the			
I am do	ubting	my own	ability						I an	n confic	lent i	n my ability			
	0	1	2	3	4	5	6	7	8	9	1	0			
I fear I v	vill lose	contro	1						I fee	el I will	main	tain control			
	0	1	2	3	4	5	6	7	8	9	1	0			
I haven'ı	r practi	ced eno	ugh							I have	pract	iced plenty			
	0	1	2	3	4	5	6	7	8	9	1	0			
I'm cono	cerned	I won't s	see or he	ear prop	perly					I will s	ee an	d hear well			
	0	1	2	3	4	5	6	7	8	9	1	0			
I'm wor	ried my	equipr	nent mi	ght ma	lfuncti	on	I ar	n confic	lent n	ny equi	pmen	t will work			
	0	1	2	3	4	5	6	7	8	9	1	0			
I doubt	the auc	lience w	vill like r	ny perfe	orman	ce Ie	expect th	e audie	nce to	o enjoy i	my pe	erformance			
	0	1	2	3	4	5	6	7	8	9	1	0			
I fear I v	vill forg	get what	I have	memor	ized	I	am confi	ident I v	vill re	membe	er wha	at I need to			
	0	1	2	3	4	5	6	7	8	9	1	0			

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

				Los	s of br	eath						
0	1	2	3	4	5	6	7	8	9	10		
				D	ry mot	uth						
0	1	2	3	4	5	6	7	8	9	10		
				Increa	sed he	art rat	e					
0	1	2	3	4	5	6	7	8	9	10		
				Swe	eaty H	ands						
0	1	2	3	4	5	6	7	8	9	10		
			Shak	ing hai	nds, ar	ms, or	knees					
0	1	2	3	4	5	6	7	8	9	10		
		Los	ss of th	ne abili	ty to s	ee or h	ear cle	arly				
0	1	2	3	4	5	6	7	8	9	10		
	Loss of sensitivity in the fingers											
0	1	2	3	4	5	6	7	8	9	10		
				Phys	sical te	nsion						
0	1	2	3	4	5	6	7	8	9	10		
			1	Stiff bo	ody mo	ovemer	nt					
0	1	2	3	4	5	6	7	8	9	10		
			Fe	eling s	ick or	nauseo	ous					
0	1	2	3	4	5	6	7	8	9	10		
	Inner v	voice b	laminş	g or pra	aising	aspect	s of m	y perfo	rmanc	e		
0				4			7	8	9	10		
	Forg	etting	words	, finge	rings,	or som	e tech	nical a	spect			
0	1	2	3			6		8	9	10		
			•	Forget	ting th	e musi	C					
0	1	2	3			6		8	9	10		
			Lo	osing n	ny sen	se of ti	me					
0	1	2	3	4	5	6	7	8	9	10		

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

Pleas	Please rate how anxious you feel right now with <u>o</u> being <i>not at all anxious</i> and <u>10</u>														
Tieue	being <i>extreme anxiety</i> .														
	0	1	2	3	4		6		8	9	10				
	Please rate how anxious you anticipate feeling overall immediately before your performance with <u>0</u> being <i>not at all anxious</i> and <u>10</u> being <i>extreme anxiety</i> . 0 1 2 3 4 5 6 7 8 9 10														
	0	1	2	3	4	5	6	7	8	9	10				
Pleas	Please rate how overall anxious you anticipate feeling during your performance today with <u>o</u> being <i>not at all anxious</i> and <u>10</u> being <i>extreme anxiety</i> . 0 1 2 3 4 5 6 7 8 9 10														
	C	-	-	5	I	5	C	,	C	-					
Please	rate an	y of tl	he belo	w stat	ement	ts that	apply	to how	you ai	re feeli	ng in the				
presen	Please rate any of the below statements that apply to how you are feeling in the present moment from <u>1 to 10.</u>														
I am doubting my own ability I am confident in my ability															
I am doi	ubting r	ny own	n ability						I am	confide	nt in my ability				
I am doi	ubting r 0	-	n ability 2	3	4	5	6	7	I am 8	confide 9	nt in my ability 10				
I am dou I fear I v	0	1	2	3	4	5	6	7	8	9					
	0	1	2	3 3		5	6	7 7	8	9	10				
	0 vill lose 0	1 contro 1	2 1 2						8 I feel 8	9 I will m 9	10 aintain control				
I fear I v	0 vill lose 0	1 contro 1	2 1 2						8 I feel 8	9 I will m 9 I have p	10 aintain control 10				
I fear I v	o vill lose o practic o	1 contro 1 red eno 1	2 l 2 ough 2	3	4	5	6	7	8 I feel 8 I 8	9 I will m 9 I have p 9	10 aintain control 10 racticed plenty				
I fear I v I haven't	o vill lose o practic o	1 contro 1 red eno 1	2 l 2 ough 2	3	4	5	6	7	8 I feel 8 I 8	9 I will m 9 I have p 9	10 aintain control 10 racticed plenty 10				
I fear I v I haven't I'm conc	0 vill lose 0 practic 0 cerned I 0	1 contro 1 red eno 1 won't s 1	2 l 2 ough 2 see or he 2	3 3 ear pro 3	4 4 perly 4	5 5 5	6 6 6	7 7 7	8 I feel 8 I 8 I 8	9 I will m 9 I have p 9 will see 9	10 aaintain control 10 racticed plenty 10 e and hear well				
I fear I v I haven't I'm conc	o vill lose o practic o cerned I o ried my	1 contro 1 red eno 1 won't s 1 equipr	2 l 2 ough 2 see or he 2	3 3 ear pro 3 ght ma	4 4 perly 4 alfunctio	5 5 5 0n	6 6 I ar	7 7 7 n confi	8 I feel 8 1 8 I 8 4ent my	9 I will m 9 I have p 9 will see 9 7 equipt	10 aaintain control 10 racticed plenty 10 e and hear well 10				
I fear I v I haven't I'm conc I'm wort	o vill lose o practic o cerned I o ried my o	1 contro 1 red eno 1 won't s 1 equipr 1	2 l 2 ough 2 see or he 2 ment mi 2	3 ear pro 3 ght ma 3	4 9 9 4 1 function 4	5 5 5 0n 5	6 6 I ar 6	7 7 7 n confi 7	8 I feel 8 1 8 I 8 dent my 8	9 I will m 9 I have p 9 will see 9 r equipt 9	10 aaintain control 10 racticed plenty 10 e and hear well 10 nent will work				
I fear I v I haven't I'm conc I'm wort	o vill lose o practic o cerned I o ried my o the audi	1 contro 1 red eno 1 won't s 1 equipr 1 ience w	2 l 2 ough 2 see or he 2 ment mi 2	3 ear pro 3 ght ma 3 ny perf	4 perly 4 alfunction 4 formane	5 5 on 5 ce Ie	6 6 I ar 6	7 7 7 n confi 7 ne audie	8 I feel 8 1 8 I 8 dent my 8 ence to e	9 I will m 9 I have p 9 will see 9 r equipt 9	10 aaintain control 10 racticed plenty 10 e and hear well 10 nent will work 10				
I fear I v I haven't I'm conc I'm wor I doubt	o vill lose o practic o cerned I o ried my o the audi o	1 contro 1 eed eno 1 won't s 1 equipr 1 ience w 1	2 2 2 2 2 see or he 2 ment mi 2 vill like r 2	3 ear pro 3 ght ma 3 ny perf 3	4 9erly 4 1lfuncti 4 Cormano 4	5 5 on 5 ce Ie 5	6 6 I ar 6 xpect th 6	7 7 7 n confi 7 ne audie 7	8 I feel 8 1 8 I 8 dent my 8 ence to 6 8	9 I will m 9 I have p 9 will see 9 equipt 9 enjoy m 9	10 aaintain control 10 racticed plenty 10 e and hear well 10 nent will work 10 y performance				

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

				Los	s of br	eath						
0	1	2	3	4	5	6	7	8	9	10		
				D	ry mot	uth						
0	1	2	3	4	5	6	7	8	9	10		
				Increa	sed he	art rat	e					
0	1	2	3	4	5	6	7	8	9	10		
				Swe	eaty H	ands						
0	1	2	3	4	5	6	7	8	9	10		
			Shak	ing hai	nds, ar	ms, or	knees					
0	1	2	3	4	5	6	7	8	9	10		
		Los	ss of th	ne abili	ty to s	ee or h	ear cle	arly				
0	1	2	3	4	5	6	7	8	9	10		
	Loss of sensitivity in the fingers											
0	1	2	3	4	5	6	7	8	9	10		
				Phys	sical te	nsion						
0	1	2	3	4	5	6	7	8	9	10		
			1	Stiff bo	ody mo	ovemer	nt					
0	1	2	3	4	5	6	7	8	9	10		
			Fe	eling s	ick or	nauseo	ous					
0	1	2	3	4	5	6	7	8	9	10		
	Inner v	voice b	laminş	g or pra	aising	aspect	s of m	y perfo	rmanc	e		
0				4			7	8	9	10		
	Forg	etting	words	, finge	rings,	or som	e tech	nical a	spect			
0	1	2	3			6		8	9	10		
			•	Forget	ting th	e musi	C					
0	1	2	3			6		8	9	10		
			Lo	osing n	ny sen	se of ti	me					
0	1	2	3	4	5	6	7	8	9	10		

	Feeling distracted														
	0	1	2	3	4	5	6	7	8	9	10				
	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 <u>0</u> being <i>not at all anxious</i> and <u>10</u> being <i>extreme anxiety</i> .													
	0	1	2	3	4		6	7	8	9	10		
Please with <u>0</u>			•				•		e your	perfor	mance		
	0	1	2	3	4	-	6	7	8	9	10		
Please rate how anxious you felt overall during your performance with $\underline{0}$ being <i>not at all anxious</i> and $\underline{10}$ being <i>extreme anxiety</i> .													
	0	1	2	3	4	5	6	7	8	9	10		
Please	rate an	y of the	e belov	v state:	ments	that ap	pply to	how y	ou felt	durin	g your		
perform	mance	from <u>0</u>	<u>to 10.</u>										
performance from <u>0 to 10.</u> I doubted my own abilityI felt confident in my ability													
	0	1	2	3	4	5	6	7	8	9	10		
I feared	I feared I would lose control I felt I maintained control												
	0	1	2	3	4	5	6	7	8	9	10		
I hadn't	practice	d enoug	gh						I h	ad prac	ticed plenty		
	0	1	2	3	4	5	6	7	8	9	10		
I felt con	ncerned	I would	n't see c	or hear p	properly	7		Ι	felt I co	uld see	and hear well		
	0	1	2	3	4	5	6	7	8	9	10		
I worrie	d my eq	uipmen	t would	malfun	iction		I was co	onfiden	t my eq	uipmen	t would work		
	0	1	2	3	4	5	6	7	8	9	10		
I though	t the auc	lience w	ouldn't	enjoy it		I expe	cted the	audier	nce to er	njoy my	performance		
	0	1	2	3	4	5	6	7	8	9	10		
I worrie	d I'd for	get wha	t I had 1	memori	zed I	was con	fident I	would	remem	ber wha	at I needed to		
	0	1	2	3	4	5	6	7	8	9	10		
Please	rate an	y of the	e follov	ving sy	mpto	ms tha	t you e	xperie	enced c	luring	your		
perform	mance	today f	rom <u>o</u>	<u>to 10</u> , v	with <u>0</u>	meani	ng I di	d not e:	xperien	ce this s	symptom		
and <u>10</u>	and <u>10</u> 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

0	1	2	3	4	5	6	7	8	9	10
				Increa	sed he	eart rate	e			
0	1	2	3	4	5	6	7	8	9	10
				Swe	eaty H	ands				
0	1	2	3	4	5	6	7	8	9	10
			Shaki	ing har	nds, ar	rms, or	knees			
0	1	2	3	4	5	6	7	8	9	10
		Los	ss of th	e abili	ty to s	ee or he	ear cle	arly		
0	1	2	3	4	5	6	7	8	9	10
			Loss c	of sensi	itivity	in the f	ingers	5		
0	1	2	3	4	5	6	7	8	9	10
				Phys	ical te	nsion				
0	1	2	3	4	5	6	7	8	9	10
			ŝ	Stiff bo	ody mo	ovemen	it			
0	1	2	3	4	5	6	7	8	9	10
			Fe	eling s	ick or	nauseo	ous			
0	1	2	3	4	5	6	7	8	9	10
	Inner v	voice b	laminş	g or pra	aising	aspects	s of my	y perfo	rmanc	e
0	1	2	3	4	5	6	7	8	9	10
	Forg	etting	words	, finge	rings,	or som	e tech	nical a	spect	
0	1	2	3	4	5	6	7	8	9	10
]	Forgett	ting th	ie musi	С			
0	1	2	3	4	5	6	7	8	9	10
			Lc	osing n	ny sen	se of tii	me			
0	1	2	3	4	5	6	7	8	9	10
				Feelir	ng dist	racted				
0	1	2	3	4	5	6	7	8	9	10
			Ι	osing	Conce	ntratio	n			
0	1	2	3	4	5	6	7	8	9	10

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Post-Performance Survey 2

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

Please rate how anxious you feel right now with <u>0</u> being <i>not at all anxious</i> and <u>10</u> being <i>extreme anxiety</i> .														
	0	1	2	3	U	s	•	7	8	9	10			
	0	1	4	5	4	5	0	/	0	7	10			
Please	rate ho	w anxi	ous yo	u felt c	overall	immeo	diately	befor	e your	perfor	mance			
with <u>0</u>	being <i>n</i>	not at al	l anxio	us and	<u>10</u> bein	ng extr	eme an	xiety.		-				
	0	1	2	3	4	-	6	7	8	9	10			
_	_							-						
Please rate how anxious you felt overall during your performance with \underline{o} being <i>not</i>														
at all anxious and 10 being extreme anxiety. 0 1 2 3 4 5 6 7 8 9 10														
	0	1	2	3	4	5	6	7	8	9	10			
Please	rate an	y of the	e belov	v state:	ments	that aj	pply to	how y	ou felt	durin	g your			
perform	nance	from <u>o</u>	to 10.											
I doubt	performance from <u>O to 10.</u> I doubted my own abilityI felt confident in my ability													
	0	1	2	3	4	5	6	7	8	9	10			
I feared	I would	lose cor	ntrol						I felt I	mainta	ined control			
	0	1	2	3	4	5	6	7	8	9	10			
I hadn't	practice	d enoug	gh						I h	ad prac	ticed plenty			
	0	1	2	3	4	5	6	7	8	9	10			
I felt cor	ncerned	I would	n't see c	or hear p	oroperly	7		Ι	felt I co	uld see a	and hear well			
	0	1	2	3	4	5	6	7	8	9	10			
I worrie	d my eq	uipmen	t would	malfun	iction		I was co	onfiden	t my eq	uipmen	t would work			
	0	1	2	3	4	5	6	7	8	9	10			
I though	the auc	lience w	ouldn't	enjoy it		I expe	cted the	e audier	nce to er	njoy my	performance			
	0	1	2	3	4	5	6	7	8	9	10			
I worrie	d I'd for	got wha	t I had i	memori	ized I	was con	ifident l	[would	remem	ber wha	at I needed to			
	0	1	2	3	4	5	6	7	8	9	10			
Please	rate an	y of the	e follov	ving sy	mptoi	ms tha	t you e	xperie	enced c	luring	your			
perform	nance	today f	rom <u>0</u>	<u>to 10</u> , v	with <u>0</u>	meani	ng I di	d not e	xperien	ce this s	ymptom			
and <u>10</u>	and <u>10</u> meaning I experienced this symptom to the fullest extent.													
	Loss of breath													
	•	-	•	2		_	<i>(</i>	-	0	0	10			

0 1 2 3 4 5 6 7 8 9 10

Dry mouth

0	1	2	3	4	5	6	7	8	9	10
				Increa	sed he	eart rate	2			
0	1	2	3	4	5	6	7	8	9	10
				Swe	eaty H	ands				
0	1	2	3	4	5	6	7	8	9	10
			Shak	ing har	ıds, ar	rms, or	knees			
0	1	2	3	4	5	6	7	8	9	10
		Lo	ss of tl	ne abili	ty to s	ee or he	ear cle	arly		
0	1	2	3	4	5	6	7	8	9	10
			Loss o	of sensi	itivity	in the f	ingers	5		
0	1	2	3	4	5	6	7	8	9	10
				Phys	ical te	nsion				
0	1	2	3	4	5	6	7	8	9	10
				Stiff bo	ody mo	ovemen	t			
0	1	2	3	4	5	6	7	8	9	10
			Fe	eeling s	ick or	nausec	ous			
0	1	2	3	4	5	6	7	8	9	10
	Inner v	voice b	lamin	g or pra	aising	aspects	s of my	y perfo	rmano	ce
0	1	2	3	4	5	6	7	8	9	10
	Forg	etting	words	s, finge	rings,	or som	e tech	nical a	spect	
0	1	2	3	4	5	6	7	8	9	10
				Forgett	ing th	ie musi	С			
0	1	2	3	4	5	6	7	8	9	10
			Lo	osing n	ny sen	se of tii	ne			
0	1	2	3	4	5	6	7	8	9	10
				Feelir	ng dist	racted				
0	1	2	3	4	5	6	7	8	9	10
]	Losing	Conce	ntratio	n			
0	1	2	3	4	5	6	7	8	9	10

Do you feel that the mindfulness intervention helped you perform? Please rate with <u>o</u> meaning *not at all* and <u>10</u> meaning *helped tremendously*

0 1 2 3 4 5 6 7 8 9 10