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| (190) | Offenders’ anxiety |

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|  | Offenders’ anxiety | | | | |
|  | Please circle your situation over the past week. | Never | Sometimes | Often | Almost always |
| 1. | I was aware of dryness of my mouth | 0 | 1 | 2 | 3 |
| 2. | I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion) | 0 | 1 | 2 | 3 |
| 3. | I experienced trembling (e.g., in the hands) | 0 | 1 | 2 | 3 |
| 4. | I was worried about situations in which I might panic and make a fool of myself | 0 | 1 | 2 | 3 |
| 5. | I felt I was close to panic | 0 | 1 | 2 | 3 |
| 6. | I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat) | 0 | 1 | 2 | 3 |
| 7. | I felt scared without any good reason | 0 | 1 | 2 | 3 |