## **Supplementary**

## **Appendix 1**

## Questions capturing panic experiences

Please describe your experience by choosing the option that (most closely) applies to you.

1. How much panic do you feel in general?

	0	0	0	0	0	0	0	0	0	0	0	
No panic at all	0	1	2	3	4	5	6	7	8	9	10	Extreme panic

2. Are there specific situations where you experience panic?

∘ Yes ∘ No

If yes, which ones?

- o Crowds of people
- o Public transportation
- o Narrow spaces (e.g., elevators)
- o Others, namely:

3. How much panic do you feel in the situations described above?

	0	0	0	0	0	0	0	0	0	0	0	
No panic at all	0	1	2	3	4	5	6	7	8	9	10	Extreme panic

- 4. How long does the panic experience typically last?
  - o Seconds
  - o 1–5 minutes
  - o 6–10 minutes
  - o 11-20 minutes
  - o 21–60 minutes
  - o Other
- 5. How often does the panic experience occur?
  - o Less than once a day
  - o 1–3 times a day
  - o More than 3 times a day
- **6.** Does the panic experience occur expected?

∘ Yes ∘ No

7. What phy	sical se	ensation	ns does	it involv	ve?									
0	(Hear	t) nalni	tations											
0	(Heart) palpitations Sweating													
0	Tremor													
0	Dry mouth													
0	Difficulty breathing													
0	Feeling of anxiety													
0	Chest pain													
0	Nausea, queasy feeling in the stomach													
0	Feeling dizzy, unsteady, weak or light-headed													
О	Feeling that objects are unreal (derealization) or that you are far away or not really here (depersonalization)													
О	Fear of losing control, going crazy, or "freaking out"													
О	Fear of dying													
8. When yo	u imagi													
<b>3.</b> 7	11	0	0	0	3		0	0				0	0	
No panic a	t all	0	1	2	3	4	5	6	7	8	3	9	10	Extreme panic
9. How long			_					lessness	s episode	?				
0					reathles									
O					reathless									
0	no pa	nic at a	ll durin	g the br	eathless	ness ep	isode							
<b>10.</b> How oft	en do y	you exp	erience	panic v	vhen yo	u have l	oreathle	ssness (	episode?					
0	alway	S												
О	often													
0	somet	imes												
0	rarely													
О	never													
0	I cann	ot ansv	ver											
<b>11.</b> How do	you ra	te your	impair	ment fro	om the J	panic ex	perienc	e in a b	oreathless	sness?				
		0	0	0	0	0	0	0	0	0	0	0		
No impair	ment	0	1	2	3	4	5	6	7	8	9	10	Str	ongest imaginable impairment
12. What pl	nysical	sensatio	ons does	s this in	volve?									
0	Palpit	ations.	heart p	alpitatio	ons or b	alpitatio	ons							
0	Palpitations, heart palpitations or palpitations Sweating													
0	Tremor													
0	Dry n													
0			eathing											

- o Feeling of anxiety
- o Chest pain
- o Nausea, queasy feeling in the stomach
- o Feeling dizzy, unsteady, weak or light-headed
- o Feeling that objects are unreal (derealization) or that you are far away or not really here (depersonalization)
- o Fear of losing control, going crazy, or "freaking out"
- o Fear of dying

Thank you very much for answering the questionnaire. Have a nice day!