SUPPLEMENTARY.

Appendix 3. The Acute and Chronic Stress questionnaire

You are offered a questionnaire to assess the subjective manifestations of acute and chronic stress. First read the instructions carefully.

Acute stress scale

INSTRUCTION

Depending on how you are feeling NOW, assess how much of the states in the statements below you have, using a 4-point scale for responses: *"No, it is not true at all"* — 1 point; *"Probably true"* — 2 points; *"True"* — 3 points; *"Absolutely true"* — 4 points.

Statement		No, it is not true at all	Probably true	True	Absolutely true
1.	I feel good				
2.	When I have problems, I cannot focus on one thing				
3.	I am nervous				
4.	Performing even simple actions requires additional effort from me				
5.	A sense of anxiety is growing in me				
6.	My hands are shaking				
7.	Suddenly I have difficulty in remembering the necessary information				
8.	I find it difficult to join in the general conversation				
9.	I was suddenly sweating				
10.	I can hardly find the words to express even a simple thought				
11.	All my thoughts are mixed up and turning around in my head				
12.	I am alert and confident				

Keys

No.	Scale	Statements
1.	Overall well-being	1, 12
2.	Emotional tension	3, 5
3.	Cognitive tension	7, 11
4.	Physiological discomfort	6, 9
5.	Difficulties in behavior/performance	2, 4
6.	Difficulties in communication.	8, 10
Acute stress		1R, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12R

Note: R — reverse item (an item that contains a statement negatively associated with the measured trait).

Chronic stress scale

INSTRUCTION

Depending on how you have been feeling OVER THE PAST FEW MONTHS, assess how typical each of the states in the statements below is for you, using a 4-point scale: *"Almost never"* — 1 point; *"Sometimes"* — 2 points; *"Often"* — 3 points; *"Almost always"* — 4 points.

No.	Statement	Almost never	Sometimes	Often	Almost always
1.	My anxiety increases when I think of all the problems I have				
2.	I do not sleep well at night				
3.	I think about each of my mistakes for a long time				
4.	If the work isn't going well, irritation prevents me from continuing				
5.	I have more and more headaches				
6.	I have more and more melancholy				
7.	If someone tries to put pressure on me, I start being rude				
8.	I get furious when I get reprimands				
9.	As soon as I start working, I feel tired				
10.	I have started experiencing nausea and/or dizziness				
11.	When I wake up at night, I have difficulty falling asleep				
12.	I worry about every little thing				
13.	I have difficulty fully focusing on my work				
14.	I feel hopeless more and more often				
15.	I have "memory lapses", I may forget to do something important				
16.	Sometimes I feel like my throat is compressed and it is difficult to take a breath				
17.	I feel sad more and more often				
18.	I have a sound and healthy sleep				

Keys

No.	Scale	Statements
1.	Physiological discomfort	5, 10, 16
2.	Anxiety	1, 3.12
3.	Sleep disturbance	2, 11, 18R
4.	Asthenia	9, 13, 15
5.	Depression	6, 14, 17
6.	Aggression	4, 8, 7

Chronic stress	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18R

Note: R — reverse item (an item that contains a statement negatively associated with the measured trait).