Supplementary Information – Safety Behavior Scale (SBS)

We are interested in the behaviors you typically use to manage the **one negative outcome you most fear**. Some examples of feared outcomes include being negatively judged by others, losing control or going crazy, being attacked, experiencing a medical catastrophe like a heart attack or a terrible disease, having something terrible happen to a loved one, or being responsible for others being harmed. On the line below, please write your most feared negative outcome.

My most feared negative outcome is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The sections below describe two types of behaviors people sometimes use to manage their most feared outcome. You will be asked to indicate which behaviors you use to manage your most feared outcome, and to answer some questions about those behaviors. Please read each section carefully and answer the questions that follow.

**Section 1: Behaviors Used Before Exposure to Threat**

This category includes behaviors you engage in BEFORE you are confronted with objects, situations, or experiences related to your most feared negative outcome. Please check the boxes next to the behaviors you have engaged in during the past week.

|  |  |
| --- | --- |
| * Avoiding feared objects, situations, people, places, or activities

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Avoiding thinking about or talking about distressing topics

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Rehearsing or planning what you will say or do

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Checking that nothing bad will happen (e.g., checking that doors are locked, checking that oven is turned off)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Performing actions to prevent others from being harmed (e.g., warning others about danger, encouraging others to avoid threatening situations, taking extra care not to harm others)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Having a safe person with you (e.g., family member, close friend)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Repeating behaviors or mental acts a specific number of times

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Scanning your thoughts, body, or surroundings for danger

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Worrying about what might happen

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Carrying safety objects with you (e.g., hand sanitizer, good luck charm, anti-anxiety medication, phone, weapon)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Performing actions “just in case” you are confronted with a feared outcome (e.g., sitting near an exit, checking location of hospital, taking anti-anxiety medication before entering a feared situation)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Other

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * N/A; I did not engage in any of these behaviors during the previous week
 |

1. In the past week, about how much time have you spent each day engaging in the behaviors you identified above?

0 None

1 Less than 1 hour each day

2 Between 1 and 3 hours each day

3 Between 3 and 8 hours each day

4 8 hours or more each day

2. In the past week, about how many times each day have you engaged in the behaviors you identified above?

0 None

1 1-5 times each day

2 6-10 times each day

3 11-15 times each day

4 16+ times each day

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In the past week, to what extent have you believed the behaviors identified in this section are necessary to … | *Very Little* | *A Little* | *Some* | *Much* | *Very Much* |
| 3 … tolerate distress?  | 0 | 1 | 2 | 3 | 4 |
| 4 … function adequately in everyday life?  | 0 | 1 | 2 | 3 | 4 |
| 5 … function adequately in anxiety-provoking situations? | 0 | 1 | 2 | 3 | 4 |
| 6 … reduce the likelihood that your most feared outcome will occur? | 0 | 1 | 2 | 3 | 4 |
| 7 … reduce how bad your most feared outcome would be if it actually occurred? | 0 | 1 | 2 | 3 | 4 |

**Section 2: Behaviors Used After Exposure to Threat**This category includes behaviors you engage in AFTER you are confronted with objects, situations, or experiences related to your most feared negative outcome. Please check the boxes next to the behaviors you have engaged in during the past week.

|  |  |
| --- | --- |
| * Escaping feared objects, situations, people, places, or activities

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Canceling out threat (e.g., washing hands to remove contamination, praying, apologizing to others)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Repeating behaviors or mental acts a specific number of times

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Using safety objects (e.g., taking anti-anxiety medication, drinking alcohol, using hand sanitizer)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Performing actions to keep others safe after they have been exposed to threat (e.g., encouraging others to use hand sanitizer, encouraging others to escape threatening situations)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Distancing yourself from distressing thoughts (e.g., distracting yourself, suppressing thoughts)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Performing actions to decrease bodily sensations of anxiety (e.g., controlled breathing, muscle relaxation)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Seeking reassurance that you are safe (e.g., from friends or family members, from the internet)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Checking that nothing bad has happened (e.g., to yourself, to others)

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Other

*Specify*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * N/A; I did not engage in any of these behaviors during the previous week
 |

8. In the past week, about how much time have you spent each day engaging in the behaviors you identified above?

0 None

1 Less than 1 hour each day

2 Between 1 and 3 hours each day

3 Between 3 and 8 hours each day

4 8 hours or more each day

9. In the past week, about how many times each day have you engaged in the behaviors you identified above?

0 None

1 1-5 times each day

2 6-10 times each day

3 11-15 times each day

4 16+ times each day

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In the past week, to what extent have you believed the behaviors identified in this section are necessary to … | *Very Little* | *A Little* | *Some* | *Much* | *Very Much* |
| 10 … tolerate distress?  | 0 | 1 | 2 | 3 | 4 |
| 11 … function adequately in everyday life?  | 0 | 1 | 2 | 3 | 4 |
| 12 … function adequately in anxiety-provoking situations? | 0 | 1 | 2 | 3 | 4 |
| 13 … reduce the likelihood that your most feared outcome will occur? | 0 | 1 | 2 | 3 | 4 |
| 14 … reduce how bad your most feared outcome would be if it actually occurred? | 0 | 1 | 2 | 3 | 4 |