

Questionnaires

PTSD-Check-List (PCL)

For this questionnaire, please keep in mind the most stressful or traumatic experience you have had.

In the past month, how much were you bothered by:

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing dreams of the stressful experience?					
Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?					
Avoiding memories, thoughts, or feelings related to the stressful experience?					
Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?					
Being “superalert” or watchful or on guard?					
Feeling jumpy or easily startled?					

Question per situation

After seeing the reaction by your virtual coach, how did these comments **change** your:

	It decreased a lot	Nothing changed	It increased a lot
Motivation to continue			
Trust in a good therapy outcome			

Overall questions

How did the comments of the virtual coach change your:

	It decreased a lot	Nothing changed	It increased a lot
Motivation to continue			
Trust in a good therapy outcome			

How much did you feel that:

	It decreased a lot	Nothing changed	It increased a lot
The virtual coach really addressed your needs (PSQ1)			
The virtual coach took you seriously			
You're satisfied with the (emotional) support you received from the virtual coach (PSQ1)			
The virtual coach replied appropriately to you			
The virtual coach payed full attention to what you were trying to tell him/her (TPS-5)			
The virtual coach listened to your preferences			
The virtual coach only thought about what is best for you (TPS-8)			