

## Self-Check: Levels of FLSA Symptoms

Fill out the scale. – **Calculate** your results. – **Check** tailored regulation tips.

1. Choose the foreign language (FL) you want to focus on: \_\_\_\_\_
2. Select and shortly describe one specific FL speaking situation you remember and want to focus on for this self-check:

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### SCALE

Perfect, now we can start!

- **Select** whether each of the following statements is “not true at all” = 0, “hardly true” = 1, “somewhat true” = 2, “moderately true” = 3, “mostly true” = 4, “very true” = 5, or “completely true” = 6, and
- **mark** your individual response in the respective field.

How did you feel and what did you think **BEFORE** this FL speaking situation?

|   | Statement  | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|--|---|---|---|---|---|---|---|
| E | I was nervous.   |   |   |   |   |   |   |   |
| E | I panicked.  |   |   |   |   |   |   |   |
| C | I was worried that I would not understand any follow-up questions. |   |   |   |   |   |   |   |
| C | I was worried about whether I'll be able to find the right words.  |   |   |   |   |   |   |   |
| C | I doubted that I could convey all the important points correctly.  |   |   |   |   |   |   |   |
| M | I would prefer not to participate.                                 |   |   |   |   |   |   |   |
| M | I was looking for an excuse to get out of this situation.          |   |   |   |   |   |   |   |
| P | I got a queasy feeling in my stomach.                              |   |   |   |   |   |   |   |
| P | I felt sick.   |   |   |   |   |   |   |   |

How did you feel and what did you think **DURING** this FL speaking situation?

|   | Statement   | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|
| E | I felt put on the spot.                           |   |   |   |   |   |   |   |
| E | I was anxious.                                    |   |   |   |   |   |   |   |
| C | I was worried whether I was understood correctly. |   |   |   |   |   |   |   |
| C | I was concerned if my pronunciation was fine.     |   |   |   |   |   |   |   |
| C | I was completely overwhelmed.                     |   |   |   |   |   |   |   |
| M | I avoided everyone's gaze.                        |   |   |   |   |   |   |   |
| M | I only said the bare minimum.                     |   |   |   |   |   |   |   |
| P | My heart was racing.                              |   |   |   |   |   |   |   |
| P | I started to sweat.                               |   |   |   |   |   |   |   |

How did you feel and what did you think **AFTER** this FL speaking situation?

|   | Statement   | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|
| E | I was ashamed.  |   |   |   |   |   |   |   |
| E | I was glad it was over.   |   |   |   |   |   |   |   |
| C | I thought I totally embarrassed myself.   |   |   |   |   |   |   |   |
| C | I kept overthinking my mistakes for a long time.  |   |   |   |   |   |   |   |
| C | I was frustrated.   |   |   |   |   |   |   |   |
| M | Out of embarrassment, I would have preferred it if I did not have to talk to some people who were present for the rest of the week. |   |   |   |   |   |   |   |
| M | I thought I will avoid such situations altogether in the future.  |   |   |   |   |   |   |   |
| P | Thinking back made / makes my heart race.   |   |   |   |   |   |   |   |
| P | Thinking back made / makes me blush.  |   |   |   |   |   |   |   |

## RESULTS

- **Calculate** the sum of all
  - o emotional (E),
  - o cognitive (C),
  - o motivational (M), and
  - o physiological (P)
 manifestation levels of all three tables.
- **Note** down your results in column "SUM".
- **Divide** by 6 or 9 (cf. second column) and **enter** the result in the last column.

|   | SUM | divide by | Your Levels |
|---|-----|-----------|-------------|
| E |     | 6         | =           |
| C |     | 9         | =           |
| M |     | 6         | =           |
| P |     | 6         | =           |

**Interpretation:** 0-1: symptom-free/low levels, 1-2: controllable, low symptom levels, 2-3: controllable, but restrictive symptom levels, 3-4: high, restrictive symptom levels, 4-5: very high and highly restrictive symptom levels, 5-6: extremely high, restrictive symptom levels, extremely hard to regulate