## S1 Text: Simplified Awareness Subscale of the Body Perception Questionnaire

**I: Awareness**

Imagine how you feel your body processes. Draw a circle around the answer that sounds most like you. Answer how often you feel the things below:

Most of the time I can feel myself:

1. **Swallowing a lot**

Never Occasionally Sometimes Usually Always

1. **Ringing in my ears**

Never Occasionally Sometimes Usually Always

1. **A need to cough to clear my throat**

Never Occasionally Sometimes Usually Always

1. **My body swaying when I am standing**

Never Occasionally Sometimes Usually Always

1. **My mouth being dry**

Never Occasionally Sometimes Usually Always

1. **How fast I am breathing**

Never Occasionally Sometimes Usually Always

1. **Watery eyes**

Never Occasionally Sometimes Usually Always

1. **My skin itching**

Never Occasionally Sometimes Usually Always

1. **Noises in my stomach after I’ve eaten**

Never Occasionally Sometimes Usually Always

1. **Tired or painful eyes**

Never Occasionally Sometimes Usually Always

1. **An ache in my neck or back**

Never Occasionally Sometimes Usually Always

1. **Swelling in my body or parts of my body**

Never Occasionally Sometimes Usually Always

1. **Need to go to the toilet (wee)**

Never Occasionally Sometimes Usually Always

1. **Shaky hands**

Never Occasionally Sometimes Usually Always

1. **Need to go to the toilet (poo)**

Never Occasionally Sometimes Usually Always

1. **An ache in my arms or legs**

Never Occasionally Sometimes Usually Always

1. **A swollen tummy**

Never Occasionally Sometimes Usually Always

1. **An ache in my face**

Never Occasionally Sometimes Usually Always

1. **Goose bumps**

Never Occasionally Sometimes Usually Always

1. **Twitchy face**

Never Occasionally Sometimes Usually Always

1. **Really tired**

Never Occasionally Sometimes Usually Always

1. **Tummy pain**

Never Occasionally Sometimes Usually Always

1. **Fluttery eyes**

Never Occasionally Sometimes Usually Always

1. **Sweaty hands**

Never Occasionally Sometimes Usually Always

1. **Sweaty forehead**

Never Occasionally Sometimes Usually Always

1. **Being clumsy and bumping into people**

Never Occasionally Sometimes Usually Always

1. **Shaky lips**

Never Occasionally Sometimes Usually Always

1. **Sweaty armpits**

Never Occasionally Sometimes Usually Always

1. **Prickly skin, tingly skin, or numb skin**

Never Occasionally Sometimes Usually Always

1. **A hot or cold face (especially ears)**

Never Occasionally Sometimes Usually Always

1. **Grinding my teeth**

Never Occasionally Sometimes Usually Always

1. **Can’t be still**

Never Occasionally Sometimes Usually Always

1. **My eyes moving**

Never Occasionally Sometimes Usually Always

1. **Itchy nose**

Never Occasionally Sometimes Usually Always

1. **The hair on the back of my neck standing up**

Never Occasionally Sometimes Usually Always

1. **Needing a rest**

Never Occasionally Sometimes Usually Always

1. **Can’t focus my eyes**

Never Occasionally Sometimes Usually Always

1. **How hard my heart is beating**

Never Occasionally Sometimes Usually Always

1. **Feeling like I can’t go to the toilet when I try**

Never Occasionally Sometimes Usually Always

## Reference

1 Palser ER, Fotopoulou A, Pellicano E, Kilner JM. The link between interoceptive processing and anxiety in children diagnosed with autism spectrum disorder: Extending adult findings into a developmental sample. Biol Psychol. 2018 Jul 1;136:13-21.