

Demographics survey

1. Your age _____

2. What is your current gender identity?

Woman

Man

Trans Male/Trans Man

Trans Female/Trans Woman

Genderqueer/Gender non-conforming

Different Identity

Prefer not to say

3. What sex were you assigned at birth, meaning on your original birth certificate?

Male

Female

4. What is your current weight and height? Please estimate to the best of your abilities.

Weight: _____ kg

Height: _____ cm

6. Main language spoken at home:

English

Other (please specify):

7. How would you describe your main racial/ethnic background?

Australian – neither Aboriginal nor Torres Strait Islander

Australian Aboriginal or Torres Strait Islander

Pacific Islander, or other Oceania

British or European

Asian

Middle Eastern

African

North American

Central or Southern American

8. Please indicate the highest level of education you have completed.

(1) Still at secondary school (2) Did not finish secondary school

(3) Year 12 or equivalent (4) Certificate level, diploma, or advanced diploma (5) Bachelor's degree
(6) Postgraduate Degree (e.g. Honours, Masters, Doctorate, PhD)

9. Are you currently in paid employment?

(1) Yes (2) No

If yes, how many hours do you work per week? _____

11. How many hours do you exercise per week (taking your free time to exercise?).

12. What is your dominant hand

13. Do you take any medications

(1) Yes (2) No

14. If yes, please list the medications you take _____

Screen for Child Anxiety Related Disorders (SCARED)

PARENT Version—Page 1 of 2 (to be filled out by the PARENT)

Name: _____ Date: _____

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then, for each statement, check ☒ the box that corresponds to the response that seems to describe your child *for the last 3 months*. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When my child feels frightened, it is hard for him/her to breathe.				PA/SO
2. My child gets headaches when he/she is at school.				SCH
3. My child doesn't like to be with people he/she doesn't know well.				SOC
4. My child gets scared if he/she sleeps away from home.				SEP
5. My child worries about other people liking him/her.				GA
6. When my child gets frightened, he/she feels like passing out.				PA/SO
7. My child is nervous.				GA
8. My child follows me wherever I go.				SEP
9. People tell me that my child looks nervous.				PA/SO
10. My child feels nervous with people he/she doesn't know well.				SOC
11. My child gets stomachaches at school.				SCH
12. When my child gets frightened, he/she feels like he/she is going crazy.				PA/SO
13. My child worries about sleeping alone.				SEP
14. My child worries about being as good as other kids.				GA
15. When my child gets frightened, he/she feels like things are not real.				PA/SO
16. My child has nightmares about something bad happening to his/her parents.				SEP
17. My child worries about going to school.				SCH
18. When my child gets frightened, his/her heart beats fast.				PA/SO
19. He/she gets shaky.				PA/SO
20. My child has nightmares about something bad happening to him/her.				SEP

Screen for Child Anxiety Related Disorders (SCARED)
PARENT Version—Page 2 of 2 (to be filled out by the PARENT)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. My child worries about things working out for him/her.				GA
22. When my child gets frightened, he/she sweats a lot.				PA/SO
23. My child is a worrier.				GA
24. My child gets really frightened for no reason at all.				PA/SO
25. My child is afraid to be alone in the house.				SEP
26. It is hard for my child to talk with people he/she doesn't know well.				SOC
27. When my child gets frightened, he/she feels like he/she is choking.				PA/SO
28. People tell me that my child worries too much.				GA
29. My child doesn't like to be away from his/her family.				SEP
30. My child is afraid of having anxiety (or panic) attacks.				PA/SO
31. My child worries that something bad might happen to his/her parents.				SEP
32. My child feels shy with people he/she doesn't know well.				SOC
33. My child worries about what is going to happen in the future.				GA
34. When my child gets frightened, he/she feels like throwing up.				PA/SO
35. My child worries about how well he/she does things.				GA
36. My child is scared to go to school.				SCH
37. My child worries about things that have already happened.				GA
38. When my child gets frightened, he/she feels dizzy.				PA/SO
39. My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport).				SOC
40. My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn't know well.				SOC
41. My child is shy.				SOC

The SCARED is available at no cost at www.pediatricbipolar.pitt.edu under resources/instruments.

January 19, 2018

Screen for Child Anxiety Related Disorders (SCARED)

CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

Name: _____ Date: _____

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then, for each sentence, check ☒ the box that corresponds to the response that seems to describe you *for the last 3 months*.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel frightened, it is hard to breathe.				PA/SO
2. I get headaches when I am at school.				SCH
3. I don't like to be with people I don't know well.				SOC
4. I get scared if I sleep away from home.				SEP
5. I worry about other people liking me.				GA
6. When I get frightened, I feel like passing out.				PA/SO
7. I am nervous.				GA
8. I follow my mother or father wherever they go.				SEP
9. People tell me that I look nervous.				PA/SO
10. I feel nervous with people I don't know well.				SOC
11. I get stomachaches at school.				SCH
12. When I get frightened, I feel like I am going crazy.				PA/SO
13. I worry about sleeping alone.				SEP
14. I worry about being as good as other kids.				GA
15. When I get frightened, I feel like things are not real.				PA/SO
16. I have nightmares about something bad happening to my parents.				SEP
17. I worry about going to school.				SCH
18. When I get frightened, my heart beats fast.				PA/SO
19. I get shaky.				PA/SO
20. I have nightmares about something bad happening to me.				SEP

Screen for Child Anxiety Related Disorders (SCARED)

CHILD Version—Page 2 of 2 (to be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. I worry about things working out for me.				GA
22. When I get frightened, I sweat a lot.				PA/SO
23. I am a worrier.				GA
24. I get really frightened for no reason at all.				PA/SO
25. I am afraid to be alone in the house.				SEP
26. It is hard for me to talk with people I don't know well.				SOC
27. When I get frightened, I feel like I am choking.				PA/SO
28. People tell me that I worry too much.				GA
29. I don't like to be away from my family.				SEP
30. I am afraid of having anxiety (or panic) attacks.				PA/SO
31. I worry that something bad might happen to my parents.				SEP
32. I feel shy with people I don't know well.				SOC
33. I worry about what is going to happen in the future.				GA
34. When I get frightened, I feel like throwing up.				PA/SO
35. I worry about how well I do things.				GA
36. I am scared to go to school.				SCH
37. I worry about things that have already happened.				GA
38. When I get frightened, I feel dizzy.				PA/SO
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).				SOC
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.				SOC
41. I am shy.				SOC

For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230–6.

The SCARED is available at no cost at www.pediatricbipolar.pitt.edu under resources/instruments.

January 19, 2018

Screen for Adult Anxiety Related Disorders (SCAARED)

TO BE COMPLETED BY THE PATIENT

Name: _____ Date: _____

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then, for each sentence, check ☒ the box that corresponds to the response that seems to describe you now *or within the past 3 months*.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel nervous, it is hard for me to breathe.				PA/SO
2. I get headaches when I am at school, at work or in public places.				PA/SO
3. I don't like to be with people I don't know well.				SOC
4. I get nervous if I sleep away from home.				SEP
5. I worry about people liking me.				GA
6. When I get anxious, I feel like passing out.				PA/SO
7. I am nervous.				GA
8. It is hard for me to stop worrying.				GA
9. People tell me that I look nervous.				PA/SO
10. I feel nervous with people I don't know well.				SOC
11. I get stomachaches at school, at work, or in public places.				PA/SO
12. When I get anxious, I feel like I'm going crazy.				PA/SO
13. I worry about sleeping alone.				SEP
14. I worry about being as good as other people.				GA
15. When I get anxious, I feel like things are not real.				PA/SO
16. I have nightmares about something bad happening to my family.				SEP
17. I worry about going to work or school, or to public places.				PA/SO
18. When I get anxious, my heart beats fast.				PA/SO
19. I get shaky.				PA/SO
20. I have nightmares about something bad happening to me.				SEP

Screen for Adult Anxiety Related Disorders (SCAARED)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
21. I worry about things working out for me.				GA
22. When I get anxious, I sweat a lot.				PA/SO
23. I am a worrier.				GA
24. When I worry a lot, I have trouble sleeping.				GA
25. I get really frightened for no reason at all.				PA/SO
26. I am afraid to be alone in the house.				SEP
27. It is hard for me to talk with people I don't know well.				SOC
28. When I get anxious, I feel like I'm choking.				PA/SO
29. People tell me that I worry too much.				GA
30. I don't like to be away from my family.				SEP
31. When I worry a lot, I feel restless.				GA
32. I am afraid of having anxiety (or panic) attacks.				PA/SO
33. I worry that something bad might happen to my family.				SEP
34. I feel shy with people I don't know well.				SOC
35. I worry about what is going to happen in the future.				GA
36. When I get anxious, I feel like throwing up.				PA/SO
37. I worry about how well I do things.				GA
38. I am afraid to go outside or to crowded places by myself.				PA/SO
39. I worry about things that have already happened.				GA
40. When I get anxious, I feel dizzy.				PA/SO
41. I feel nervous when I am with other people and I have to do something while they watch me (for example: speak, play a sport.)				SOC
42. I feel nervous when I go to parties, dances, or any place where there will be people that I don't know well.				SOC
43. I am shy.				SOC
44. When I worry a lot, I feel irritable.				GA

See: Angulo M, Rooks B, Sakolsky D, Goldstein T, Goldstein B, Monk K, Hickey M, Gill M, Diler R, Hafeman D, Merranko J, Axelson D, Birmaher, B. (In Press). Psychometrics of the Screen For Adult Anxiety Related Disorders (SCAARED)-A New Scale For the Assessment of DSM-5 Anxiety Disorders. Psychiatry Research.

The SCAARED is available at no cost at www.pediatricbipolar.pitt.edu under resources/instruments.

January 19, 2019

Appendix. Perseverative Thinking Questionnaire

Instruction: In this questionnaire, you will be asked to describe how you *typically* think about negative experiences or problems. Please read the following statements and rate the extent to which they apply to you when you think about negative experiences or problems.

	never	rarely	sometimes	often	almost always
1. The same thoughts keep going through my mind again and again.	0	1	2	3	4
2. Thoughts intrude into my mind.	0	1	2	3	4
3. I can't stop dwelling on them.	0	1	2	3	4
4. I think about many problems without solving any of them.	0	1	2	3	4
5. I can't do anything else while thinking about my problems.	0	1	2	3	4
6. My thoughts repeat themselves.	0	1	2	3	4
7. Thoughts come to my mind without me wanting them to.	0	1	2	3	4
8. I get stuck on certain issues and can't move on.	0	1	2	3	4
9. I keep asking myself questions without finding an answer.	0	1	2	3	4
10. My thoughts prevent me from focusing on other things.	0	1	2	3	4
11. I keep thinking about the same issue all the time.	0	1	2	3	4
12. Thoughts just pop into my mind.	0	1	2	3	4
13. I feel driven to continue dwelling on the same issue.	0	1	2	3	4
14. My thoughts are not much help to me.	0	1	2	3	4
15. My thoughts take up all my attention.	0	1	2	3	4

STAI-Y- PRESENT

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate **how you feel right now**, that is, **at this moment**. There are no right or wrong answers.

No:	Statement:	(1) Not at all	(2) Somewhat	(3) Moderately so	(4) Very much so
1	I feel calm	1	2	3	4
2	I feel secure	1	2	3	4
3	I am tense	1	2	3	4
4	I feel strained	1	2	3	4
5	I feel at ease	1	2	3	4
6	I feel upset	1	2	3	4
7	I am presently worrying over possible misfortunes	1	2	3	4
8	I feel satisfied	1	2	3	4
9	I feel frightened	1	2	3	4
10	I feel comfortable	1	2	3	4
11	I feel self-confident	1	2	3	4
12	I feel nervous	1	2	3	4
13	I am jittery	1	2	3	4
14	I feel indecisive	1	2	3	4

15	I am relaxed	1	2	3	4
16	I feel content	1	2	3	4
17	I am worried	1	2	3	4
18	I feel confused	1	2	3	4
19	I feel steady	1	2	3	4
20	I feel pleasant	1	2	3	4

STAI

INSTRUCTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then circle an answer sheet to indicate how you **generally** feel. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to describe how you generally feel.

1	2	3	4
Almost Never	Sometimes	Often	Almost Always

- _____ 1. I feel pleasant
- _____ 2. I feel nervous and restless
- _____ 3. I feel satisfied with myself
- _____ 4. I wish I could be as happy as others seem to be
- _____ 5. I feel like a failure
- _____ 6. I feel rested
- _____ 7. I am "calm, cool, and collected"
- _____ 8. I feel that difficulties are piling up so that I cannot overcome them
- _____ 9. I worry too much over something that really doesn't matter
- _____ 10. I am happy
- _____ 11. I have disturbing thoughts
- _____ 12. I lack self-confidence
- _____ 13. I feel secure
- _____ 14. I make decisions easily
- _____ 15. I feel inadequate
- _____ 16. I am content
- _____ 17. Some unimportant thought runs through my mind and bothers me
- _____ 18. I take disappointments so keenly that I can't put them out of my mind
- _____ 19. I am a steady person
- _____ 20. I get in a state of tension or turmoil as I think about my recent concerns and interests

Difficulties in Emotion Regulation Scale (DERS)

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item.

1-----	2-----	3-----	4-----	5-----
almost never (0-10%)	sometimes (11-35%)	about half the time (36-65%)	most of the time (66-90%)	almost always (91-100%)

- _____ 1) I am clear about my feelings.
- _____ 2) I pay attention to how I feel.
- _____ 3) I experience my emotions as overwhelming and out of control.
- _____ 4) I have no idea how I am feeling.
- _____ 5) I have difficulty making sense out of my feelings.
- _____ 6) I am attentive to my feelings.
- _____ 7) I know exactly how I am feeling.
- _____ 8) I care about what I am feeling.
- _____ 9) I am confused about how I feel.
- _____ 10) When I'm upset, I acknowledge my emotions.
- _____ 11) When I'm upset, I become angry with myself for feeling that way.
- _____ 12) When I'm upset, I become embarrassed for feeling that way.
- _____ 13) When I'm upset, I have difficulty getting work done.
- _____ 14) When I'm upset, I become out of control.
- _____ 15) When I'm upset, I believe that I will remain that way for a long time.
- _____ 16) When I'm upset, I believe that I will end up feeling very depressed.
- _____ 17) When I'm upset, I believe that my feelings are valid and important.
- _____ 18) When I'm upset, I have difficulty focusing on other things.
- _____ 19) When I'm upset, I feel out of control.
- _____ 20) When I'm upset, I can still get things done.
- _____ 21) When I'm upset, I feel ashamed at myself for feeling that way.
- _____ 22) When I'm upset, I know that I can find a way to eventually feel better.
- _____ 23) When I'm upset, I feel like I am weak.
- _____ 24) When I'm upset, I feel like I can remain in control of my behaviors.
- _____ 25) When I'm upset, I feel guilty for feeling that way.
- _____ 26) When I'm upset, I have difficulty concentrating.
- _____ 27) When I'm upset, I have difficulty controlling my behaviors.
- _____ 28) When I'm upset, I believe there is nothing I can do to make myself feel better.
- _____ 29) When I'm upset, I become irritated at myself for feeling that way.
- _____ 30) When I'm upset, I start to feel very bad about myself.
- _____ 31) When I'm upset, I believe that wallowing in it is all I can do.
- _____ 32) When I'm upset, I lose control over my behavior.
- _____ 33) When I'm upset, I have difficulty thinking about anything else.
- _____ 34) When I'm upset I take time to figure out what I'm really feeling.
- _____ 35) When I'm upset, it takes me a long time to feel better.
- _____ 36) When I'm upset, my emotions feel overwhelming.

Reverse-scored items (place a subtraction sign in front of them) are numbered 1, 2, 6, 7, 8, 10, 17, 20, 22, 24 and 34.

Calculate total score by adding everything up. Higher scores suggest greater problems with emotion regulation.

SUBSCALE SCORING:** The measure yields a total score (SUM) as well as scores on six sub-scales:

1. Nonacceptance of emotional responses (NONACCEPT): 11, 12, 21, 23, 25, 29
2. Difficulty engaging in Goal-directed behavior (GOALS): 13, 18, 20R, 26, 33
3. Impulse control difficulties (IMPULSE): 3, 14, 19, 24R, 27, 32
4. Lack of emotional awareness (AWARENESS): 2R, 6R, 8R, 10R, 17R, 34R
5. Limited access to emotion regulation strategies (STRATEGIES): 15, 16, 22R, 28, 30, 31, 35, 36
6. Lack of emotional clarity (CLARITY): 1R, 4, 5, 7R, 9

Total score: sum of all subscales

***R" indicates reverse scored item

REFERENCE:

Gratz, K. L. & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26, 41-54.

Welstein, L.; Dement, W.C.; Redington, D.; and Guilleminault, C. Insomnia in the San Francisco Bay Area: A telephone survey. *Sleep/Wake Disorders: Natural History, Epidemiology, and Long-Term Evolution*. New York: Raven Press, 1983. pp. 73-85.

Appendix. Pittsburgh Sleep Quality Index (PSQI)

Name _____ ID # _____ Date _____ Age _____

Instructions:

The following questions relate to your usual sleep habits during the past month *only*. Your answers should indicate the most accurate reply for the *majority* of days and nights in the past month. Please answer all questions.

1. During the past month, when have you usually gone to bed at night?
USUAL BED TIME _____
2. During the past month, how long (in minutes) has it usually take you to fall asleep each night?
NUMBER OF MINUTES _____
3. During the past month, when have you usually gotten up in the morning?
USUAL GETTING UP TIME _____
4. During the past month, how many hours of *actual sleep* did you get at night? (This may be different than the number of hours you spend in bed.)
HOURS OF SLEEP PER NIGHT _____

For each of the remaining questions, check the one best response. Please answer *all* questions.

5. During the past month, how often have you had trouble sleeping because you...
 - (a) Cannot get to sleep within 30 minutes

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (b) Wake up in the middle of the night or early morning

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (c) Have to get up to use the bathroom

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (d) Cannot breathe comfortably

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (e) Cough or snore loudly

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (f) Feel too cold

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (g) Feel too hot

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (h) Had bad dreams

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____
 - (i) Have pain

Not during the	Less than	Once or	Three or more
past month _____	once a week _____	twice a week _____	times a week _____

(j) Other reason(s), please describe _____

How often during the past month have you had trouble sleeping because of this?

Not during the Less than Once or Three or more
past month once a week twice a week times a week

6. During the past month, how would you rate your sleep quality overall?

Very good _____

Fairly good _____

Fairly bad _____

Very bad _____

7. During the past month, how often have you taken medicine (prescribed or "over the counter") to help you sleep?

Not during the Less than Once or Three or more
past month once a week twice a week times a week

8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

Not during the Less than Once or Three or more
past month once a week twice a week times a week

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

No problem at all _____

Only a very slight problem _____

Somewhat of a problem _____

A very big problem _____

10. Do you have a bed partner or roommate?

No bed partner or roommate _____

Partner/roommate in other room _____

Partner in same room, but not same bed _____

Partner in same bed _____

If you have a roommate or bed partner, ask him/her how often in the past month you have had...

(a) Loud snoring

Not during the Less than Once or Three or more
past month once a week twice a week times a week

(b) Long pauses between breaths while asleep

Not during the Less than Once or Three or more
past month once a week twice a week times a week

(c) Legs twitching or jerking while you sleep

Not during the Less than Once or Three or more
past month once a week twice a week times a week

(d) Episodes of disorientation or confusion during sleep

Not during the Less than Once or Three or more
past month once a week twice a week times a week

(e) Other restlessness while you sleep; please describe _____

Not during the Less than Once or Three or more
past month once a week twice a week times a week

DASS-21

Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applies to you **in general**. There are no right or wrong answers. Do not spend too much time on any statement. The rating scale is as follows:

0	1	2	3
Does not apply to me at all	Applies to me to some degree, or some of the time	Applies to me to a considerable degree, or a good part of the time	Applies to me very much, or most of the time

1. I find it hard to wind down.
2. I am aware of dryness of my mouth.
3. I can't seem to experience any positive feeling at all.
4. I experience breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion).
5. I find it difficult to work up the initiative to do things.
6. I tend to over-react to situations.
7. I experience trembling (e.g., in the hands).
8. I feel that I use a lot of nervous energy.
9. I am worried about situations in which I might panic and make a fool of myself.
10. I feel that I have nothing to look forward to.
11. I find myself getting agitated.
12. I find it difficult to relax.
13. I feel down-hearted and blue.
14. I am intolerant of anything that keeps me from getting on with what I am doing.
15. I feel I am close to panic.
16. I am unable to become enthusiastic about anything.
17. I feel I am not worth much as a person.
18. I feel that I am rather touchy.
19. I am aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat).
20. I feel scared without any good reason.
21. I feel that life is meaningless.

Intolerance of Uncertainty Scale - Short Form

(Carleton, Norton, & Asmundson, 2007)

Please circle the number that best corresponds to how much you agree with each...

	Not at all characteristic of me	A little characteristic of me	Somewhat characteristic of me	Very characteristic of me	Entirely characteristic of me
1. Unforeseen events upset me greatly.	1	2	3	4	5
2. It frustrates me not having all the information I need.	1	2	3	4	5
3. Uncertainty keeps me from living a full life.	1	2	3	4	5
4. One should always look ahead so as to avoid surprises.	1	2	3	4	5
5. A small unforeseen event can spoil everything, even with the best of planning.	1	2	3	4	5
6. When it's time to act, uncertainty paralyzes me.	1	2	3	4	5
7. When I am uncertain I can't function very well.	1	2	3	4	5
8. I always want to know what the future has in store for me.	1	2	3	4	5
9. I can't stand being taken by surprise.	1	2	3	4	5
10. The smallest doubt can stop me from acting.	1	2	3	4	5
11. I should be able to organize everything in advance.	1	2	3	4	5
12. I must get away from all uncertain situations.	1	2	3	4	5

Score: _____

BIS/BAS

Each item of this questionnaire is a statement that a person may either agree with or disagree with. For each item, indicate how much you agree or disagree with what the item says. Please respond to all the items; do not leave any blank. Choose only one response to each statement. Please be as accurate and honest as you can be. Respond to each item as if it were the only item. That is, don't worry about being "consistent" in your responses. Choose from the following four response options:

1	2	3	4
Very false for me	Somewhat false for me	Somewhat true for me	Very true for me

1. A person's family is the most important thing in life.
2. Even if something bad is about to happen to me, I rarely experience fear or nervousness.
3. I go out of my way to get things I want.
4. When I'm doing well at something, I love to keep at it.
5. I'm always willing to try something new if I think it will be fun.
6. How I dress is important to me.
7. When I get something I want, I feel excited and energized.
8. Criticism or scolding hurts me quite a bit.
9. When I want something, I usually go all-out to get it.
10. I will often do things for no other reason than that they might be fun.
11. It's hard for me to find the time to do things such as get a haircut.
12. If I see a chance to get something I want, I move on it right away.
13. I feel pretty worried or upset when I think or know somebody is angry with me.
14. When I see an opportunity for something I like, I get excited right away.
15. I often act on the spur of the moment.
16. If I think something unpleasant is going to happen, I usually get pretty "worked up."
17. I often wonder why people act the way they do.
18. When good things happen to me, it affects me strongly.
19. I feel worried when I think I have done poorly at something important.
20. I crave excitement and new sensations.
21. When I go after something, I use a "no holds barred" approach.
22. I have very few fears compared to my friends.
23. It would excite me to win a contest.
24. I worry about making mistakes.

Perceived Stress Scale

A more precise measure of personal stress can be determined by using a variety of instruments that have been designed to help measure individual stress levels. The first of these is called the **Perceived Stress Scale**.

The Perceived Stress Scale (PSS) is a classic stress assessment instrument. The tool, while originally developed in 1983, remains a popular choice for helping us understand how different situations affect our feelings and our perceived stress. The questions in this scale ask about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the number of times you felt a particular way; rather indicate the alternative that seems like a reasonable estimate.

For each question choose from the following alternatives:

0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

- _____ 1. In the last month, how often have you been upset because of something that happened unexpectedly?
- _____ 2. In the last month, how often have you felt that you were unable to control the important things in your life?
- _____ 3. In the last month, how often have you felt nervous and stressed?
- _____ 4. In the last month, how often have you felt confident about your ability to handle your personal problems?
- _____ 5. In the last month, how often have you felt that things were going your way?
- _____ 6. In the last month, how often have you found that you could not cope with all the things that you had to do?
- _____ 7. In the last month, how often have you been able to control irritations in your life?
- _____ 8. In the last month, how often have you felt that you were on top of things?
- _____ 9. In the last month, how often have you been angered because of things that happened that were outside of your control?
- _____ 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Sense of Control

This survey accompanies a measure in the SPARQTools.org [Measuring Mobility toolkit](#), which provides practitioners curated instruments for assessing mobility from poverty and tools for selecting the most appropriate measures for their programs.

Age: Adult

Duration: < 3 minutes

Reading Level: < 6th grade

Number of items: 12

Answer Format: 1 = strongly agree; 2 = somewhat agree; 3 = a little agree; 4 = neither agree or disagree; 5 = a little disagree; 6 = somewhat disagree; 7 = strongly disagree.

Scoring:

The Personal Mastery subscale items are Q1, Q2, Q3, and Q4. The Perceived Constraints subscale items are Q5, Q6, Q7, Q8, Q9, Q10, Q11, and Q12.

All items should be reverse-scored. Reverse-scored items are worded in the opposite direction of what the scale is measuring. The formula for reverse-scoring an item is:

$$((\text{Number of scale points}) + 1) - (\text{Respondent's answer})$$

For example, Q1 is a 7-point scale. If a respondent answered 2 on Q1, you would re-code their answer as: $(7 + 1) - 2 = 6$.

In other words, you would enter a 6 for this respondents' answer to Q1.

To calculate subscale scores for each participant, take the average by adding respondents' answers to each subscale's items and dividing this sum by the number of items in the subscale: 4 for the Personal Mastery subscale or 8 for the Perceived Constraints subscale.

Sources:

Lachman, M. E., & Weaver, S. L. (1998). The sense of control as a moderator of social class differences in health and well-being. *Journal of Personality and Social Psychology*, 74(3), 763-773.

Instructions: Please circle your answer below.

1. I can do just about anything I really set my mind to.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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2. When I really want to do something, I usually find a way to succeed at it.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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3. Whether or not I am able to get what I want is in my own hands.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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4. What happens to me in the future mostly depends on me.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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5. There is little I can do to change many of the important things in my life.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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6. I often feel helpless in dealing with the problems of life.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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7. Other people determine most of what I can and cannot do.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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8. What happens in my life is often beyond my control.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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9. There are many things that interfere with what I want to do.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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10. I have little control over the things that happen to me.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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11. There is really no way I can solve the problems I have.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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12. I sometimes feel I am being pushed around in my life.

Strongly agree	Somewhat agree	A little agree	Neither agree or disagree	A little disagree	Somewhat disagree	Strongly disagree
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General Self-Efficacy Scale (GSE)

	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If someone opposes me, I can find the means and ways to get what I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It is easy for me to stick to my aims and accomplish my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am confident that I could deal efficiently with unexpected events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can solve most problems if I invest the necessary effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When I am confronted with a problem, I can usually find several solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If I am in trouble, I can usually think of a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I can usually handle whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name or ID _____ Age _____ Grade _____

How Important Are These Things to How You Feel about Yourself as a Person?

	Really True for me	Sort of True for me				Sort of True for me	Really True for me
1.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think it is important to be intelligent	BUT	Other teenagers <i>don't</i> think it is important to be intelligent	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers <i>don't</i> think it's all that important to have a lot of friends	BUT	Other teenagers think that having a lot of friends is important	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think it's important to be good at sports	BUT	Other teenagers <i>don't</i> care much about being good at sports	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers <i>don't</i> really think that their physical appearance is all that important	BUT	Other teenagers think that their physical appearance is important	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers <i>don't</i> care that much about how well they do on a paying job	BUT	Other teenagers feel it's important that they do well on a paying job	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think it's important that the people they are romantically interested in like them back	BUT	Other teenagers <i>don't</i> really care that much whether someone they are interested in likes them that much	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers <i>don't</i> think it's that important to do the right thing	BUT	Other teenagers think that doing the right thing is important	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think it's important to be able to make really close friends	BUT	Other teenagers <i>don't</i> think making close friends is all that important	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers <i>don't</i> think that doing well in school is really that important	BUT	Other teenagers think that doing well in school is important	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think it's important to be popular	BUT	Other teenagers <i>don't</i> care that much about whether they are popular	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers <i>don't</i> think that being athletic is that important	BUT	Other teenagers think that being athletic is important	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think that how they look is important	BUT	Other teenagers <i>don't</i> care that much about how they look	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think it's important to do their best on a paying job	BUT	Other teenagers <i>don't</i> think that doing their best on a job is all that important	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers <i>don't</i> care that much whether they are dating someone they are romantically interested in	BUT	Other teenagers think it's important to be dating someone they are interested in	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers think it's important to act the way they are supposed to	BUT	Other teenagers <i>don't</i> care that much whether they are acting the way they are supposed to	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>	Some teenagers <i>don't</i> care that much about developing close friendships	BUT	Other teenagers think it's important to develop close friendships	<input type="checkbox"/>	<input type="checkbox"/>