Form 3.3: Other Emotion Scale (optional)
dentify an emotional experience that you've been struggling with (i.e., anger, shame, jealousy). Enter the emotion in the for each question. For each item, circle the number for the answer that best describes your experience with that emotion <i>over the bast week</i> .
. In the past week, how often have you felt?
 0 = No, I did not feel this emotion in the past week. 1 = Infrequent. I felt this emotion a few times. 2 = Occasional. I felt this emotion as much of the time as not. 3 = Frequent. I felt this emotion most of the time. 4 = Constant. I felt this emotion all of the time.
2. In the past week, when you have felt, how intense or severe was your?
 0 = Little or None: This emotion was absent or barely noticeable. 1 = Mild: This emotion was at a low level. 2 = Moderate: This emotion was intense at times. 3 = Severe: This emotion was intense much of the time. 4 = Extreme: This emotion was overwhelming.
6. In the past week, how often did you have difficulty engaging in or being interested in activities you normally enjoy because of?
 0 = None: I had no difficulty engaging in or being interested in activities that I normally enjoy because of this emotion. 1 = Infrequent: A few times I had difficulty engaging in or being interested in activities that I normally enjoy because of this emotion. My lifestyle was not affected. 2 = Occasional: I had some difficulty engaging in or being interested in activities that I normally enjoy because of this emotion. My lifestyle has only changed in minor ways. 3 = Frequent: I have considerable difficulty engaging in or being interested in activities that I normally enjoy because of this emotion. I have made significant changes in my life style because of being unable to become interested in activities I used to enjoy. 4 = All the Time: I have been unable to participate in or be interested in activities that I normally enjoy because of this emotion. My lifestyle has been extensively affected and I no longer do things that I used to enjoy.
i. In the past week, how much did your interfere with your ability to do the things you needed to do at work, at school, or at home?
 0 = None: No interference at work/home/school from this emotion. 1 = Mild: This emotion has caused some interference at work/home/school. Things are more difficult, but everything that needs to be done is still getting done. 2 = Moderate: This emotion definitely interferes with tasks. Most things are still getting done, but few things are being done as well as in the past. 3 = Severe: This emotion has really changed my ability to get things done. Some tasks are still being done, but many things are not. My performance has definitely suffered. 4 = Extreme: This emotion has become incapacitating. I am unable to complete tasks and have had to leave school, have quit or been fired from my job, or have been unable to complete tasks at home and have faced consequences like bill collectors, eviction, etc.
In the past week, how much has interfered with your social life and relationships?
 0 = None: This emotion doesn't affect my relationships. 1 = Mild: This emotion slightly interferes with my relationships. Some of my friendships and other relationships have suffered, but, overall, my social life is still fulfilling. 2 = Moderate: I have experienced some interference with my social life, but I still have a few close relationships. I don't spend as much time with others as in the past, but I still socialize sometimes. 3 = Severe: My friendships and other relationships have suffered a lot because of this emotion. I do not enjoy social activities. I socialize very little.

TOTAL SCORE: _______
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4 = Extreme: This emotion has completely disrupted my social activities. All of my relationship have suffered or ended. My

family life is extremely strained.