

First & Last Name: _____

Date: _____

INSTRUCTIONS: The following questions are about various factors important to consider in patients presenting for the treatment. After each question there are 5 statements. Read all statements carefully. Then decide which one best describes you or your history.

(1) **What percent of the past 5 years have you been depressed?**

- a. Less than 10%
- b. 10-24%
- c. 25-49%
- d. 50-90%
- e. More than 90%

(2) **What percent of the past 5 years have you had problems with anxiety?**

- a. Less than 10%
- b. 10-24%
- c. 25-49%
- d. 50-90%
- e. More than 90%

(3) **What percent of the past 5 years have you had problems with anger?**

- a. Less than 10%
- b. 10-24%
- c. 25-49%
- d. 50-90%
- e. More than 90%

(4) **Please complete the following sentence: "Usually.."**

- a. I fully enjoy life.
- b. For the most part I am able to enjoy life.
- c. I get only some enjoyment from life.
- d. I get little enjoyment or satisfaction from life.
- e. I get no enjoyment or satisfaction from life.

(5) **How depressed have you been feeling during the past week?**

- a. Not at all
- b. Mildly
- c. Moderately
- d. Severely
- e. Extremely

(6) **How anxious have you been feeling during the past week?**

- a. Not at all
- b. Mildly
- c. Moderately
- d. Severely
- e. Extremely

(7) **How angry or irritable have you been feeling during the past week?**

- a. Not at all
- b. Mildly
- c. Moderately
- d. Severely
- e. Extremely

(8) **Please rate the severity of recent stressors.**

- a. Minimal
- b. Mild
- c. Moderate
- d. Severe
- e. Extreme

(9) **How likely do you think it is that recent stressors will resolve over the next 2-3 months?**

- ☐ Check here if you have not experienced any recent stressors
- a. Very likely
 - b. Likely
 - c. Not sure
 - d. Unlikely
 - e. Very unlikely

(10) **How many times in your life have you taken medication for your psychiatric symptoms?**

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3-4 times
- e. 5 or more times

(11) **How many times have you stopped or switched medication because it did not help?**

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3-4 times
- e. 5 or more times

(12) **How many times have you stopped or switched medication due to side effects?**

- a. 0
- b. 1
- c. 2
- d. 3-4 times
- e. 5 or more times

(13) **In general, how helpful have medications been for you?**

- ☐ Check here if you have never taken a medication for psychiatric symptoms
- a. Very helpful most or all the time
 - b. Somewhat helpful most or all the time
 - c. Helpful some of the time but not at other times
 - d. A little helpful some of the time
 - e. Minimal or no benefit

(14) **If you have been in counseling before, how helpful has counseling been?**

- ☐ Check here if you have never been in counseling
- a. Very helpful most or all the time
 - b. Somewhat helpful most or all the time
 - c. Helpful some of the time but not at other times
 - d. A little helpful some of the time
 - e. Minimal or no benefit

(15) **How likely do you think it is that with treatment you will feel significantly better 2-3 months from now?**

- a. Very likely
- b. Likely
- c. Not sure
- d. Unlikely
- e. Very unlikely

(16) **Do you deserve to feel better?**

- a. Yes, absolutely
- b. I think so
- c. I am not sure
- d. Probably not
- e. Definitely not

(17) **How are things at home?**

- a. Excellent
- b. Very good
- c. Not too bad
- d. Stressful
- e. Very stressful

(18) **How are things at work (or school if full-time student)?**

- ☐ Check here if you are not currently working or in school
- a. Excellent
 - b. Very good
 - c. Not too bad
 - d. Stressful
 - e. Very stressful

(19) **If you are *not* currently working (or in school), the reason is:**

- ☐ Check here if you are working or in school
- a. I am retired or staying at home to raise my children.
 - b. I have not been able to find a job.
 - c. I am on disability for medical reasons or I have been feeling too depressed or anxious to work or look for a job.
 - d. I am on temporary disability or leave due to psychiatric reasons.
 - e. I am on long-term disability for psychiatric reasons.

(20) **How much time during the past month were you COMPLETELY UNABLE to perform your usual daily responsibilities (at a paid job, at home, or at school) because of your psychiatric symptoms?**

- a. 0 days
- b. 1 day up to a week
- c. 1-2 weeks
- d. 2-3 weeks
- e. nearly the entire month

(21) **How would you describe your current financial situation?**

- a. Not currently a problem
- b. A minor stressor
- c. A moderate stressor
- d. A severe stressor
- e. An extreme stressor

(22) **How extraverted (outgoing) or introverted (shy) are you?**

- a. Much more extraverted (outgoing) than others
- b. Somewhat more extraverted than others
- c. About the same as most people
- d. Somewhat more introverted than others
- e. Much more introverted (shy) than others

(23) **How would you describe your childhood?**

- a. Excellent
- b. Pleasant
- c. Difficult at times
- d. Often difficult
- e. Traumatic

(24) **Did you experience any trauma growing up (before age 18) such as physical or sexual abuse?**

- a. No such traumatic events
- b. Traumatic event(s) with minimal impact
- c. Traumatic event(s) with mild impact
- d. Traumatic event(s) with moderate impact
- e. Traumatic event(s) with major impact

(25) **Have you had any traumatic experiences as an adult (age 18 and older) such as physical or sexual abuse?**

- a. No such traumatic events
- b. Traumatic event(s) with minimal impact
- c. Traumatic event(s) with mild impact
- d. Traumatic event(s) with moderate impact
- e. Traumatic event(s) with major impact

(26) **How would you rate your current physical health?**

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Very poor

(27) **How much physical pain have you been feeling during the past week?**

- a. None
- b. Mild
- c. Moderate
- d. Severe
- e. Extreme

(28) **How would you describe your support network?**

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Very poor

(29) **How would you describe the strength of your religious beliefs?**

- a. Very Strong
- b. Strong
- c. Moderate
- d. Mild
- e. Minimal to none

(30) **Which of the following statements is most accurate regarding your use of alcohol?**

- a. I do not drink alcohol.
- b. I drink but never excessively.
- c. I only rarely drink more than I should.
- d. I sometimes drink more than I should.
- e. I often drink more than I should.

(31) **Which of the following statements is most accurate regarding your use of drugs?**

- a. I do not use street drugs.
- b. I use drugs but never excessively.
- c. I only rarely use drugs more than I should.
- d. I sometimes use drugs more than I should.
- e. I often use drugs more than I should.

(32) **Which of the following statements is most accurate about how you generally handle stress?**

- a. I handle stress much better than most people.
- b. I handle stress somewhat better than most people.
- c. I handle stress about as well as most people.
- d. I do not handle stress as well as most people.
- e. I am frequently overwhelmed by stress.

(33) **How would you rate your usual ability to cope with the daily hassles of life?**

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Very poor

(34) **How would you rate your usual level of self-esteem?**

- a. Excellent
- b. Good
- c. Fair
- d. Poor
- e. Very low

(35) **How critical of yourself do you tend to be?**

- a. Not at all
- b. A little bit
- c. A moderate amount
- d. Quite a bit
- e. Extremely

(36) **How many times in your life have you attempted suicide?**

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3-4 times
- e. 5 or more times

(37) **How many times in your life have you deliberately hurt yourself?**

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3-4 times
- e. 5 or more times

(38) **How many times in your life have you been hospitalized for psychiatric reasons?**

- a. 0
- b. 1
- c. 2
- d. 3-4 times
- e. 5 or more times

(39) **How many times in your life have you been in a partial hospital program?**

- a. 0
- b. 1
- c. 2
- d. 3-4 times
- e. 5 or more times

(40) **How many times have you been seen in an emergency room for psychiatric reasons?**

- a. 0
- b. 1
- c. 2
- d. 3-4 times
- e. 5 or more times

(41) **How old were you the first time you received psychiatric treatment?**

- a. less than 8 years old
- b. 8-12
- c. 13-17
- d. 18-25
- e. older than 25

RDQ

INSTRUCTIONS: The purpose of this questionnaire is to determine how well individuals respond to treatment. The items on the scale ask about different aspects of psychological well-being such as symptoms, coping with stress, ability to function, sense of well-being, and enjoyment in life. Use the following scale to indicate how well each item describes you **FOR THE PAST WEEK.**

0=not at all or rarely true 1=sometimes true 2=often or almost always true

Symptoms

- | | | | |
|--|---|---|---|
| 1. I felt sad or depressed..... | 0 | 1 | 2 |
| 2. I was not interested in the things I usually enjoy..... | 0 | 1 | 2 |
| 3. My motivation to do things was low..... | 0 | 1 | 2 |
| 4. My appetite was poor. | 0 | 1 | 2 |
| 5. My appetite was much greater than usual | 0 | 1 | 2 |
| 6. I had difficulty sleeping. | 0 | 1 | 2 |
| 7. I was sleeping too much | 0 | 1 | 2 |
| 8. My energy level was low. | 0 | 1 | 2 |
| 9. I felt guilty. | 0 | 1 | 2 |
| 10. I thought I was a failure..... | 0 | 1 | 2 |
| 11. I had problems concentrating. | 0 | 1 | 2 |
| 12. I had difficulty making decisions. | 0 | 1 | 2 |
| 13. I wished I was dead. | 0 | 1 | 2 |
| 14. I had thoughts about killing myself..... | 0 | 1 | 2 |
| 15. I felt anxious. | 0 | 1 | 2 |
| 16. I worried excessively. | 0 | 1 | 2 |
| 17. I had a sense of dread or impending doom..... | 0 | 1 | 2 |
| 18. I felt "on edge". | 0 | 1 | 2 |
| 19. I dwelled on things. | 0 | 1 | 2 |
| 20. I got irritated easily. | 0 | 1 | 2 |
| 21. I felt very angry or grouchy..... | 0 | 1 | 2 |
| 22. I had arguments | 0 | 1 | 2 |
| 23. I had headaches..... | 0 | 1 | 2 |
| 24. I had back pain..... | 0 | 1 | 2 |
| 25. I was bothered by aches and pains..... | 0 | 1 | 2 |

Coping Ability

- | | | | |
|--|---|---|---|
| 26. I coped well with the normal stresses and hassles of life..... | 0 | 1 | 2 |
| 27. I am able to bounce back from stressful situations..... | 0 | 1 | 2 |
| 28. I could keep myself from feeling depressed..... | 0 | 1 | 2 |
| 29. I easily got overwhelmed by stress..... | 0 | 1 | 2 |
| 30. I had trouble handling pressure..... | 0 | 1 | 2 |

Positive Mental Health

- | | | | |
|---|---|---|---|
| 31. I felt at ease. | 0 | 1 | 2 |
| 32. I cared about things in my life. | 0 | 1 | 2 |
| 33. I was able to have fun. | 0 | 1 | 2 |
| 34. I saw myself as a person of value. | 0 | 1 | 2 |
| 35. I had a positive outlook on life. | 0 | 1 | 2 |
| 36. I feel energetic and vigorous..... | 0 | 1 | 2 |
| 37. When I woke up I looked forward to the day..... | 0 | 1 | 2 |
| 38. I could focus and concentrate well. | 0 | 1 | 2 |
| 39. I could make decisions without a lot of self-doubt..... | 0 | 1 | 2 |
| 40. I felt confident. | 0 | 1 | 2 |
| 41. I woke up feeling fresh and rested..... | 0 | 1 | 2 |
| 42. I had the desire to do things. | 0 | 1 | 2 |

Functioning

- | | | | |
|---|---|---|---|
| 43. I was functioning well in my work (at a paid job, at home, or at school). | 0 | 1 | 2 |
| 44. I was participating in social activities. | 0 | 1 | 2 |
| 45. I was able to fulfill my usual responsibilities. | 0 | 1 | 2 |
| 46. I got things accomplished and did what I wanted to do..... | 0 | 1 | 2 |
| 47. My relationships were generally going well..... | 0 | 1 | 2 |
| 48. Emotional problems caused difficulties in my work..... | 0 | 1 | 2 |
| 49. I did not do my work (at a paid job, at home, or at school) as well as usual. | 0 | 1 | 2 |
| 50. Emotional problems caused difficulties in my relationships with friends or family | 0 | 1 | 2 |
| 51. I had trouble getting along with friends and family..... | 0 | 1 | 2 |
| 52. I was socially withdrawn..... | 0 | 1 | 2 |

Well Being and Life Satisfaction

- | | | | |
|---|---|---|---|
| 53. I was satisfied with life. | 0 | 1 | 2 |
| 54. I was engaging in life rather than hiding from it..... | 0 | 1 | 2 |
| 55. I was satisfied in my relationships..... | 0 | 1 | 2 |
| 56. My life was fulfilling..... | 0 | 1 | 2 |
| 57. My work (at a paid job, at home, or at school) was satisfying. | 0 | 1 | 2 |
| 58. I felt mentally healthy. | 0 | 1 | 2 |
| 59. I felt in control of my emotions. | 0 | 1 | 2 |
| 60. I had a general sense of well-being..... | 0 | 1 | 2 |

BAFFS

1. Who does your family consist of? Please check all that apply:

- ☐ My partner/spouse
- ☐ My partner and my children
- ☐ My children
- ☐ People who live with me, or who live nearby
- ☐ My family of origin (parents and/or siblings)
- ☐ I have no one who I consider to be my family
- ☐ Other _____

Please circle the response that reflects your degree of agreement with these statements:

2. Relationships with my family contribute to the problems that brought me to the Partial Hospital Program.	Strongly Agree	Agree	Disagree	Strongly Disagree
	1	2	3	4
3. A family meeting would be a useful part of my treatment in the Partial Hospital Program.	Strongly Agree	Agree	Disagree	Strongly Disagree
	1	2	3	4

Circle the response that reflects your experience of your family life. Try not to spend too much time thinking about each statement, but respond as quickly and honestly as you can.

4. We can express feelings to each other.	Strongly Agree	Agree	Disagree	Strongly Disagree
	1	2	3	4
5. We don't get along well together.	Strongly Agree	Agree	Disagree	Strongly Disagree
	1	2	3	4
6. We confide in each other.	Strongly Agree	Agree	Disagree	Strongly Disagree
	1	2	3	4

Survey of How to Evaluate the Benefit of Treatment - BOTS

For many years researchers who study the effectiveness of psychiatric treatment have discussed the best method of evaluating the benefit of treatment. There is little agreement in what are the most important factors in determining who has responded well to treatment.

The purpose of this brief questionnaire is to learn what you believe are the most important factors in determining that treatment has been helpful. Please rate how important you think each of the following factors are in determining whether treatment has been helpful. After rating the importance of each item write down the number of the item that you think is the most important factor.

Use the following rating scale to indicate how important you think each of the following factors are in determining whether treatment for a psychiatric disorder has been helpful.

0	1	2
Not very important in determining if treatment has been helpful	Somewhat important in determining if treatment has been helpful	Very important in determining if treatment has been helpful

1. improvement in symptoms (such as depression, anxiety, insomnia, or fatigue) 0 1 2
2. presence of positive mental health (such as optimism, vigor, and self-confidence) 0 1 2
3. not getting overwhelmed by stress 0 1 2
4. coping well with stressful events 0 1 2
5. able to cope with the normal stress of life 0 1 2
6. functioning well 0 1 2
7. return to usual level of functioning at work, home, or school 0 1 2
8. able to fulfill usual responsibilities 0 1 2
9. feeling happy most of the time 0 1 2
10. feeling satisfied with life 0 1 2
11. feeling in emotional control 0 1 2
12. having a general sense of well being 0 1 2
13. having a positive outlook on life 0 1 2
14. participating in and enjoying usual activities 0 1 2
15. participating in and enjoying relationships with family and friends 0 1 2
16. feeling like your usual, normal self. 0 1 2
17. absence of symptoms (such as depression, anxiety, insomnia, or fatigue) 0 1 2

***Which of the above 17 items do you think is the most important factor in judging whether psychiatric treatment has been helpful. Write down the item number here: _____

DEPRESSION SCALE**INSTRUCTIONS**

This questionnaire includes questions about symptoms of depression. For each item please indicate how well it describes you during the PAST WEEK, INCLUDING TODAY. Circle the number in the columns next to the item that best describes you.

RATING GUIDELINES

0=not at all true

1=a little bit

2=a moderate amount

3=quite a bit

4=extremely

During the PAST WEEK, INCLUDING TODAY....

- | | | | | | |
|---|---|---|---|---|---|
| 1. I felt sad or depressed..... | 0 | 1 | 2 | 3 | 4 |
| 2. I was not as interested in my usual activities..... | 0 | 1 | 2 | 3 | 4 |
| 3. My appetite was poor and I didn't feel like eating | 0 | 1 | 2 | 3 | 4 |
| 4. My appetite was much greater than usual..... | 0 | 1 | 2 | 3 | 4 |
| 5. I had difficulty sleeping | 0 | 1 | 2 | 3 | 4 |
| 6. I was sleeping too much | 0 | 1 | 2 | 3 | 4 |
| 7. I felt very fidgety, making it difficult to sit still | 0 | 1 | 2 | 3 | 4 |
| 8. I felt physically slowed down, like my body was stuck in mud | 0 | 1 | 2 | 3 | 4 |
| 9. My energy level was low | 0 | 1 | 2 | 3 | 4 |
| 10. I felt guilty..... | 0 | 1 | 2 | 3 | 4 |
| 11. I thought I was a failure | 0 | 1 | 2 | 3 | 4 |
| 12. I had problems concentrating | 0 | 1 | 2 | 3 | 4 |
| 13. I had more difficulties making decisions than usual | 0 | 1 | 2 | 3 | 4 |
| 14. I wished I was dead | 0 | 1 | 2 | 3 | 4 |
| 15. I thought about killing myself | 0 | 1 | 2 | 3 | 4 |
| 16. I thought that the future looked hopeless | 0 | 1 | 2 | 3 | 4 |
17. Overall, how much have symptoms of depression interfered with or caused difficulties in your life during the past day?
- 0) not at all
 - 1) a little bit
 - 2) a moderate amount
 - 3) quite a bit
 - 4) extremely
18. How would you rate your overall quality of life during the past day?
- 0) very good, my life could hardly be better
 - 1) pretty good, most things are going well
 - 2) the good and bad parts are about equal
 - 3) pretty bad, most things are going poorly
 - 4) very bad, my life could hardly be worse

ANXIETY SCALE

INSTRUCTIONS: This scale includes questions about the symptoms of anxiety. For each item please indicate how well it describes you during the PAST WEEK, INCLUDING TODAY. Circle the number in the columns next to the item that best describes you.

0=not at all true 1=rarely true 2=sometimes true 3=often true 4=almost always true

During the PAST WEEK, INCLUDING TODAY....

- | | | | | | |
|--|---|---|---|---|---|
| 1. I felt nervous or anxious | 0 | 1 | 2 | 3 | 4 |
| 2. I worried a lot that something bad might happen | 0 | 1 | 2 | 3 | 4 |
| 3. I worried too much about things | 0 | 1 | 2 | 3 | 4 |
| 4. I was jumpy and easily startled by noises..... | 0 | 1 | 2 | 3 | 4 |
| 5. I felt "keyed up" or "on edge" because I was worried about things..... | 0 | 1 | 2 | 3 | 4 |
| 6. I felt scared..... | 0 | 1 | 2 | 3 | 4 |
| 7. I had muscle tension or muscle aches | 0 | 1 | 2 | 3 | 4 |
| 8. I felt jittery | 0 | 1 | 2 | 3 | 4 |
| 9. I was short of breath | 0 | 1 | 2 | 3 | 4 |
| 10. My heart was pounding or racing | 0 | 1 | 2 | 3 | 4 |
| 11. I had cold, clammy hands..... | 0 | 1 | 2 | 3 | 4 |
| 12. I had a dry mouth..... | 0 | 1 | 2 | 3 | 4 |
| 13. I was dizzy or lightheaded | 0 | 1 | 2 | 3 | 4 |
| 14. I felt sick to my stomach (nauseated)..... | 0 | 1 | 2 | 3 | 4 |
| 15. I had diarrhea | 0 | 1 | 2 | 3 | 4 |
| 16. I had hot flashes or chills | 0 | 1 | 2 | 3 | 4 |
| 17. I urinated frequently..... | 0 | 1 | 2 | 3 | 4 |
| 18. I felt a lump in my throat | 0 | 1 | 2 | 3 | 4 |
| 19. I was sweating | 0 | 1 | 2 | 3 | 4 |
| 20. I had tingling feelings in my fingers or feet | 0 | 1 | 2 | 3 | 4 |
| 21. I felt very fidgety, making it difficult to sit still | 0 | 1 | 2 | 3 | 4 |
| 22. I had difficulty concentrating because my mind was on my worries | 0 | 1 | 2 | 3 | 4 |
| 23. I worried a lot that something bad might happen | 0 | 1 | 2 | 3 | 4 |
| 24. When I was extremely anxious, I was afraid I would lose control | 0 | 1 | 2 | 3 | 4 |
| 25. Overall, how much have symptoms of anxiety interfered with or caused difficulties in your life during the past week? | | | | | |
| 0) not at all | | | | | |
| 1) a little bit | | | | | |
| 2) a moderate amount | | | | | |
| 3) quite a bit | | | | | |
| 4) extremely | | | | | |

ANGER SCALE**INSTRUCTIONS**

This questionnaire includes questions about symptoms of anger. For each item please indicate how well it describes you during the PAST WEEK, INCLUDING TODAY. Circle the number in the columns next to the item that best describes you.

RATING GUIDELINES

0=not at all true

1=a little bit

2=a moderate amount

3=quite a bit

4=extremely

During the PAST WEEK, INCLUDING TODAY....

- | | | | | | |
|--|---|---|---|---|---|
| 1. I felt very angry or irritable | 0 | 1 | 2 | 3 | 4 |
| 2. I was grouchy | 0 | 1 | 2 | 3 | 4 |
| 3. I yelled or argued | 0 | 1 | 2 | 3 | 4 |
| 4. I let little things irritate me | 0 | 1 | 2 | 3 | 4 |
| 5. I felt ready to explode | 0 | 1 | 2 | 3 | 4 |
| 6. I lost my temper | 0 | 1 | 2 | 3 | 4 |
| 7. I was rude to people | 0 | 1 | 2 | 3 | 4 |
| 8. I had the urge to break or destroy things..... | 0 | 1 | 2 | 3 | 4 |
| 9. I felt so angry I wanted to throw things | 0 | 1 | 2 | 3 | 4 |
| 10. I broke or destroyed things | 0 | 1 | 2 | 3 | 4 |
| 11. I had the urge to hit or hurt someone | 0 | 1 | 2 | 3 | 4 |
| 12. I hit or hurt someone | 0 | 1 | 2 | 3 | 4 |
| 13. I had the urge to physically hurt myself | 0 | 1 | 2 | 3 | 4 |
| 14. I physically hurt myself..... | 0 | 1 | 2 | 3 | 4 |

COMPACT SCALE**INSTRUCTIONS**

For each item please indicate how well it describes you during the PAST WEEK, INCLUDING TODAY.
Circle the number in the columns next to the item that best describes you.

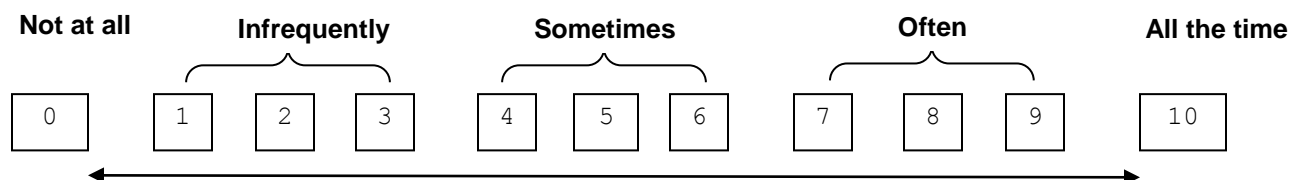
0	1	2	3	4	5	6
Strongly disagree	Moderately disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Moderately agree	Strongly agree

During the PAST WEEK INCLUDING TODAY....

1. I can identify the things that really matter to me in life and pursue them 0 1 2 3 4 5 6
2. One of my big goals is to be free from painful emotions 0 1 2 3 4 5 6
3. I rush through meaningful activities without being really attentive to them 0 1 2 3 4 5 6
4. I try to stay busy to keep thoughts or feelings from coming 0 1 2 3 4 5 6
5. I act in ways that are consistent with how I wish to live my life 0 1 2 3 4 5 6
6. I watched my feelings without getting carried away by them 0 1 2 3 4 5 6
7. I make choices based on what is important to me, even if it is stressful..... 0 1 2 3 4 5 6
8. I tell myself that I shouldn't have certain thoughts..... 0 1 2 3 4 5 6
9. I find it difficult to stay focused on what's happening in the present..... 0 1 2 3 4 5 6
10. I behave in line with my personal values 0 1 2 3 4 5 6
11. I go out of my way to avoid situations that might bring difficult thoughts,
feelings, or sensations..... 0 1 2 3 4 5 6
12. Even when doing the things that matter to me, I find myself doing them
without paying attention 0 1 2 3 4 5 6
13. I am willing to fully experience whatever thoughts, feelings and sensations
come up for me, without trying to change or defend against them 0 1 2 3 4 5 6
14. I undertake things that are meaningful to me, even when I find it hard to do so..... 0 1 2 3 4 5 6
15. I work hard to keep out upsetting feelings..... 0 1 2 3 4 5 6
16. I do jobs or tasks automatically, without being aware of what I'm doing 0 1 2 3 4 5 6
17. I am able to follow my long terms plans including times when progress is slow 0 1 2 3 4 5 6
18. Even when something is important to me, I'll rarely do it if there's a chance it
upset me..... 0 1 2 3 4 5 6
19. It seems I am "running on automatic" without much awareness of what I'm doing..... 0 1 2 3 4 5 6
20. Thoughts are just thoughts – they don't control what I do 0 1 2 3 4 5 6
21. My values are really reflected in my behavior 0 1 2 3 4 5 6
22. I can take thoughts and feelings as they come, without attempting to control
or avoid them..... 0 1 2 3 4 5 6
23. I can keep going with something when it's important to me..... 0 1 2 3 4 5 6

CUPOS

Instructions: The items on the scale ask about different aspects of psychological well-being. Using the scale below, indicate how well each item describes you **FOR THE PAST WEEK**.



During the PAST WEEK, INCLUDING TODAY....

- | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|----|
| 1. I coped well with the normal stresses and hassles of life | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. I was able to bounce back from stressful situations | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. I had trouble handling pressure | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | | |
| 4. I had a positive outlook on life | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. When I woke up I looked forward to the day | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 6. I felt confident | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | | |
| 7. I was functioning well in my work (in a paid job,
at home, or at school) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8. I was able to fulfill my usual responsibilities | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9. I got things accomplished and did what I wanted to do | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | | |
| 10. My life was fulfilling | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11. I felt mentally healthy | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 12. I had a general sense of well-being | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

PID-5-BF—Adult

Instructions: This is a list of things different people might say about themselves. We are interested in how you would describe yourself. There are no right or wrong answers. So you can describe yourself as honestly as possible, we will keep your responses confidential. We'd like you to take your time and read each statement carefully, selecting the response that best describes you.

		Very False or Often False	Sometimes or Somewhat False	Sometimes or Somewhat True	Very True or Often True
1.	People would describe me as reckless.	0	1	2	3
2.	I feel like I act totally on impulse.	0	1	2	3
3.	Even though I know better, I can't stop making rash decisions.	0	1	2	3
4.	I often feel like nothing I do really matters.	0	1	2	3
5.	Others see me as irresponsible.	0	1	2	3
6.	I'm not good at planning ahead.	0	1	2	3
7.	My thoughts often don't make sense to others.	0	1	2	3
8.	I worry about almost everything.	0	1	2	3
9.	I get emotional easily, often for very little reason.	0	1	2	3
10.	I fear being alone in life more than anything else.	0	1	2	3
11.	I get stuck on one way of doing things, even when it's clear it won't work.	0	1	2	3
12.	I have seen things that weren't really there.	0	1	2	3
13.	I steer clear of romantic relationships.	0	1	2	3
14.	I'm not interested in making friends.	0	1	2	3
15.	I get irritated easily by all sorts of things.	0	1	2	3
16.	I don't like to get too close to people.	0	1	2	3
17.	It's no big deal if I hurt other peoples' feelings.	0	1	2	3
18.	I rarely get enthusiastic about anything.	0	1	2	3
19.	I crave attention.	0	1	2	3
20.	I often have to deal with people who are less important than me.	0	1	2	3
21.	I often have thoughts that make sense to me but that other people say are strange.	0	1	2	3
22.	I use people to get what I want.	0	1	2	3
23.	I often "zone out" and then suddenly come to and realize that a lot of time has passed.	0	1	2	3
24.	Things around me often feel unreal, or more real than usual.	0	1	2	3
25.	It is easy for me to take advantage of others.	0	1	2	3