

Initials: _____ Date _____ Therapist: _____

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

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VALUING QUESTIONNAIRE

Please read each statement carefully and then circle the number which best describes how much the statement was true for you DURING THE PAST WEEK, INCLUDING TODAY.

	0	1	2	3	4	5	6
	Not at all True						Completely true
1.	It seemed like I was just 'going through the motions,' rather than focusing on what was important to me					0	1 2 3 4 5 6
2.	I continued to get better at being the kind of person I want to be					0	1 2 3 4 5 6
3.	I made progress in areas of my life I care most about					0	1 2 3 4 5 6
4.	I tried to work towards important goals, but something always got in the way					0	1 2 3 4 5 6
5.	Difficult thoughts, feelings or memories got in the way of what I really wanted to do					0	1 2 3 4 5 6
6.	I was proud about how I lived my life					0	1 2 3 4 5 6
7.	I was basically on "auto-pilot" most of the time					0	1 2 3 4 5 6
8.	My behavior was a good example of what I stand for in life					0	1 2 3 4 5 6

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FFMQ

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you **during the past week**.

1	2	3	4	5
never or very rarely true	rarely true	sometimes true	often true	very often or always true

1. I'm good at finding words to describe my feelings.	1	2	3	4	5
2. I can easily put my beliefs, opinions, and expectations into words.	1	2	3	4	5
3. I watch my feelings without getting carried away by them.	1	2	3	4	5
4. I tell myself I shouldn't be feeling the way I'm feeling.	1	2	3	4	5
5. It's hard for me to find the words to describe what I'm thinking.	1	2	3	4	5
6. I pay attention to physical experiences, such as the wind in my hair or sun on my face.	1	2	3	4	5
7. I make judgments about whether my thoughts are good or bad.	1	2	3	4	5
8. I find it difficult to stay focused on what's happening in the present moment.	1	2	3	4	5
9. When I have distressing thoughts or images, I don't let myself be carried away by them.	1	2	3	4	5
10. Generally, I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.	1	2	3	4	5
11. When I feel something in my body, it's hard for me to find the right words to describe it.	1	2	3	4	5
12. It seems I am "running on automatic" without much awareness of what I'm doing.	1	2	3	4	5
13. When I have distressing thoughts or images, I feel calm soon after.	1	2	3	4	5
14. I tell myself that I shouldn't be thinking the way I'm thinking.	1	2	3	4	5
15. I notice the smells and aromas of things.	1	2	3	4	5
16. Even when I'm feeling terribly upset, I can find a way to put it into words.	1	2	3	4	5
17. I rush through activities without being really attentive to them.	1	2	3	4	5
18. Usually when I have distressing thoughts or images I can just notice them without reacting.	1	2	3	4	5
19. I think some of my emotions are bad or inappropriate and I shouldn't feel them.	1	2	3	4	5
20. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.	1	2	3	4	5
21. When I have distressing thoughts or images, I just notice them and let them go.	1	2	3	4	5
22. I do jobs or tasks automatically without being aware of what I'm doing.	1	2	3	4	5
23. I find myself doing things without paying attention.	1	2	3	4	5
24. I disapprove of myself when I have illogical ideas.	1	2	3	4	5

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AAQ-II

Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it. Use the scale below to indicate how well each item describes you **for the past week**.

1	2	3	4	5	6	7
never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true

1.	My painful experiences and memories make it difficult for me to live a life that I would value.	1	2	3	4	5	6	7
2.	I'm afraid of my feelings.	1	2	3	4	5	6	7
3.	I worry about not being able to control my worries and feelings.	1	2	3	4	5	6	7
4.	My painful memories prevent me from having a fulfilling life.	1	2	3	4	5	6	7
5.	Emotions cause problems in my life.	1	2	3	4	5	6	7
6.	It seems like most people are handling their lives better than I am.	1	2	3	4	5	6	7
7.	Worries get in the way of my success.	1	2	3	4	5	6	7

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Name: _____ Date: _____

The purpose of this questionnaire is to determine what you may or may not have learned during your treatment here. Please indicate how much you agree or disagree with the following statements.

1=strongly disagree 2=moderately disagree 3=slightly disagree 4=not sure 5=slightly agree 6=moderately agree 7=strongly agree

1. The program taught me that I don't have to make uncomfortable thoughts go away to live a meaningful life.1 2 3 4 5 6 7
2. The program encouraged me to treat myself with kindness.1 2 3 4 5 6 7
3. The program taught me that I should try to change my distorted ways of thinking.....1 2 3 4 5 6 7
4. The program taught me that willingness to sit with discomfort could help me move towards my values1 2 3 4 5 6 7
5. The program taught me that I am not my thoughts and feelings.1 2 3 4 5 6 7
6. The program taught me that understanding the meaning of dreams will help me understand my problems.....1 2 3 4 5 6 7
7. The program taught me that avoiding negative feelings and thoughts can make them more powerful in the long-term.....1 2 3 4 5 6 7
8. The program encouraged me to watch my thoughts non-judgmentally1 2 3 4 5 6 7
9. The program taught me that when I have a negative thought I need to change it to a positive one.....1 2 3 4 5 6 7
10. The program taught me that we cannot get rid of our thoughts, but we can choose our actions1 2 3 4 5 6 7
11. The program taught me that knowing my values and setting goals can help me live a more meaningful life.1 2 3 4 5 6 7
12. The program taught me that it is okay to feel bad sometimes1 2 3 4 5 6 7
13. The program taught me that I have to correct my thoughts before I can achieve my goals1 2 3 4 5 6 7
14. The program taught me that it can be helpful to be in the present moment.....1 2 3 4 5 6 7
15. The program taught me that if I feel bad I can still do things that are consistent with my values1 2 3 4 5 6 7
16. The program taught me that analyzing my subconscious will solve my problems1 2 3 4 5 6 7
17. The program showed me that emotional and physical pain are a normal part of life.1 2 3 4 5 6 7
18. The program taught me that my actions can be chosen based on my values and goals, even when discomfort shows up.1 2 3 4 5 6 7
19. The program encouraged me to focus more on changing my behavior rather than changing thoughts or feelings.....1 2 3 4 5 6 7
20. The program taught me that reducing my symptoms is the primary goal of treatment1 2 3 4 5 6 7
21. The program encouraged me to approach my feelings in an open and curious way1 2 3 4 5 6 7
22. The program taught me to take small steps towards goals, even when I get off track.....1 2 3 4 5 6 7

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In your own words, what are the top 3 things you learned from this program?

SUGGESTIONS / FEEDBACK

Please provide us with feedback or suggestions you may have regarding your stay in the program. Thank you

Opening Session: _____

ACT Group: _____

Interpersonal Group: _____

Mindfulness & Coping Skills: _____

Individual Therapy: _____

Psychiatrist Meetings: _____

Miscellaneous Feedback: _____
