

First Name: _____

DEPRESSION SCALE

Last Initial: _____

Date: _____

Therapist: _____

INSTRUCTIONS

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

0	1	2	3	4
Not at all true	A little bit	A moderate amount	Quite a bit	Extremely

During the PAST DAY....

1. I felt sad or depressed.....0 1 2 3 4
2. I was not as interested in my usual activities0 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 much0 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 low0 1 2 3 4
10. I felt guilty0 1 2 3 4
11. I thought I was a failure0 1 2 3 4
12. I had problems concentrating0 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 hopeless0 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

Date: _____ Therapist _____

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

0	1	2	3	4
Not at all true	Rarely true	Sometimes true	Often true	Almost always true

During the PAST DAY....

1. I felt nervous or anxious0 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 aches0 1 2 3 4
8. I felt jittery0 1 2 3 4
9. I was short of breath0 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 mouth0 1 2 3 4
13. I was dizzy or lightheaded0 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 |
| 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

Date: _____

INSTRUCTIONS

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

0	1	2	3	4
Not at all true	A little bit	A moderate amount	Quite a bit	Extremely

During the PAST DAY...

- | | | | | | |
|--|---|---|---|---|---|
| 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

Date: _____

INSTRUCTIONS

For each item please indicate how well it describes you during the PAST DAY. 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 DAY...

- I can identify the things that really matter to me in life and pursue them
0 1 2 3 4 5 6
- One of my big goals is to be free from painful emotions
0 1 2 3 4 5 6
- I rush through meaningful activities without being really attentive to them
0 1 2 3 4 5 6
- I try to stay busy to keep thoughts or feelings from coming
0 1 2 3 4 5 6
- I act in ways that are consistent with how I wish to live my life
0 1 2 3 4 5 6
- I watched my feelings without getting carried away by them
0 1 2 3 4 5 6
- I make choices based on what is important to me, even if it is stressful
0 1 2 3 4 5 6
- 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 doing0 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

