

Diketahui :

- Data terdiri dari tiga variabel yaitu Resiliensi, Kecemasan, dan Mindfulness
- Masing-masing variabel memiliki banyak data(n) = 74 responden
- Ketiga jenis variabel memiliki tipe data numerik

Ditanya :

- Apakah terdapat hubungan antara Resiliensi dengan Kecemasan ?
- Apakah terdapat hubungan antara Resiliensi dengan Mindfulness ?
- Apakah terdapat hubungan antara Mindfulness dengan Kecemasan ?

Alur Analisis :

- 1) Untuk menjawab pertanyaan di atas, analisis statistik yang sesuai digunakan adalah analisis korelasi. Analisis korelasi untuk data numerik terdapat dua jenis, yaitu analisis korelasi pearson dan analisis korelasi spearman. Analisis korelasi pearson dilakukan apabila kedua variabel yang diujikan berdistribusi normal. Sedangkan, analisis korelasi spearman dilakukan apabila terdapat variabel yang tidak berdistribusi normal.
- 2) Sebelum melakukan analisis korelasi, dilakukan uji normalitas terhadap semua variabel yang akan diujikan. Diketahui data yang kurang dari 50, maka uji normalitas dilakukan adalah analisis inferensia saphiro wilk normality test.
- 3) Setelah dilakukan uji normalitas, apabila variabel yang diujikan berdistribusi normal maka dilanjutkan analisis korelasi pearson. Sebaliknya, apabila terdapat salah satu variabel yang tidak berdistribusi normal, maka dilanjutkan analisis korelasi spearman.
- 4) Apabilat terdapat hubungan antara dua variabel, dapat dilihat juga seberapa kuat hubungan tersebut berdasarkan kriteria dibawah ini :
 - a. Nilai koefisien korelasi $|r| = 0$ maka artinya tidak ada korelasi antara dua variabel.
 - b. Nilai koefisien korelasi $0 < |r| \leq 0,25$ maka artinya korelasi sangat lemah.
 - c. Nilai koefisien korelasi $0,25 < |r| \leq 0,5$ maka artinya korelasi cukup kuat.
 - d. Nilai koefisien korelasi $0,5 < |r| \leq 0,75$ maka artinya korelasi kuat.
 - e. Nilai koefisien korelasi $0,75 < |r| \leq 0,99$ maka artinya korelasi sangat kuat.
 - f. Nilai koefisien korelasi $|r| = 1$ maka artinya korelasi sempurna.

A. Uji Normalitas

Uji normalitas data disesuaikan berdasarkan banyaknya data, apabila data nya melebihi 50 menggunakan Kolmogorov-Smirnov Normality Test dan sebaliknya menggunakan Shapiro-Wilk Normality Test. Pada data yang kita punyai karena data berada lebih dari 50 maka untuk uji normalitas kita menggunakan Kolmogorov-Smirnov Normality Test

Tests of Normality						
	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Resiliensi	.103	74	.049	.962	74	.026
Kecemasan	.086	74	.200*	.983	74	.400
Mindfulness	.077	74	.200*	.989	74	.782

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Output SPSS Uji Normalitas

- Hipotesis :
 - H_0 : Data berdistribusi normal
 - H_1 : Data tidak berdistribusi Normal
- Tingkat Signifikansi :
 - $\alpha = 5\%$, α adalah nilai ketetapan error/kesalahan yang diterapkan oleh peneliti. Default nya adalah 5%
- Statistik Uji :
 - Pvalue/Sig Variabel Resiliensi = 0.049
 - Pvalue/Sig Variabel Kecemasan = 0.200
 - Pvalue/Sig Variabel Mindfulness = 0.200
- Daerah Kritik / Daerah Penolakan
 - H_0 ditolak apabila $Pvalue < \alpha$
- Kesimpulan
 - Apabila Pvalue melebihi dari $\alpha = 5\%$, maka H_0 tidak ditolak, disimpulkan data berdistribusi normal. Sedangkan, apabila pvalue kurang dari $\alpha = 5\%$, maka H_0 ditolak artinya data tidak berdistribusi normal. Pada output di atas diketahui nilai sig dari variabel kecemasan dan mindfulness melebihi dari 0.05, sehingga disimpulkan variabel tersebut

berdistribusi normal. Sedangkan variabel resiliensi tidak berdistribusi normal dikarenakan nilai pvalue kurang dari 0.05.

Karena analisis selanjutnya melihat hubungan antara variabel terkait, maka analisis korelasi yang digunakan adalah analisis korelasi pearson untuk data berdistribusi normal dan korelasi spearman untuk data tidak berdistribusi normal.

B. Analisis Korelasi

B.1 Analisis Korelasi Pearson Kecemasan vs Mindfulness

Correlations		Kecemasan	Mindfulness
Kecemasan	Pearson Correlation	1	.263*
	Sig. (2-tailed)		.023
	N	74	74
Mindfulness	Pearson Correlation	.263*	1
	Sig. (2-tailed)	.023	
	N	74	74

*. Correlation is significant at the 0.05 level (2-tailed).

Output SPSS Analisis Korelasi Pearson Kecemasan dan Mindfulness

Uji Hipotesis

❖ Hipotesis

H_0 : Tidak ada hubungan/korelasi antara kecemasan dan mindfulness

H_1 : Ada hubungan/korelasi antara kecemasan dan mindfulness

❖ Tingkat Signifikansi/Penerapan error

$\alpha = 5\%$

❖ Statistik Uji

Pvalue/Sig = 0.023

❖ Daerah Kritik

H_0 ditolak apabila nilai Pvalue < α

❖ Kesimpulan

Karena nilai Pvalue(0.023) < α (0.05), maka H_0 ditolak. Artinya hipotesis yang diterima adalah H_1 . Disimpulkan Ada hubungan/korelasi antara kecemasan dan mindfulness

Koefisien Korelasi Pearson

Pada output diatas terlihat nilai koefisien korelasi Pearson adalah 0.263. Hal ini menunjukkan bahwa hubungan antara kecemasan dan mindfulness cukup kuat dan memiliki hubungan positif. Hal ini mendukung bahwa benar Ada hubungan/korelasi antara kecemasan dan mindfulness.

B.2 Analisis Korelasi Spearman Resiliensi vs Mindfulness

Correlations			Mindfulness	Resiliensi
Spearman's rho	Mindfulness	Correlation Coefficient	1.000	-.220
		Sig. (2-tailed)	.	.060
		N	74	74
	Resiliensi	Correlation Coefficient	-.220	1.000
		Sig. (2-tailed)	.060	.
		N	74	74

Output SPSS Analisis Korelasi Spearman Mindfulness dan Resiliensi

Uji Hipotesis

❖ Hipotesis

H_0 : Tidak ada hubungan/korelasi antara resiliensi dan mindfulness

H_1 : Ada hubungan/korelasi antara resiliensi dan mindfulness

❖ Tingkat Signifikansi/Penerapan error

$\alpha = 5\%$

❖ Statistik Uji

Pvalue/Sig = 0.060

❖ Daerah Kritik

H_0 ditolak apabila nilai Pvalue < α

❖ Kesimpulan

Karena nilai Pvalue(0.060) > $\alpha(0.05)$, maka H_0 tidak ditolak. Artinya hipotesis yang diterima adalah H_0 . Disimpulkan Tidak ada hubungan/korelasi antara resiliensi dan mindfulness.

Koefisien Korelasi Spearman

Pada output diatas terlihat nilai koefisien korelasi Spearman adalah -0.22. Hal ini menunjukkan bahwa hubungan antara kecemasan dan mindfulness sangat lemah dan memiliki hubungan negatif. Hal ini mendukung bahwa benar tidak Ada hubungan/korelasi antara antara kecemasan dan mindfulness

B.3 Analisis Korelasi Spearman Resiliensi vs Kecemasan

Correlations				
			Resiliensi	Kecemasan
Spearman's rho	Resiliensi	Correlation Coefficient	1.000	.095
		Sig. (2-tailed)	.	.418
		N	74	74
	Kecemasan	Correlation Coefficient	.095	1.000
		Sig. (2-tailed)	.418	.
		N	74	74

Output SPSS Analisis Korelasi Spearman Kecemasan dan Resiliensi

Uji Hipotesis

❖ Hipotesis

H_0 : Tidak ada hubungan/korelasi antara resiliensi dan kecemasan

H_1 : Ada hubungan/korelasi antara resiliensi dan kecemasan

❖ Tingkat Signifikansi/Penerapan error

$\alpha = 5\%$

❖ Statistik Uji

Pvalue/Sig = 0.418

❖ Daerah Kritik

H_0 ditolak apabila nilai Pvalue < α

❖ Kesimpulan

Karena nilai Pvalue(0.418) > $\alpha(0.05)$, maka H_0 tidak ditolak. Artinya hipotesis yang diterima adalah H_0 . Disimpulkan Tidak ada hubungan/korelasi antara resiliensi dan kecemasan.

Koefisien Korelasi Spearman

Pada output diatas terlihat nilai koefisien korelasi Spearman adalah 0.095. Hal ini menunjukkan bahwa hubungan antara kecemasan dan resiliensi sangat lemah dan memiliki hubungan positif. Hal ini mendukung bahwa benar tidak Ada hubungan/korelasi antara antara kecemasan dan resiliensi

C. Analisis Regresi Moderasi Berganda

Pada tahap ini diketahui variabel dependen adalah resiliensi dan independent variabel kecemasan. Diduga terdapat variabel moderator yaitu mindfulness. Akan di uji apakah mindfulness signifikan memoderator hubungan kecemasan dan resiliensi.

Coefficients ^a								
		Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
Model		B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1	(Constant)	27.172	7.680		3.538	.001		
	Kecemasan	.196	.291	.240	.673	.503	.108	9.297
	Mindfulness	-.065	.274	-.101	-.237	.813	.075	13.376
	KecemasanxMindfulness	-.002	.010	-.107	-.178	.860	.037	26.821

a. Dependent Variable: Resiliensi

Diketahui pada output di atas, nilai sig atau pvalue sebesar 0.860 lebih besar dari 0.05, sehingga disimpulkan Mindfulness tidak signifikan memoderasi hubungan antara kecemasan dengan resiliensi.

Persamaan Regresi :

$$\text{Resiliensi} = 27.172 + 0.196 * \text{Kecemasan} - 0.065 * \text{Mindfulness} - 0.002 * \text{Kecemasan} * \text{Mindfulness}$$

Psychometric Analysis and Refinement of the Connor–Davidson Resilience Scale (CD-RISC): Validation of a 10-Item Measure of Resilience

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Resilience refers to an individual's ability to thrive despite adversity. The current study examined the psychometric properties of the Connor–Davidson Resilience Scale (CD-RISC). Three undergraduate samples ($n > 500$) were used to determine the factor structure of the CD-RISC. The first two samples were used to conduct exploratory factor analysis (EFA), and the third was used for confirmatory factor analysis. The EFA showed that the CD-RISC had an unstable factor structure across two demographically equivalent samples. A series of empirically driven modifications was made, resulting in a 10-item unidimensional scale that demonstrated good internal consistency and construct validity. Overall, the 10-item CD-RISC displays excellent psychometric properties and allows for efficient measurement of resilience.

Resilience refers to positive adaptation in the face of stress or trauma (Luthar, Cicchetti, & Becker, 2000). The ability to maintain good functioning after stress exposure appears more common than previously thought (Bonanno, 2004), and therefore studying resilience is important for achieving a comprehensive understanding of human responses to stress and trauma. Empirical evidence suggests that resilience is grounded in a diverse array of genetic (Caspi et al., 2003; Tannenbaum & Anisman, 2003), biological (Charney, 2004; Morgan et al., 2002), psychological (Campbell-Sills, Cohan, & Stein, 2006; Tugade & Fredrickson, 2004), and environmental (Haskett, Nears,

Ward, & McPherson, 2006; King, King, Fairbank, Keane, & Adams, 1998) factors. Continued elucidation of the biopsychosocial underpinnings of resilience may aid in prevention and intervention efforts focused on helping individuals recover from stressful events and stress-related disorders.

One obstacle to an adequate biopsychosocial model of resilience is the lack of well-validated measures of this construct. One exception is the Connor–Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). The CD-RISC is a self-report scale comprised of 25 items intended to measure resilience. Preliminary analyses of the CD-RISC

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in general population, primary care, psychiatric outpatient, and clinical trial samples support its internal consistency, test-retest reliability, and convergent and divergent validity (Connor & Davidson, 2003). The CD-RISC also was shown to moderate the relationship between retrospective reports of childhood maltreatment and current psychiatric symptoms (Campbell-Sills et al., 2006). Finally, CD-RISC scores have been shown to increase with treatments hypothesized to enhance resilience (Davidson et al., 2005).

Given that the CD-RISC is a promising measure of resilience, a more thorough analysis of its psychometric properties is warranted. A major question remaining concerns the factor structure of the CD-RISC. Although the authors used total CD-RISC scores in their psychometric analyses, some evidence suggests the CD-RISC has a multifactorial structure. Connor and Davidson (2003) conducted an exploratory factor analysis (EFA) of the CD-RISC in a general population sample of 577 adults. The EFA yielded a 5-factor solution with factors representing "personal competence, high standards, and tenacity," "trust in one's instincts, tolerance of negative affect, and strengthening effects of stress," "positive acceptance of change and secure relationships," "control," and "spiritual influences" (Connor & Davidson, 2003, p. 80). Although the authors offered these descriptions of the five factors, no discussion of the implications of the factor structure was provided.

Although this EFA provides preliminary evidence of a multifactorial structure of the CD-RISC, several methodological issues suggest that a reanalysis is warranted. First, no clear criteria for factor selection were articulated for the EFA, although it appeared that the eigenvalues >1 rule was the sole basis for retaining factors. The eigenvalues >1 rule can lead to substantial misestimation of factors (Fabrigar, Wegener, MacCallum, & Strahan, 1999). Second, orthogonal rotation was used in the EFA, meaning that the factors were not permitted to intercorrelate. This requirement may be unrealistic for measures of many constructs (e.g., it is feasible that various dimensions of resilience could correlate with one another). Third, the factors that emerged were in several cases difficult to interpret because they contained items with disparate themes. For instance, it is unclear conceptually why the factors of positive accep-

tance of change and secure relationships would load on a common factor. Finally, the spiritual influences factor was defined by just two items, although methodologists specify that factors should be represented by at least three to five measured variables (MacCallum, Browne, & Sugawara, 1996).

A reanalysis of the factor structure of the CD-RISC is important to establish the validity of the measure. First, it must be determined whether the CD-RISC measures resilience as a unitary dimension or multiple latent dimensions. Second, if the CD-RISC has a multifactorial structure, it must be established that this structure is stable across independent samples and that each factor can be reliably and validly measured. Finally, further testing of the ability of the CD-RISC to predict positive functioning following adversity is needed.

The present study sought to apply a systematic approach to establishing the factor structure of the CD-RISC, and to further validate the instrument through an analysis of construct validity. We used a sequential approach with three independent samples that consisted of (a) an initial EFA, (b) replication of EFA findings in an independent sample, and (c) confirmatory factor analysis (CFA). We further used CFA to incorporate an error theory into our model of the latent structure underlying the CD-RISC items. In conducting these analyses, we allowed that the validity of the CD-RISC might be improved by making certain empirically driven modifications to the original scale. Ultimately, we recommend a 10-item version of the CD-RISC.

To evaluate the construct validity of the 10-item CD-RISC, we tested whether scores on this measure moderated the relationship between childhood maltreatment and current psychiatric symptoms. Childhood maltreatment is relatively common and is associated with many negative outcomes for young adults including increased rates of depression and substance use (Hussey, Chang, & Kotch, 2006). However, not all maltreated children go on to manifest such problems and those children have been classified as "resilient" (see Haskett et al., 2006 for a review). If the 10-item CD-RISC is a valid measure of resilience, scores should moderate the relationship between childhood maltreatment and current psychiatric symptoms. We therefore

tested whether individuals with high levels of childhood maltreatment and high scores on the 10-item CD-RISC would display significantly lower levels of psychiatric symptoms compared to individuals with high levels of childhood maltreatment and low scores on the 10-item CD-RISC. Such results would suggest that the 10-item CD-RISC indeed captures the achievement of positive functioning in the face of adversity.

METHOD

Participants

Potential participants were 1,743 undergraduates from San Diego State University (SDSU) who completed questionnaires for course credit in 2004–2005. Women comprised the majority of the sample (74.4%) and the mean age was 18.8 years ($SD = 2.2$). Participants self-identified as Caucasian (53.1%), Hispanic (13.4%), Filipino (9.9%), Asian American (7.4%), African American (3.0%), Native American (0.4%), and Mixed Ethnicity/Other (13.0%).

Construct validity analyses were conducted on a subsample of 131 individuals who completed measures of childhood trauma and psychiatric symptoms during a second study. The demographics of this subsample were comparable to those of the factor analytic sample, although a greater percentage was Caucasian (e.g., 72.0% women; mean age = 18.9; 60.6% Caucasian).

Measures

Connor–Davidson Resilience Scale. The Connor–Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) is a 25-item scale that measures the ability to cope with adversity. Respondents rate items on a scale from 0 (*not true at all*) to 4 (*true nearly all the time*). A preliminary study of the psychometric properties of the CD-RISC in general population and patient samples supported its internal consistency, test–retest reliability, and convergent and divergent validity (Connor & Davidson, 2003).

Brief Symptom Inventory 18. The Brief Symptom Inventory 18 (BSI; Derogatis, 2001) consists of 18 items that measure anxiety, depression, and somatic symptoms that occurred in the past week. Respondents rate each symptom on a scale ranging from 0 (*not at all*) to 4 (*extremely*). The BSI demonstrates good internal consistency, test–retest reliability, and convergent and discriminant validity (Derogatis & Melisaratos, 1983; Morlan & Tan, 1998).

Childhood Trauma Questionnaire Short Form. The Childhood Trauma Questionnaire Short Form (CTQ-SF; Bernstein et al., 2003) is a 28-item questionnaire that assesses emotional abuse, emotional neglect, physical abuse, physical neglect, and sexual abuse. Respondents rate the extent to which each item was true for them on a scale from 1 (*never true*) to 5 (*very often true*). The CTQ-SF demonstrates good internal consistency, test–retest reliability, and concordance with therapists' ratings of child abuse (Bernstein et al., 2003).

Procedure

Participants completed the CD-RISC by computer as part of a testing session at San Diego State University (SDSU). A subset signed up for an experiment in which they completed the BSI and CTQ-SF in addition to other questionnaires and computerized tasks. All procedures were approved by the Institutional Review Boards at SDSU and University of California, San Diego (UCSD).

For factor analysis, we combined data from three semesters and then randomly assigned cases to one of three subsamples. Cases were included in the factor analyses if they had no missing data for the items submitted to the analyses. Sample 1 was used to conduct an exploratory factor analysis (EFA) of the 25-item CD-RISC. Sample 2 was used to conduct an independent EFA to determine if the factor structure found in the first EFA was stable. Based on the results of these initial EFAs, modifications to the scale were made and Samples 1 and 2 were used again to conduct independent EFAs of the modified CD-RISC. Sample 3 was used for a confirmatory factor analysis (CFA) of the factor structure that was hypothesized based on the EFA results.

Data Analysis

For factor analysis, the sample variance–covariance matrices were analyzed using a latent variable software program and maximum-likelihood minimization functions (Mplus 2.12; Muthén & Muthén, 1998). Goodness of fit was evaluated using the root mean square error of approximation (RMSEA; Steiger, 1990) and its 90% confidence interval (CI), p value for test of close fit (Cfit; estimates the probability that $\text{RMSEA} < .05$), standardized root mean square residual (SRMR; Jöreskog & Sörbom, 1986), and comparative fit index (CFI; Bentler, 1990). The chi-square test is reported, but not relied upon to evaluate model fit due to its oversensitivity to sample size and the fact that it tests for perfect fit. These fit indices provide different types of information (i.e., absolute fit, fit adjusting for model parsimony, fit relative to a null model), and when combined they provide a reliable and conservative evaluation of model fit (Jaccard & Wan, 1996). For EFA and CFA, final acceptance or rejection of models was based on (a) conventional criteria for good model fit ($\text{RMSEA} < .08$, Cfit, 90% CI $< .08$; $\text{SRMR} < .05$; CFI $> .90$), (b) the strength of the parameter estimates (i.e., primary factor loadings $> .35$, absence of salient cross-loadings), and (c) the interpretability of the solution (i.e., the comprehensibility of the factors on a conceptual level). When competing models were tested, nested χ^2 tests were used.

To assess construct validity, we tested whether CD-RISC scores moderated the relationship between childhood maltreatment and current psychiatric symptoms. We conducted a hierarchical regression with CTQ-SF and CD-RISC scores on the first step and an interaction term ($\text{CTQ-SF} \times \text{CD-RISC}$) on the second step. A significant interaction term would support the moderation hypothesis as well as the construct validity of the CD-RISC. Prior to the regression analysis, CTQ-SF scores were log-transformed to address skew and kurtosis in this variable's distribution (due to many individuals reporting low maltreatment). In addition, CTQ and CD-RISC scores were mean-centered to address multicollinearity between the main effect and interaction terms.

RESULTS

Exploratory Factor Analysis of the Original CD-RISC

Using Sample 1 ($n = 511$), we submitted the CD-RISC items to an EFA with maximum-likelihood estimation and promax rotation. We specified that solutions with one to six factors should be evaluated. The 5- and 6-factor solutions provided good fit according to statistical criteria but we rejected them because each had factors that were defined by single items. The 4-factor solution provided the best fit according to the criteria outlined in the Data Analysis section. It met statistical criteria for good model fit, $\chi^2(206) = 424.09$, $p < .001$; $\text{RMSEA} = .046$, 90% CI $= .039-.052$, CFit $= .88$. Eigenvalues > 1 for the unreduced correlation matrix were 8.25, 1.72, 1.41, 1.24, and 1.13. The four factors were reasonably coherent; however, one factor was defined by just two items and one factor contained items with two disparate themes (ability to engage social support in times of stress and sense of purpose in life). We labeled the factors *hardiness* (10 items), *social support/purpose* (4 items), *faith* (2 items), and *persistence* (7 items). No items had salient cross-loadings; however, two items (18 and 20) did not load on any factor (see Table 1).

A second EFA was conducted with Sample 2 ($n = 512$). The 5- and 6-factor solutions did not converge for these data. A 4-factor solution provided the best fit, $\chi^2(206) = 453.36$, $p < .001$; $\text{RMSEA} = .048$, 90% CI $= .042-.054$, CFit $= .66$. Eigenvalues > 1 for the unreduced correlation matrix were 8.40, 1.59, 1.40, 1.18, and 1.06. The first factor shared 9 of its 12 items with the hardiness factor, and the second factor shared 4 of its 5 items with the social support/purpose factor from the Sample 1 EFA. The third factor was identical to the faith factor, and the four items that defined the fourth factor had loaded on the persistence factor in the previous EFA. Items 5 and 20 had no salient loadings, and no items cross-loaded (see Table 1).

Based on the results of the two EFAs, we could not confidently specify a model for CFA that contained the full 25 items. Problems with the 25-item CD-RISC included (a) several items that displayed inconsistent loadings across the two EFAs (items 5, 15, 18, 23, and 25), (b) an item that

Table 1. Exploratory Factor Analysis of the 25-item Connor-Davidson Resilience Scale in Sample 1 ($n = 511$) and Sample 2 ($n = 512$)

Item	Hardiness		SS/Purpose		Faith		Persistence	
	S1	S2	S1	S2	S1	S2	S1	S2
1	<i>.40</i>	<i>.43</i>	.04	-.02	.02	.01	.05	.09
4	<i>.64</i>	<i>.65</i>	.10	-.01	-.01	-.08	.08	.16
6	<i>.64</i>	<i>.46</i>	-.06	-.15	.01	.07	-.11	.15
7	<i>.58</i>	<i>.55</i>	-.05	.03	.21	.11	.04	-.01
8	<i>.64</i>	<i>.58</i>	-.07	-.19	.01	.15	.09	.08
14	<i>.50</i>	<i>.41</i>	.32	.18	-.09	-.08	.04	.13
16	<i>.39</i>	<i>.49</i>	.16	.27	-.09	-.13	.24	.03
17	<i>.38</i>	<i>.64</i>	.26	.19	-.06	-.01	.29	.04
19	<i>.50</i>	<i>.53</i>	.12	.11	-.06	.12	.02	-.17
2	.11	.04	<i>.45</i>	<i>.42</i>	.16	.09	-.16	-.07
13	.18	.10	<i>.56</i>	<i>.50</i>	.24	.11	-.05	-.05
21	-.10	-.01	<i>.47</i>	<i>.59</i>	.28	.04	.34	.19
22	-.06	.12	<i>.55</i>	<i>.54</i>	-.09	-.14	.31	.19
3	-.10	-.05	.12	.25	<i>.59</i>	<i>.46</i>	.10	-.04
9	.12	-.03	.03	-.02	<i>.60</i>	<i>.88</i>	.05	.00
10	.14	-.01	-.07	.12	.14	.02	<i>.53</i>	<i>.63</i>
11	.17	.10	-.05	.09	.09	-.01	<i>.66</i>	<i>.70</i>
12	.25	.25	.03	-.04	.12	.00	<i>.49</i>	<i>.61</i>
24	.08	.11	.00	.15	.07	-.02	<i>.71</i>	<i>.64</i>
5	<i>.41</i>	<i>.24</i>	.03	.22	.10	.03	.34	.29
15	.19	<i>.43</i>	.15	.27	-.19	-.10	<i>.36</i>	-.02
18	.15	<i>.54</i>	.20	.16	-.20	-.12	.21	-.14
20	.26	.21	-.04	.00	.10	.23	.08	.05
23	.19	<i>.36</i>	.01	.08	-.14	.04	<i>.42</i>	.27
25	-.13	-.05	.07	<i>.36</i>	.09	.11	<i>.61</i>	<i>.33</i>

Note. Exploratory factor analysis was conducted with maximum-likelihood estimation and promax rotation. Salient ($>.35$) factor loadings are in italics. Items presented in the lower portion of the table had inconsistent or non-salient loadings in the two analyses. S1 = Sample 1; S2 = Sample 2.

had no salient loading in either EFA (item 20), (c) a factor that was consistently defined by too few items (faith), and (d) a factor that was consistently defined by four items but was difficult to interpret because it contained two disparate themes (social support/purpose). These problems with the original scale led us to propose a shorter version of the CD-RISC. We dropped all items that had either inconsistent or nonsalient loadings (5, 15, 18, 20, 23, 25), as well as items corresponding to factors that were poorly defined (2, 3, 9, 13, 21, 22). The abridged CD-RISC therefore contained only items that had consistent, salient loadings

on the hardiness and persistence factors in the Sample 1 and Sample 2 EFAs. We repeated EFA in Samples 1 and 2 using this shorter version of the CD-RISC before conducting CFA.

Exploratory Factor Analysis of the Abridged CD-RISC

We subjected the following CD-RISC items to EFA in Sample 1 ($n = 532$ had complete data for this subset of items): 1, 4, 6–8, 10–12, 14, 16, 17, 19, and 24. We specified that solutions containing one to three factors should be tested. The 3-factor solution provided a good statistical fit for the data, but it was rejected because it had a factor that contained three seemingly unrelated items. The 2-factor solution was the best-fitting model that also had conceptual coherence, $\chi^2(53) = 101.60$, $p < .001$; RMSEA = .042, 90% CI = .029–.054, CFI = .87. Eigenvalues > 1 for the unreduced correlation matrix were 5.52 and 1.18. All items had salient loadings on one of the factors (.40 to .74) and no items had salient cross-loadings. The hardiness factor was defined by items 1, 4, 6–8, 14, 16, 17, and 19. The persistence factor was defined by items 10–12 and 24. The correlation of the hardiness and persistence factors was .63.

We repeated the EFA procedure with Sample 2 ($n = 539$ had complete data for the subset of CD-RISC items). The 3-factor solution did not converge in Sample 2 and the 2-factor solution provided the best fit for the data, $\chi^2(53) = 74.42$, $p < .001$; RMSEA = .027, 90% CI = .009–.041, CFI = 1.00. Eigenvalues > 1 for the unreduced correlation matrix were 5.35 and 1.21. All items had salient loadings on one of the factors (.40 to .75) and no items had salient cross-loadings. The hardiness and persistence factors were identical in item content to those factors identified in the Sample 1 EFA, and their correlation coefficient was again .63.

Confirmatory Factor Analysis of and Further Revision of the CD-RISC

The results of the two EFAs of the abridged CD-RISC were highly consistent, and allowed for confident specification

of a CFA model. The factor that we labeled *hardiness* contained items referring to ability to cope with change (a), unexpected events (4), stress (7), illness/hardship (8), pressure (14), negative outcomes (16), and unpleasant feelings (19); in addition to items referring to general personal toughness (17) and ability to use humor when faced with problems (6). The factor that we labeled *persistence* contained items referring to giving one's best effort no matter what (10), belief in one's ability to achieve goals despite obstacles (11), not giving up (12), and working to attain goals despite roadblocks (24). For the CFA, we hypothesized paths from each item to its corresponding factor and set all cross-loading paths to zero. The two factors were permitted to correlate.

This 2-factor model provided a good fit for the Sample 3 ($n = 537$) data, $\chi^2(64) = 167.30$, $p < .001$; RMSEA = .055, 90% CI = .045–.065, CFI = 0.21; SRMR = .037; CFI = .96. All items had salient loadings on their latent constructs, ranging from .39 to .80 (all $ps < .001$). Although the fit indices and factor loadings pointed toward an adequate model, the factor intercorrelation was very high ($r = .81$), suggesting poor discriminant validity of the two factors.

Given the high level of overlap between the two latent factors, we considered the possibility that the CD-RISC items were not in fact measuring independent constructs of hardiness and persistence. It was possible that all of the items were measuring a unitary construct, but systematic error variance was causing some items to cluster together as a separate factor. One advantage of CFA is that it allows for specification of an error theory. We examined the CD-RISC items and found that the four items comprising the persistence scale possessed a high degree of redundancy in content (e.g., "I believe I can achieve my goals, even if there are obstacles" versus "I work to attain my goals, no matter what roadblocks I encounter along the way"). This contrasted with the items comprising the hardiness factor, each of which had unique wording and content.

We therefore hypothesized that the 13 items of the abridged CD-RISC loaded on a single factor, and that additional relationships among the persistence items could be explained by correlated error. Prior to testing this more

complex model, we fit a 1-factor model with no error theory to (a) serve as a baseline model, and (b) see if modification indices suggested freeing paths among the residuals of the persistence items. As expected, this 1-factor model provided a suboptimal fit for the data, $\chi^2(65) = 317.27$, $p < .001$; RMSEA = .085, 90% CI = .076–.094, CFI = 0.00; SRMR = .053; CFI = .90. When compared to the previously specified 2-factor model, it significantly degraded model fit, $\chi^2_{\text{diff}}(1) = 149.97$, $p < .001$, presumably because the 2-factor model better accounted for the covariance of the persistence items. The highest modification indices were associated with paths among the residuals of the persistence items, lending preliminary support to our error theory. The error theory for our single-factor model specified that the residuals of items 10, 11, 12, and 24 should be permitted to correlate to account for their high degree of content overlap. This model provided a good fit for the data, $\chi^2(59) = 138.69$, $p < .001$; RMSEA = .050, 90% CI = .039–.061, CFI = 0.47; SRMR = .033; CFI = .97. Moreover, it provided a superior fit to the 2-factor model we had specified based on our EFA results, $\chi^2_{\text{diff}}(5) = 28.61$, $p < .001$. All items had salient loadings (.39–.74) on the latent factor, which we labeled *resilience*. In addition, all of the paths between residuals that we specified were statistically significant ($zs = 5.27$ – 7.59). Standardized residuals and modification indices did not suggest any points of strain in the model. The determinacy estimate (i.e., validity coefficient) for the resilience factor was very favorable at .94.

Taken together, these results suggested that the single-factor model specifying correlated error among items 10, 11, 12, and 24 was superior to the 2-factor model that we hypothesized based on the EFA results. However, the need to correlate residuals among these four items to attain a good-fitting model begged the question of why four items with highly overlapping content were needed. As a final modification, we selected one of the four redundant items to retain and dropped the other three items. We chose item 11 ("I believe I can achieve my goals, even if there are obstacles") because it loaded most strongly on the resilience factor. This resulted in a 10-item scale that fit the Sample 3 data well, $\chi^2(35) = 93.77$, $p < .001$; RMSEA = .056,

90% CI = .042–.069, CFI = 0.23; SRMR = .034; CFI = .96. All items had salient loadings (.39–.74), and no points of strain were apparent from the standardized residuals or modification indices. The determinacy value was .93 for the resilience factor. These results were replicated after combining Samples 1–3 ($n = 1,622$) to obtain the most accurate parameter estimates (see Table 2). Results in the total sample were consistent with those obtained using the Sample 3 data, $\chi^2(35) = 176.10$, $p < .001$, RMSEA = .050, 90% CI = .043–.057, CFI = 0.50, SRMR = .028, CFI = .97, determinacy = .93.

Reliability and Construct Validity of the 10-Item CD-RISC

Internal consistency of the 10-item CD-RISC was evaluated by calculating Cronbach's alpha. The alpha value of .85 indicated good reliability (see Table 2).

Validity analyses were conducted with the subsample ($n = 131$) that completed the CTQ-SF and BSI. Reported levels of childhood maltreatment ($M = 34.4$, $SD = 11.3$, range = 25–79) and psychiatric symptoms ($M = 14.8$,

$SD = 11.9$, range = 0–53) were low on average, but there was a wide range on both variables. We predicted that scores on the 10-item CD-RISC would moderate the relationship between childhood maltreatment and current psychiatric symptoms. A hierarchical regression was conducted that included CTQ-SF and CD-RISC scores as predictors on the first step and the CTQ-SF $\times$ CD-RISC interaction on the second step. The main effects model was significant, $R = .51$, $R^2 = .26$, $F(2, 127) = 22.76$, $p < .001$; however, the regression model that also included the interaction term was superior, $R = .56$, $R^2 = .31$, $F(3, 126) = 19.00$, $p < .001$. It explained significantly more variance than the first model, $F(1, 126) = 8.71$, $p < .01$, R^2 change = .05. There were significant main effects of trauma, $\beta = .18$, $p < .05$, and resilience, $\beta = -.39$, $p < .001$; however, these were qualified by the significant CTQ-SF $\times$ CD-RISC interaction effect, $\beta = -.22$, $p < .01$.

To understand the nature of the interaction effect, high and low values of trauma and resilience were entered into the regression equation. High values were defined as one standard deviation above the mean; low values were defined as one standard deviation below the mean (Holmbeck, 1998). Figure 1 shows the predicted BSI scores for hypothetical individuals classified as low trauma/low resilience, low trauma/high resilience, high trauma/high resilience, and high trauma/low resilience. The figure illustrates that resilience moderates the impact of childhood maltreatment on current psychiatric symptoms. Individuals who report significant trauma and low resilience are highly symptomatic, whereas individuals who report significant trauma and high resilience have low levels of symptoms. Resilient maltreated individuals were indistinguishable from resilient individuals with low levels of maltreatment with respect to BSI scores.

DISCUSSION

The current study applied exploratory and confirmatory factor analytic methods to the CD-RISC, a measure of resilience. Initial EFAs showed that the factor structure of the 25-item CD-RISC was not stable across two demographically equivalent subsamples. However, two

Table 2. Confirmatory Factor Analysis of the 10-item Connor–Davidson Resilience Scale

Item	Description	Factor loading
1	Able to adapt to change	.44
4	Can deal with whatever comes	.72
6	Tries to see humorous side of problems	.46
7	Coping with stress can strengthen me	.58
8	Tend to bounce back after illness or hardship	.61
11	Can achieve goals despite obstacles	.63
14	Can stay focused under pressure	.62
16	Not easily discouraged by failure	.63
17	Thinks of self as strong person	.74
19	Can handle unpleasant feelings	.57
Determinacy		.93
Reliability		.85
<i>M</i>		27.21
<i>SD</i>		5.84

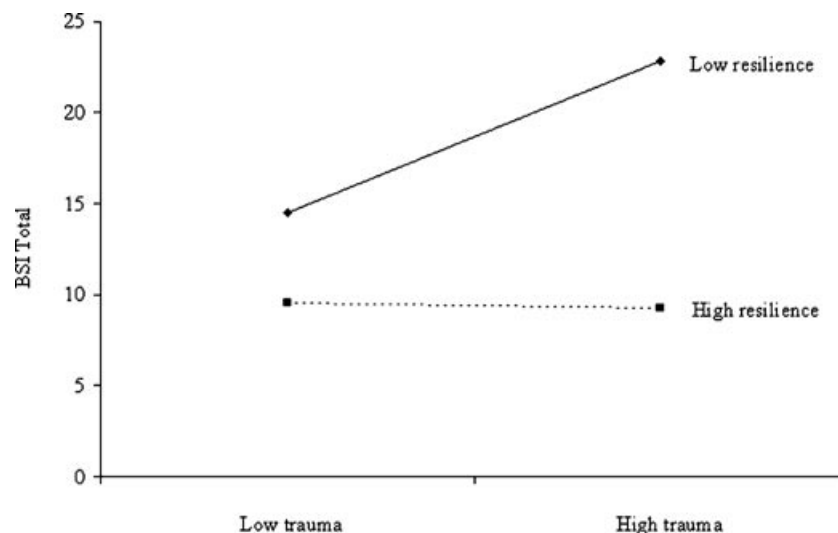


Figure 1. Levels of psychiatric symptoms on the BSI for individuals scoring low and high on the CTQ-SF and the 10-item CD-RISC. BSI = Brief Symptom Inventory; CTQ-SF = Childhood Trauma Questionnaire-Short Form; CD-RISC = Connor-Davidson Resilience Scale.

factors that emerged in these EFAs appeared relatively stable, well defined, and conceptually coherent. We labeled these two factors *hardiness* and *persistence*, and created an abridged version of the CD-RISC that contained only items that loaded on these factors.

When the hardiness and persistence items were submitted to EFA, a stable 2-factor structure emerged that allowed for specification of a CFA model. Although the fit indices pertaining to the 2-factor CFA model were favorable, the very high correlation ($>.80$) between the two factors raised concerns about their discriminant validity. We hypothesized that the hardiness and persistence items actually were measuring the same latent construct, but that similar wording of the persistence items was causing them to cluster together and appear as a distinct factor. Further CFA evaluations showed that a single-factor model that incorporated this error theory was superior to the 2-factor model that had been specified based on the EFA results. Therefore, it appeared that all 13 items were indicators of a common factor, and that four of the items had significantly correlated error due to redundancy in their content.

Our final revision to the CD-RISC involved choosing one of the four items with overlapping content to retain,

while discarding the three others. This resulted in a 10-item version of the CD-RISC that fit the data well and contained items with minimal redundancy. The retained items reflect the ability to tolerate experiences such as change, personal problems, illness, pressure, failure, and painful feelings. Endorsement of these items reflects an ability to bounce back from the variety of challenges that can arise in life.

Additional analyses offered preliminary support for the construct validity of the 10-item scale. Scores on the 10-item CD-RISC moderated the relationship between retrospective reports of childhood maltreatment and current psychiatric symptoms. Overall, individuals reporting childhood maltreatment reported higher levels of psychiatric symptoms; however, this was not the case for individuals who characterized themselves as resilient on the 10-item CD-RISC. Those individuals manifested symptom levels that were as low as those reported by individuals reporting low levels of childhood maltreatment and high levels of resilience. The results of these analyses suggest that the 10-item CD-RISC measures a characteristic that differentiates individuals who are functioning well after adversity from those who are not. It important to note, however, that these analyses were cross-sectional in nature and that other causal

relationships could explain the observed pattern of results. For example, participants' current symptoms might impact their responses on the resilience measure (e.g., participants who are feeling depressed might view themselves in a more negative light). Further tests of the validity of the 10-item CD-RISC are needed, and longitudinal tests of the ability of the 10-item CD-RISC to predict positive and negative reactions to stress would be particularly useful.

We believe that the 10-item CD-RISC captures the core features of resilience; in fact, scores on this short unidimensional measure are very highly correlated with scores on the original instrument ($r = .92$), which assessed many different domains. However, it might be argued that our elimination of items resulted in important features of resilience being left out of the measure. Indeed, reasonable theoretical and/or empirical bases exist for including items measuring faith, social support, and self-efficacy in a resilience measure (Connor, Davidson, & Lee, 2003; King et al., 1998, 1999; Rutter, 1985). The reasons for excluding them from the CD-RISC in the current study were primarily statistical in nature. It is possible that if each of these domains was represented by a sufficient number of items, they would emerge as reliable and valid dimensions of resilience.

One limitation of the current study is that the samples were homogeneous in terms of age and educational level. Although our samples were reasonably ethnically diverse, African American students were underrepresented. In addition, some potentially important demographic features (e.g., income level) were not assessed. The reliability, factor structure, and construct validity of the 10-item CD-RISC for older adults, individuals from certain ethnic minority groups, and individuals with different levels of education and income cannot be determined based on this study. Although our participants were predominantly Caucasian women, multiple-groups CFA analyses of the current dataset showed that the psychometric properties of the 10-item CD-RISC were essentially equivalent for men compared to women, and for Caucasian compared to ethnic minority participants. Results of these analyses are available from the corresponding author upon request.

Based on this study, we cannot draw conclusions about the psychometric properties of the 10-item CD-RISC in

clinical samples or in samples of individuals with high trauma exposure. An argument could be made that the concept of resilience is only meaningful in relation to trauma exposure. The perspective that guides this study is that the ability to bounce back from more moderate levels of stress also is meaningful and therefore the concept of resilience can be applied to the general population rather than just individuals exposed to trauma. However, evaluating the properties of the 10-item CD-RISC in samples selected based on trauma exposure is an important topic for future studies.

Finally, our assessment of trauma history was limited in a number of ways. First, we only assessed childhood maltreatment and do not know if participants had a history of other types of trauma. Second, some individuals may have underreported childhood maltreatment because they were uncomfortable disclosing such personal information in a research context. Finally, adults' retrospective reports of adverse childhood experiences might be influenced by current mood state, although a recent review concluded that such biases are likely to be minor (Hardt & Rutter, 2004). Nonetheless, our estimates of relationships between childhood maltreatment, psychiatric symptoms, and resilience could be influenced by mood-congruent memory biases.

In summary, the current investigation found that the factor structure of the original CD-RISC was unstable, but an abridged version of the instrument had excellent psychometric properties. Analyses supported the reliability and construct validity of the 10-item measure. Rather than reflect negatively on the CD-RISC, the results of this investigation are positive in demonstrating that resilience can be reliably assessed with a subset of the CD-RISC items. Investigations of resilience will further benefit from the development and validation of resilience measures that do not rely on self-report. Future directions for improving the assessment of resilience may include the development and validation of informant, clinician-rated, behavioral, and/or biological measures of this construct.

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COVID-19 anxiety scale (CAS): Development and psychometric properties

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Abstract

The objective of the present research is to develop and validate the COVID-19 Anxiety Scale (CAS). We conducted three studies to gather evidence regarding content and construct validity, as well to evaluate the reliability of the measure. Study 1 is subdivided into two studies. In Study 1a, we analyze the content validity of the new measure through content expert analysis ($N = 10$ expert raters). In Study 1b ($N = 30$), we perform a pilot study with a sample from the target population. In Study 2 ($N = 352$), we explored the unifactorial structure of the measure, and analyzed its internal consistency verified. Finally, in Study 3 ($N = 200$), we assess the adequacy of the factor structure and gather evidence on convergent-discriminant validity and gender-scale invariance. In summary, our results demonstrate that CAS is a reliable and adequate instrument to assess COVID-19 related anxiety.

Keywords COVID-19 · Anxiety · Pandemic · Measures

Introduction

The impacts of the new Coronavirus pandemic (SARS-Cov-2) on the population's mental health is one of the greatest challenges faced by humanity in the twenty-first century. The virus was first identified in the city of Wuhan, China, and has been recognized as the cause of Severe Acute Respiratory Syndrome, under the acronym COVID-19 (Corona Virus Disease 2019). Due to the exponential increase in the number of cases, the speed of infection, and the number of deaths by the disease, the World Health Organization declared a state of pandemic in March 2020 (WHO. World Health Organization, 2020). To exemplify the rapid proliferation of the virus and the infection's effects on the body, on October 27st in Brazil, 15.726 new cases were reported throughout the national territory, totaling almost six millions confirmed cases and 150 thousand deaths, prompting the disease to be considered the main cause of deaths in the country (Brazil. Health Ministry, 2020). Therefore, there is a critical

social context creating the optimal conditions for the emergence of psychological factors, affecting people's quality of life and psychological well-being.

Studies have shown that crisis situations, such as the new coronavirus pandemic, have a negative impact on individual's mental health (Kang et al., 2020; Mukhtar, 2020). The extreme concern about the possibility of becoming infected with COVID-19, or the imminence of the idea of death itself, can be intensified during the pandemic period (Pakpour & Griffiths, 2020). Such excessive concern may lead people to change their psychological functioning, by emphasizing the negative aspects of the issue and the frequent thoughts on the subject, which could affect their psychological well-being (Wang et al., 2020a; Zandifar & Badrfam, 2020). Along this line of thinking, we ask ourselves: does living through the pandemic period impact individuals' anxiety? To answer this question, a measure able to accurately assess the fluctuations in anxiety levels caused by COVID-19 is essential. To elaborate this instrument, we rely on the operational and constitutive definition of the Generalized Anxiety Disorder symptoms, which – according to the Diagnostic and Statistical Manual of Mental Disorders - DSM-V (APA. American Psychiatric Association, 2013) – includes a type of concern that is difficult to control, persistent and excessive, along with the following symptoms: restlessness or feeling on edge, tiredness, difficulty concentrating, irritability, muscle tension, sleep disturbance, and a decreased ability to engage in social

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activities. These symptoms do not derive from organic pathologies or the use of psychoactive substances.

In the present research, we are led by this definition, adapting it to contemplate a specific event that has generated excessive concern globally. Hence, we focus on a specific type of anxiety caused by the pandemic scenario: COVID-19 anxiety. Although studies have already been conducted regarding the consequences for the general psychological well-being due to social distancing, resulting from the COVID-19 prevention (Wang et al., 2020b), to date few instruments have been built – or adapted – to assess the psychological demands regarding COVID-19 (Ahorsu et al., 2020; Oliver, Barber, Roomp, & Roomp, 2020; Taylor et al., 2020). More objectively, among those instruments already built, there is no one validated for the Brazilian context, that is able to evaluate the contextual COVID-19 anxiety. Thus, we seek to contribute by filling this gap and offering an instrument able to gauge fluctuations in the levels of COVID-19 anxiety, given the relevance and urgency of the matter. Therefore, we have developed a set of items through which we may adequately assess this type of anxiety.

Overview of Studies

Through the course of three studies, we have developed and presented evidence on the validity and reliability of the COVID-19 Anxiety Scale (CAS), in addition to demonstrating that such scale is equally suitable for assessing the anxiety of men and women in the Brazilian context. In Study 1, we developed a pool of items and evaluated the CAS content validity by means of a content expert validation (Study 1a), and the evaluation of the items' comprehensibility (Study 1b). In Study 2, based on a sample of the Brazilian population, we explored whether the CAS presents a single-factor structure. Finally, in Study 3, we applied a set of Confirmatory Factor Analyses to test the hypothesis regarding the one-dimensionality of the CAS items, as well as to analyze their configural, metric, and scalar invariance by gender. Furthermore, we explore its convergent and discriminant validity with other instruments which, theoretically, measure similar and different constructs of anxiety. In all studies, participants were informed about all relevant aspects of the study before they started to fill out the questionnaire. We guaranteed their anonymity, privacy, and confidentiality, according to the ethical standards and procedures for research with human beings (World Medical Association, 2001; Brazil. Health Ministry, 2012, 2016). The inclusion criteria for participants in all studies were: being a Brazilian citizen, residing in any region of the country, and being of legal age (older than 18). The research protocol was approved by the local Ethics Committee of the first author's institution.

Study 1: CAS Content Development and Validity

In this first study, we detail the process of preparing the CAS items, examining their content validity by means of a content expert validation (Study 1a), and assessing the comprehensibility of the items by the target population (Study 1b). For the development of the scale items, we followed the guidelines for the construction of psychological instruments (Nunnally & Bernstein, 1994). First, we apply the definition of DSM-V for the construct operationalization as a basis. We carried out an exhaustive reading and then listed the main points to ensure that the set of items was sparing. We then tailor the items to the specific object, i.e. the COVID-19 pandemic. After this stage, we defined the target group, which was composed of adults from the general Brazilian population. Subsequently, we decided on the type of instrument to be applied, which was defined as a self-reporting measurement tool. Finally, after these steps, we proceeded to the development of the CAS items. Aiming for the consistency of the items in order to assess the defined construct, we elaborated a set of statements, which had previously been the object of analysis for their conceptual adequacy by the first two authors.

After the elaboration, the third author reanalyzed the content of each item to confirm its adequacy in relation to the concept of anxiety employed here. From this analysis, statements with identical contents were removed, resulting in an initial version consisting of 7 items. Finally, we proceeded to the content validity stage submitting the set of items for evaluation by expert judges in the field of anxiety studies.

Study 1a: Content Validity

Participants

For the content expert validation, we consulted 10 Psychology professionals with experience in the construction and adaptation of psychological instruments. Nine were women and one was a man, with ages ranging from 23 to 43 years ($M = 27.75$, $SD = 6.77$) and average education history of 4.12 years ($SD = 4.7$).

Measures

The panel of experts received an online survey containing the operational definition of the construct (e.g., anxiety), the items proposed for the scale (Table 1). The content experts are then asked to examine the items according to three criteria (Grant & Davis, 1997): representativeness (the degree which the item reflects the operationalized construct), relevance (importance of the item to explain the construct) and clarity (accessibility for comprehensiveness). This panel's duty was to sort the items telling us "how much" each item measures each category in the 6-point rating scale ranging from 0 (not

Table 1 7-item of CAS

Instructions: How much each item reflected their behavior in the last days? Please, indicate using the scale (0 = not applicable to me, 1 = hardly ever applicable to me, 2 = sometimes applicable to me, and 3 = very applicable to me).

No.	Items
1.	I feel bad when thinking about COVID-19
2.	I feel heart racing when I read about COVID-19
3.	I feel anxious about COVID-19
4.	I feel uneasy when reading news about COVID-19
5.	I have trouble relaxing when I think about COVID-19
6.	I feel like I may panic when I update myself about COVID-19
7.	I am afraid of being infected with COVID-19

representative or not relevant or not clear) to 5 (very representative or very relevant or very clear). Thus, the higher the grade, the more pertinent and/or relevant and/or clear the item was considered to assess the construct.

Procedures

We invited the content experts via email, informing the objectives of the scale and the number of proposed items. Post acceptance, we forwarded both the Informed Consent Form (ICF), informing them of the ethical guidelines for research with human beings, and the online questionnaire for the scale evaluation.

Data Analysis

To verify the content expert validation, we calculated the judgment-quantification by Content Validity Coefficient (CVC) (Aiken, 1980). More specifically, we calculated the CVC for content expert's judgment (CVCj), for each item (CVCi), and for the total scale (CVCt), using CVC values $\geq .80$ as the criterion for content validity (Aiken, 1985).

Results

The results demonstrated that all items presented values above .80 regarding pertinence, relevance, and clarity. Additionally, the content expert's judgment for each item (CVCj) ranged from .94 to 1.00. Finally, the CVC value for the scale (CVCt) was .97.

Study 2a: Examining the Item's Comprehensibility

We conducted a pilot study with a small sample of Brazilians over 18 years of age to verify the comprehensibility of each

item by the target population. This is an important step in the validation of an instrument, as it aims to ensure that the written items are clearly and comprehensively by the participants.

Participants

Thirty individuals from the general population participated in this pilot study, 15 men and 15 women, aged between 18 and 65 years old ($M = 27.83$, $SD = 9.01$), in its majority single (86.7%) and self-declared heterosexuals (53.3%).

Measures

We administered the 7-item initial version of COVID-19 Anxiety Scale (CAS).

Procedures

After being assigned the ICF, participants were asked to evaluate the comprehension of each item using a 4-point rating scale (0 = lack of comprehension and 3 = total comprehension). If a participant indicated difficulties in understanding the item (by checking an option below 3 on the scale), they were asked to indicate on how the item could be improved to become more comprehensive.

Data Analysis

We analyzed the data using the IBM SPSS (Statistical Package for the Social Sciences, version 24) software. We considered the maximum agreement among the participants as criterion for the items' comprehensibility. That is, the average of the participants should be equal to 3.0, with a standard deviation of 0.0. Otherwise, the item would be considered partially inappropriate (Wong & Chow, 2017).

Results

The results demonstrated that all participants marked the maximum scale option for each of the 7 proposed items ($M = 3.00$, $SD = .00$). Namely, they demonstrated a high comprehensibility of all items, indicating that there would be no need for reformulation.

Discussion

In this study, we developed the CAS items and analyzed their content validity through judgment-quantification (Study 1a), and by reviewing the comprehensibility of the scale items (Study 1b). The results revealed that the seven items we elaborated from the definition of anxiety indicated by the DSM-V were judged as adequate by the content experts and as comprehensive by exemplars of the target population. In

summary, these results evidence the content validity of these items to measure anxiety associated with COVID-19. However, we need to verify the quality of the factor structure by addressing the quality of the items using a more extensive and diverse sample.

Study 2: Exploratory Factor Analysis of CAS

The goal of this study was to gather initial evidence of the CAS factor validity and its reliability. In this analysis, we seek to explore the factor structure of the COVID-19 Anxiety Scale administrating the items on a sample of the general Brazilian population.

Method

Participants

Three hundred and fifty-two individuals participated, mostly female (71%), aged between 18 and 47 years of age ($M = 29.56$, $SD = 9.97$), mainly single (68.5%) and predominantly heterosexual (74.7%).

Measures

We administered the COVID-19 Anxiety Scale (CAS) developed in Study 1. The participants indicated how much each item reflected their behavior in the last days, always regarding COVID-19, using a 4-point scale (0 = not applicable to me and 3 = very applicable to me). The level of anxiety was measured by averaging the participants' scores (ranging from 0 to 3), so that the higher the average, the greater the anxiety of the individual regarding COVID-19.

Procedures

We collected data online using Qualtrics platform. Participants were invited through posts on social media, where a link to the questionnaire was made available. The first page of this questionnaire contained the Informed Consent Form (ICF), comprising information regarding the research objectives and how to contact the responsible researcher. Participants had access to the questionnaire only if they consented and agreed to the ICF. The questionnaire took approximately five minutes to fill in.

Data Analysis

We analyzed the data using the IBM SPSS and JASP (version 0.11.1.0) software. We estimated descriptive statistics, bivariate correlation coefficients and parametric tests for

differences in means. For scale's factorial structure, we calculated an Exploratory Factor Analysis using the Principal Axis Factoring extraction method. We adopted the Kaiser-Guttman criterion (Kaiser, 1960) for the retention of factors, i.e., eigenvalues equal to or greater than 1.00. We consider as adequate loading factor equal to or greater than .35 to retain the item on the scale (Hair, Black, Babin, Anderson, & Tatham, 2006). For internal consistency, we calculated the Cronbach's alpha (α) and McDonald's omega (ω) coefficients, assuming values equal to or greater than .70 as acceptable.

Results

Initially, we analyzed the adequacy of the sample and the correlation matrix for the use of an Exploratory Factor Analysis (EFA). The results of the Kaiser-Meyer-Olkin Measure ($KMO = .89$) and Bartlett's Sphericity [$\chi^2(21) = 1382.14$, $p < .001$] tests demonstrated the sample adequacy, and the scale could be factorable. The results (Table 2) demonstrated the extraction of a single factor, with an eigenvalue of 4.34, which explained 62.02% of the variance. The factorial loadings ranged from .53 (e.g., I am afraid of becoming infected with COVID-19) to .88 (e.g., I have trouble relaxing when I think about COVID-19). Cronbach's alpha and McDonald's omega values were .89 each.

Subsequently, we analyzed the relation between anxiety measured with the CAS and the sociodemographic characteristics of the participants. We found no significant relationship between age and anxiety ($r = -.02$, $p = .63$), no significant differences by marital status [$F(5346) = .455$, $p = .81$] or by sexual orientation [$F(3348) = 1.98$, $p = .11$]. Only the averages of anxiety between men and women proved to be statistically different [$t(347) = -3.95$, $p < .001$, $d = -.47$]. Overall, female participants ($M = 2.59$, $SD = .81$) presented higher levels of anxiety regarding COVID-19 than men ($M = 2.21$, $SD = .77$).

Discussion

In this study we obtained preliminary evidence of CAS factor validity and reliability. The main results revealed that the scale items measure a single factor structure, with adequate psychometric indicators (e.g., factorial loads). In addition, the observed reliability coefficients indicate that its internal consistency is strong. As demonstrated by previous research on anxiety in general (Sharma, Powers, Bradley, & Ressler, 2016), women's anxiety levels regarding COVID-19 were higher than those presented by men. Therefore, the CAS is sensitive enough to detect differences in the levels of anxiety experienced by men and women. However, the quality and relevance of this type of comparison is dependent on whether CAS evaluates anxiety in an equivalent manner between both genders.

Table 2 Exploratory Factor Analysis of CAS

No.	Items	M(SD)	Factor loadings	h^2
05.	I have trouble relaxing when I think about COVID-19	1.37(1.13)	.88	.78
03.	I feel anxious about COVID-19	1.68(1.07)	.80	.64
04.	I feel uneasy when reading news about COVID-19	1.77(1.03)	.79	.63
06.	I feel like I may panic when I update myself about COVID-19	.92(1.09)	.76	.58
01.	I feel bad when thinking about COVID-19	1.89(.95)	.72	.52
02.	I feel heart racing when I read about COVID-19	.73(.94)	.68	.47
07.	I am afraid of being infected with COVID-19	2.03(1.02)	.53	.28
	Eigenvalue		4.32	
	% Variance		62.02	

Note. h^2 = communality

Therefore, it will be necessary not only to confirm the one-dimensionality of the measure, but also its configural, metric, and scalar invariance by gender of participants.

Study 3: CAS Factor and Convergent-Discriminant Validity

We carried out a new study to confirm the unifactorial structure of CAS. Moreover, we explore its convergent and discriminant validity by proposing the hypothesis that the CAS is positively related to other measures that evaluate anxiety, but it is not related to different construct scales. In addition, to ensure the structure, factorial loadings and intercepts presented by the scale are valid for both men and women, we analyzed the configural, metric, and scalar invariance of CAS according to the gender of participants.

Method

Participants

Two hundred individuals from the general Brazilian population participated in this study, 102 women and 98 men, aged between 18 and 53 years old ($M = 25.0$, $SD = 6.69$).

Measures

As in Study 2, participants completed an online questionnaire consisting of sociodemographic items (e.g., age, sex, marital status, and sexual orientation) and the following scales:

COVID-19 Anxiety Scale (CAS) We applied the same version of the previous study. Participants responded to the seven items indicating how much each applied to their behavior in the past few days regarding COVID-19 using a 4-point scale (0 = not applicable to me and 3 = very applicable to me).

Depression Anxiety and Stress Scale (DASS-21) To assess the CAS convergent validity, we applied the reduced version of DASS-21 (Lovibond & Lovibond, 1995). The reduced version of the scale was adapted for Brazilian Portuguese by Vignola and Tucci (2014), being an instrument composed of 21 items in a 4-point scale (0 = not applicable to me and 3 = very applicable to me). In the current study, participants answered only the Anxiety dimension (7 items), as we sought to verify whether CAS would be related to a measure built to evaluate the same construct. Examples of items in this dimension are: “I felt trembly (for example, my hands)” and “I felt I was going to panic.” In this study, this dimension had a high internal consistency ($\alpha = .86$, $\omega = .86$).

Intergroup Differentiation Scale To examine the CAS discriminant validity, we used the Brazilian Portuguese translation of the Intergroup Differentiation Scale (Falomir-Pichastor, Mugny, & Berent, 2017). This measurement assesses personal motivation to differentiate a group from a relevant outgroup, and it is expected that this motivation is not related to the anxiety regarding COVID-19. The five items on the scale are based on essentialist beliefs regarding psychological differences between heterosexual and gay people in general, exemplified in “gay people and heterosexuals are psychologically different” and “gay people and heterosexuals have different emotional characteristics”. The item response is a 4-point Likert scale (1 = strongly disagree to 7 = strongly agree). In order to verify the quality of the factor structure of the measure in the present study, we performed an EFA by principal axis factoring method, which results demonstrated the existence of a single-factor (eigenvalue = 3.14, explained variance = 62.94%, factor loadings .80 to .57). Also, the measure showed high internal consistency ($\alpha = .85$, $\omega = .85$).

Procedures

For data collection, we proceeded in the same manner as in Study 2, by organizing the instruments in an online

questionnaire and inviting people to participate in the survey through publications on social media (e.g., WhatsApp, Instagram and Facebook). The questionnaire took approximately ten minutes to fill in.

Data Analysis

We performed the Confirmatory Factor Analysis (CFA) using Mplus (v. 8.3, Muthén & Muthén, 2017) using the maximum likelihood (ML) as estimator, applying the following indicators as quality of fit parameters: the chi-square test by the degree of freedom (χ^2/gl) lower than 5; comparative fit index (CFI) and Tucker-Lewis index (TLI), both greater than .95 (Bentler, 1990; Tucker & Lewis, 1973); root-mean-square-error of approximation (RMSEA) and standardized root-mean-square residual (SRMR) lower than .050 as an indication of optimal fit, and lower than .08 as an acceptable fit (Hu & Bentler, 1999). For the analysis of the CAS convergent and discriminant validity, we used the IBM SPSS software (Statistical Package for the Social Sciences, version 24). In this software, we correlated the anxiety measure by CAS with the DASS-21 Anxiety dimension (convergent measure) and the Intergroup Differentiation Scale (discriminant measure). For convergent and discriminant validity, we expected that CAS should correlate, in a moderate and significant way ($r > .50$) with the convergent measure, and not correlate (or weakly correlate) with the convergent measure ($r < .20$). Furthermore, we calculated the gender invariance using JASP (version 0.11.1.0), applying the Multi-group Confirmatory Factor Analysis (MGCFA), established under three analysis models: the configural, metric, and scalar invariance. The configural invariance tests whether the factorial structure of the scale is equivalent in both groups. The metric invariance analyzes whether the factorial loads are equivalent for men and women. Finally, the scalar invariance assesses whether the intercepts, or mean scores of the latent variable, are the same for both groups (Putnik & Bornstein, 2016). Therefore, based on the guidelines suggested by Chen (2007), we used Delta CFI ($\Delta\text{CFI} \leq .01$) and Delta RMSEA ($\Delta\text{RMSEA} \leq .015$) as invariance rejection parameters.

Results

Table 3 presents the descriptive statistics of the items and the total CAS score. As in the previous study, we found no significant relationship between age ($r = -.08$, $p = .24$), marital status [$F(4.195) = .21$, $p = .93$], and sexual orientation [$F(3.196) = 1.21$, $p = .30$] and CAS scores. Only the gender difference between was significant [$t(198) = -3.77$, $p < .001$, $d = -.53$]. Women ($M = 2.10$, $SD = .59$) had higher scores of anxiety associated with COVID-19 than men ($M = 1.75$, $SD = .70$), with this difference being significant. The internal consistency of CAS was high ($\alpha = .86$, $\omega = .86$).

We estimated the CFA by specifying a single-factor model, which resulted in the following indices: $\chi^2/\text{gl} = 1.89$, $\text{CFI} = .97$, $\text{TLI} = .96$, $\text{RMSEA} = .06$ ($90\%\text{CI} = .02; .10$) and $\text{SRMR} = .03$. Except for RMSEA, these results demonstrated that the unifactorial model fits very well to the data. The factorial loadings of the items ranged from .40 (e.g., I am afraid of becoming infected with COVID-19) to .85 (e.g., I have trouble relaxing when I think about COVID-19), all of which are statistically significant. ($p < .001$), as illustrated in Fig. 1.

We then explored the CAS convergent and discriminant validity. The results showed a high and significant correlation between CAS and the DASS-21 Anxiety dimension ($r = .65$, $p < .01$), and a non-significant correlation with the Intergroup Differentiation Scale ($r = .09$, $p = .19$).

Finally, we examined the gender invariance, considering the groups of men and women (Table 4). The MGCFA results demonstrated the configural, metric, and scalar invariance between the gender groups ($\Delta\text{CFI} \leq .01$ and $\Delta\text{RMSEA} \leq .015$).

Discussion

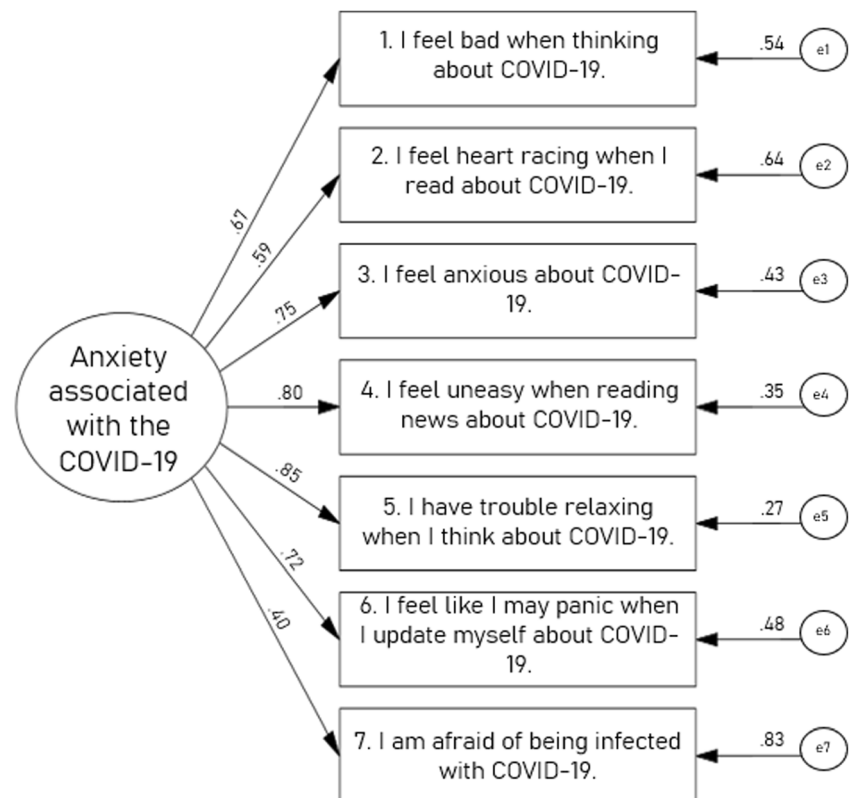
The results of this study showed additional evidence of the validity of the CAS single-factor structure. The internal consistency estimates also confirmed the good reliability of the seven-item version. As predicted, the scale correlated with the anxiety measure, and it did not correlate with the Intergroup Differentiation Scale, which is consistent with the CAS convergent and discriminant validity hypotheses. Moreover, results showed the configural, metric and scalar invariance of CAS between participants' gender. As in the previous study, women present higher levels of anxiety than men, a circumstance that is important to be evaluated when conducting future studies.

Table 3 Descriptive statistics of CAS items

Items	M(SD)			p*
	Total	Men	Women	
1	2.34(.79)	2.22(.79)	2.45(.79)	.043
2	1.01(.94)	.76(.87)	1.25(.95)	.001
3	2.26(.85)	2.06(.95)	2.46(.71)	.001
4	2.16(.88)	2.00(.94)	2.37(.78)	.003
5	2.06(.98)	1.83(1.05)	2.27(.86)	.002
6	1.29(1.05)	1.10(1.02)	1.47(1.06)	.014
7	2.39(.82)	2.31(.84)	2.46(.80)	.217
Total score	1.93(.66)	1.75(.70)	2.10(.59)	.001

Note. * = independent-sample t test (p value)

Fig. 1 Confirmatory Factor Analysis of CAS items



General Discussion

This research program sought to develop and gather evidence on the validity and reliability of the COVID-19 Anxiety Scale (CAS). Study 1 evaluated the content validity of the proposed measure; Study 2 explored its single-factor structure; and Study 3 confirmed its unifactorial structure, as well gathering evidence of convergent and discriminant validity. Applied together, the results of the three studies support the use of CAS as a measure that is appropriate and very simple to apply in order to assess anxiety associated with the COVID-19 pandemic.

With regard to content validity (Grant & Davis, 1997), the present research demonstrated that CAS is adequate to measure what it intends to evaluate, that is, its items are consistent with the operational definition of anxiety associated with COVID-19. We also gathered evidence on the factor validity (Nunnally & Bernstein, 1994) of the CAS. More specifically, we proved that it is a unidimensional measure with high internal consistency. Furthermore, the positive, strong, and significant relationship between CAS and another measure of anxiety offers additional support to its construct validity. Moreover, the instrument was not related to a measure that assesses a psychological construct other than anxiety, guaranteeing the discriminatory validity of the CAS. Additional evidence of validity was also identified, specifically the

configural, metric, and scalar invariance between different gender groups.

Furthermore, we examined whether the CAS participants' scores differed across socio-demographic variables, revealing that only gender differences in individual's anxiety during the pandemic. These results are consistent with previous research (Alon, Doepke, Olmstead-Rumsey, & Tertilt, 2020; Wenham, Smith, & Morgan, 2020) that have already shown the impact of gender in crisis situations. Women are exposed to several psychological vulnerability factors that may aggravate the levels of anxiety associated with COVID-19, such as domestic violence (Garcia-Moreno, Heise, Jansen, Ellsberg, & Watts, 2005), work overload (Mittal & Bhakar, 2018), and discrimination (Parashar, 2020). The CAS proved to be sufficiently sensitive to assess these differences, which had been observed in those studies.

The understanding of anxiety as a unidimensional construct has been prevalent throughout the psychological literature (Francis, Noel, & Ryan, 2019; Olatunji & Wolitzky-Taylor, 2009). Our results are consistent with this approach and conceive anxiety as a persistent and excessive concern that is usually accompanied by physical symptoms, such as muscle tension, heart racing, sweating, and insomnia. More specifically, we address a particular type of anxiety, which is that associated with COVID-19. Therefore, we offer a psychometrically suitable measurement tool to assess this type of psychological state.

Table 4 Goodness-of-fit indices for invariance analysis of the CAS single-factor model between gender groups

Model	χ^2	df	χ^2/df	CFI	Δ CFI	RMSEA(90%CI)	Δ RMSEA
Configural	37.84	28	1.35	.982	–	.059(.000–.104)	–
Men	20.74	14	1.48	.979	–	.070(.000–.130)	–
Women	17.10	14	1.22	.986	–	.047(.000–.112)	–
Metric	47.84	34	1.40	.974	.008	.064(.000–.103)	.005
Scalar	52.62	40	1.31	.977	.003	.056(.000–.094)	.008

Note. df = degrees of freedom; CFI = Comparative Fit Index; RMSEA = Root Mean Square Error of Approximation; CI = Confidence Interval

It is important to publish an article on a scale that assesses anxiety associated with COVID-19 for several reasons. First, there is evidence that the current pandemic caused pervasive consequences for people's mental health. With alarming rates of increase in cases of anxiety symptoms, potentiation of fears about the future, and uncertainties common to periods of adversity that question people's stability and sense of security about their lives, there is a need for valid and accurate tools to assess the fluctuations in anxiety caused by the specific situation of the pandemic. Therefore, it is extremely relevant to develop valid and reliable psychological instruments to measure as individuals are reacting to this situation. Second, results from CAS may help to subsidize the development of public policies aimed to deal directly with the promotion of psychological well-being, such as psychoeducation actions that have a preventive character, as well as, to guide interventions in the treatment of anxiety associated to COVID-19. Third, the results of research on anxiety during the pandemic can be useful as a parameter for the understanding of similar events that may occur in the future. For instance, the scale has the potential to be used after the current pandemic since it can easily be adapted by replacing the term "COVID-19" by other terms referring to adverse situations in further studies. Finally, the CAS differs from other scales of anxiety, firstly, by placing the anxious symptomatology in a specific context by focusing on the COVID-19 pandemic as a particular source of anxiety. Second, the CAS differs from other scales by being based on the operational definition proposed in the DSM-V. Specifically, it takes as a basis for the elaboration of the relevant behavioral items and episodes that generate anxious symptoms, such as extreme adverse situations, such as the COVID-19 pandemic.

Although this research presents important contributions, it is not without limitations. First, it was not possible to use clinical samples, which demonstrates the criterion validity since this sample has higher scores than non-clinical samples. We suggest future studies to be carried out to fill this gap. Furthermore, we did not assess whether the CAS is sensitive to contextual fluctuations that cause a momentary increase or

decrease in anxiety, which could be demonstrated in experimental studies manipulating causal factors of this anxiety, such as the prominence of fear of death (e.g., Klackl & Jonas, 2019). The scores obtained here are ex-post-facto, that is, the levels of anxiety had already been impacted by other factors prior to the moment of data collection. Also, some items included the word feel in this formulation. In this regard, expressions using the word "feel" can be especially appreciated by people with a high level of need to affect the consequences of the so-called correspondence effect (Aquino et al., 2020; Clarkson, Tormala, & Rucker, 2011). We tested the correlations among the errors of items, and we observed that some of them were correlated. However, this possibility did not decrease the quality of the model fit, nor did it decrease the reliability of the estimated parameters. Finally, we did not assess heterogeneous samples, of different age groups, as well as those constituting risk groups (e.g., hypertensive, diabetic, people with cancer, and the elderly).

Despite these limitations, the results we found are strong enough to show evidence of the CAS content, factor, and construct validity, ensuring its use in research aimed at assessing the COVID-19 related anxiety levels. This instrument may contribute to further research on individual's psychological reactions to pandemic situations, and it may also assist in decision making in other social contexts, since the concern with the impacts of the pandemic extends to the most diverse social spheres.

Data Availability Statements The datasets generated during and/or analysed during the current study are available in the OPEN SCIENCE FRAMEWORK repository, <https://OSF.IO/JV6KC/>.

Compliance with Ethical Standards

Conflict of Interest We declare that this research has no conflicts of interest.

Ethical Statement and Informed Consent All participants provided consent according to the Declaration of Helsinki and the American Psychological Association. The Research Ethics Committee of Federal University of Paraíba, Brazil approved all procedures used in the studies (CAAE 89390918.0.0000.5188).

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Acceptance and Commitment Therapy.

Measures Package

Process measures of potential relevance to ACT

Compiled by

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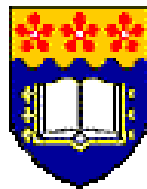


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Forward

We use this package for educational purposes only. If you wish to use a scale for research or for other purposes, you must contact the original author and get permission, or sort out any copyright issues. If you do intend to use a scale, please make sure you have the most recent version of the scale and the correct response items for the scale. We attempted to include the most recent and accurate information, but it is the responsibility of the user to double check this.

We have placed measures into groups, based on our intuition of what ACT process they most relate to. However, future research will need to establish if these measures cluster as we have suggested. There is no question that these measures often cross boundaries. For example, narcissism seems to involve believing inflated self-evaluations (fusion) and hostile defence against any threat to these evaluations. The AAQ clearly measures components of experiential acceptance and effective action orientation.

This is a developing document, and will continue to be updated as measures are revised and new measures are identified. If you have a measure you would like to add to the list, please contact Dr. Joseph Ciarrochi at Joseph_ciarrochi@uow.edu.au

Avoidance / Acceptance

The Acceptance and Action Questionnaire (AAQ-2)

Author: Frank Bond leads the way with this measure, but many in the ACT community have been involved in the development

The AAQ-2 assesses a person's experiential avoidance and immobility and acceptance and action.

Scoring: The items on the AAQ-2 are rated on a 7 point Likert-type scale from 1 (never true) to 7 (always true). High scores on the AAQ-2 are reflective of greater experiential avoidance and immobility, while low scores reflect greater acceptance and action.

Reliability and validity: (the following is taken directly from the ACBS website).

“Acceptance has been difficult to measure but we are making progress. The Acceptance & Action Questionnaire (AAQ) is our major effort so far. The primary AAQ validation study is (see attachments below):

- [Hayes, S. C., Strosahl, K. D., Wilson, K. G., Bissett, R. T., Pistorello, J., Toarmino, D., Polusny, M., A., Dykstra, T. A., Batten, S. V., Bergan, J., Stewart, S. H., Zvolensky, M. J., Eifert, G. H., Bond, F. W., Forsyth J. P., Karekla, M., & McCurry, S. M. \(2004\).](#) Measuring experiential avoidance: A preliminary test of a working model. *The Psychological Record*, 54, 553-578.

It yields a single factor solution: a 9 item solution, and a similar 16 item solution (see page 561) that drops 2 of the 9 items and adds 9 more. There is a second validation study that yields a two factor 16 item solution with a latent single factor (see attachments below):

- [Bond, F. W. & Bunce, D. \(2003\).](#) The role of acceptance and job control in mental health, job satisfaction, and work performance. *Journal of Applied Psychology*, 88, 1057-1067.

Unlike the primary AAQ it is keyed positively because it has primarily been used in non-clinical contexts. A couple of the items were reworded.

In population-based studies, the AAQ-9 seems to work well as a measure of acceptance. Its alpha is sometimes marginal because the items are too darned complex. We are solving that in the AAQ-II. The AAQ-9 sometimes does not work well as a therapeutic process measure, in part because it is so short. Either AAQ-16 may work better as a process measure for that reason but they are a bit longer and again alpha is not always great. If you want to decide about which way to score it later, you will be able to score all of the three available AAQ versions if you use the 22 item version that combines all of the items in these two validation studies (see attachments below).

The AAQ-II is under development. We seem to now have a stable factor structure with 10 items (again a single factor scale with a collection of items very similar to the original AAQ-9 -- it correlates with that version around .9). That version is attached below. Frank

Bond at Goldsmiths College at the University of London is heading up the international development effort. Please contact him for the current status and if you are willing to help us work on validity and reliability please let us know. There are also Swedish, Dutch, Spanish, and Japanese versions of the AAQ. (Cited from the ACBS website)”

*The AAQ-revised and the AAQ (49 items) are also included in this package and follow after the AAQ-2.

References:

Hayes, S. C., Strosahl, K. D., Wilson, K. G., Bissett, R. T., Pistorello, J., Toarmino, D., et al. (2004). Measuring experiential avoidance: A preliminary test of a working model. *The Psychological Record*, 54, 553-578.

Bond, F. W. and D. Bunce (2003). The Role of Acceptance and Job Control in Mental Health, Job Satisfaction, and Work Performance. *Journal of Applied Psychology*, 88(6): 1057-1067.

AAQ-2

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 make your choice.

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

1. Its OK if I remember something unpleasant.	1	2	3	4	5	6	7
2. 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
3. I'm afraid of my feelings.	1	2	3	4	5	6	7
4. I worry about not being able to control my worries and feelings.	1	2	3	4	5	6	7
5. My painful memories prevent me from having a fulfilling life.	1	2	3	4	5	6	7
6. I am in control of my life.	1	2	3	4	5	6	7
7. Emotions cause problems in my life.	1	2	3	4	5	6	7
8. It seems like most people are handling their lives better than I am.	1	2	3	4	5	6	7
9. Worries get in the way of my success.	1	2	3	4	5	6	7
10. My thoughts and feelings do not get in the way of how I want to live my life.	1	2	3	4	5	6	7

The Acceptance and Action Questionnaire – Revised (AAQ-R)

Below you will find a list of statements. Please rate the truth of each statement as it applies to you. Use the following scale to make your choice.

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

- _____ 1. I am able to take action on a problem even if I am uncertain what is the right thing to do.
- _____ 2. When I feel depressed or anxious, I am unable to take care of my responsibilities.
- _____ 3. I try to suppress thoughts and feelings that I don't like by just not thinking about them.
- _____ 4. It's OK to feel depressed or anxious.
- _____ 5. I rarely worry about getting my anxieties, worries, and feelings under control.
- _____ 6. In order for me to do something important, I have to have all my doubts worked out.
- _____ 7. I'm not afraid of my feelings.
- _____ 8. I try hard to avoid feeling depressed or anxious.
- _____ 9. Anxiety is bad.
- _____ 10. Despite doubts, I feel as though I can set a course in my life and then stick to it.
- _____ 11. If I could magically remove all the painful experiences I've had in my life, I would do so.
- _____ 12. I am in control of my life.
- _____ 13. If I get bored of a task, I can still complete it.
- _____ 14. Worries can get in the way of my success.
- _____ 15. I should act according to my feelings at the time.
- _____ 16. If I promised to do something, I'll do it, even if I later don't feel like it.
- _____ 17. I often catch myself daydreaming about things I've done and what I would do differently next time.
- _____ 18. When I evaluate something negatively, I usually recognize that this is just a reaction, not an objective fact.
- _____ 19. When I compare myself to other people, it seems that most of them are handling their lives better than I do.

Note: Some previous versions have been scored so that high scores equal high experiential avoidance; others have been scored so that high scores equal high acceptance/willingness. In this version, high scores equal high acceptance/willingness. This overall version can be used to generate the scores either for the single factor, 9-item solution; or the dual factor, 16 item dual factor solution.

There is no need to ask permission to use this instrument. The validation study for the 9-item version is under review. Email Steve Hayes for information (hayes@unr.nevada.edu).

The reference is:

Measuring Experiential Avoidance. Steven C. Hayes, *University of Nevada, Reno*, Kirk Strosahl, *Mountainview Consulting Group*, Kelly G. Wilson, *University of Mississippi*, Richard T. Bissett, *University of Nevada, Reno*, Jacqueline Pistorello, Dosheen T. Cook, *University of Nevada, Reno*, Melissa A. Polusny, *Minneapolis VA Medical Center*, Thane A. Dykstra, *Trinity Services*, Sonja V. Batten, *Yale University School of Medicine*, Sherry H. Stewart, *Dalhousie University*, Michael J. Zvolensky, *University of Vermont*, Georg H. Eifert, *Chapman University*, Frank W. Bond, *Goldsmiths College, University of London*, John P. Forsyth and Maria Karekla, *University of Albany, State University of New York*, Susan M. McCurry, *University of Washington*.

The validation study for the 16-item version is in press at the *Journal of Applied Psychology*. The reference is:

The role of acceptance and job control in mental health, job satisfaction, and work performance. Frank W. Bond and David Bunce, *Goldsmiths College, University of London*.

You can email Frank Bond for more information at f.bond@gold.ac.uk

- 1 [Use in AAQ-9. Use in AAQ-16. Score in Action factor]
- 2 [Reverse score. Use in AAQ-9. Use in AAQ-16. Score in Action factor]
- 3 [Reverse score. Use in AAQ-16. Score in Willingness factor].
- 4 [Use in AAQ-16. Score in Willingness factor]
- 5 [Use in AAQ-9. Use in AAQ-16. Score in Willingness factor]
- 6 [Reverse score. Use in AAQ-16. Score in Action factor]
- 7 [Use in AAQ-9. Use in AAQ-16. Score in Willingness factor]
- 8 [Reverse score. Use in AAQ-16. Score in Willingness factor]
- 9 [Reverse score. Use in AAQ-9. Use in AAQ-16. Score in Willingness factor]
- 10 [Use in AAQ-16. Score in Action factor]
- 11 [Reverse score. Use in AAQ-9. Use in AAQ-16. Score in Willingness factor]
- 12 [Use in AAQ-16. Score in Action factor]
- 13 [Use in AAQ-16. Score in Action factor]
- 14 [Reverse score. Use in AAQ-16. Score in Action factor]
- 15 [Reverse score. Use in AAQ-16. Score in Action factor]
- 16 [Use in AAQ-16. Score in Action factor]
- 17 [Reverse score. Use in AAQ-9]
- 18 [Use in AAQ-9]
- 19 [Reverse score. Use in AAQ-9]

AAQ SCORING

HIGHER SCORES INDICATE GREATER PSYCHOLOGICAL FLEXIBILITY
(OR ACCEPTANCE AND COMMITTED ACTION TOWARDS VALUED GOALS)

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 thoughts can be dangerous. R	1	2	3	4	5	6	7
2. It is normal to sometimes feel unhappy.	1	2	3	4	5	6	7
3. I can do things that are important to me even when I'm feeling unhappy.	1	2	3	4	5	6	7
4. I can move towards important goals, even if I don't feel good about myself.	1	2	3	4	5	6	7
5. My thoughts and feelings get in the way of my success. R	1	2	3	4	5	6	7
6. If I have mean or nasty thoughts, then I am a mean or nasty person. R	1	2	3	4	5	6	7
7. I try to achieve my goals, even if I am uncertain that I can.	1	2	3	4	5	6	7
8. I try hard not to have bad feelings. R	1	2	3	4	5	6	7
9. I work towards things I value, even though at times I feel uncomfortable or uncertain.	1	2	3	4	5	6	7
10. The greater my worries or anxieties become, the more concerned I get for my well-being. R	1	2	3	4	5	6	7
11. I take action on a problem, even when I fear I may get it wrong.	1	2	3	4	5	6	7
12. The way I feel in a situation usually determines the actions that I take. R	1	2	3	4	5	6	7
13. Its OK for me to have thoughts and feelings that I don't like.	1	2	3	4	5	6	7
14. I am not very aware of what occurs around me. R	1	2	3	4	5	6	7
15. I can set a course in my life and stick to it, even if I have doubts.	1	2	3	4	5	6	7
16. Anxiety is bad. R	1	2	3	4	5	6	7

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

17. My painful experiences and memories make it difficult for me to live a life that I would value. R	1	2	3	4	5	6	7
18. I often catch myself daydreaming about things I've done and what I would do differently next time. R	1	2	3	4	5	6	7
19. I am in control of my life.	1	2	3	4	5	6	7
20. If I get bored of a task, I can still complete it.	1	2	3	4	5	6	7
21. Worries get in the way of my success. R	1	2	3	4	5	6	7
22. If I feel uncertain, I can still make a choice and take action.	1	2	3	4	5	6	7
23. If I promised to do something, I'll do it, even if I later don't feel like it.	1	2	3	4	5	6	7
24. I stop taking care of my responsibilities when I feel anxious or uncomfortable. R	1	2	3	4	5	6	7
25. I try hard to avoid feeling anxious or jittery. R	1	2	3	4	5	6	7
26. In order to achieve my goals, I will not avoid people or places that may upset me.	1	2	3	4	5	6	7
27. Having some worries will not prevent me from living a fulfilling life.	1	2	3	4	5	6	7
28. I should not always believe my reactions and judgments.	1	2	3	4	5	6	7
29. It seems like most people are handling their lives better than I am. R	1	2	3	4	5	6	7
30. I need to control my feelings in order to handle my life well. R	1	2	3	4	5	6	7
31. In order for me to do something important, I first have to have all my doubts worked out. R	1	2	3	4	5	6	7
32. My thoughts and feelings do not get in the way of how I want to live my life.	1	2	3	4	5	6	7
33. I can't stand feeling sad or guilty. R	1	2	3	4	5	6	7

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

34. Its OK if I remember something unpleasant.	1	2	3	4	5	6	7
35. If an unpleasant memory comes into my head, I try to get rid of it. R	1	2	3	4	5	6	7
36. I try to avoid thoughts and feelings that cause difficulty in my daily life. R	1	2	3	4	5	6	7
37. I try hard to control the physical reactions that I experience in my body (e.g., heart racing, sweating). R	1	2	3	4	5	6	7
38. I would rather achieve my goals than avoid unpleasant thoughts and feelings.	1	2	3	4	5	6	7
39. Emotions cause problems in my life. R	1	2	3	4	5	6	7
40. I'm afraid of my feelings. R	1	2	3	4	5	6	7
41. My painful memories prevent me from having a fulfilling life. R	1	2	3	4	5	6	7
42. When I feel uneasy, I do whatever I can to get rid of those feelings. R	1	2	3	4	5	6	7
43. I do not have to control my thoughts and feelings to be successful.	1	2	3	4	5	6	7
44. I don't avoid situations that make me feel jittery.	1	2	3	4	5	6	7
45. I don't have to get rid of scary or unhappy images that come to my mind.	1	2	3	4	5	6	7
46. If I notice myself breathing quickly, then something is wrong. R	1	2	3	4	5	6	7
47. My mind is often on "automatic pilot", not fully involved in what I am doing in the moment. R	1	2	3	4	5	6	7
48. I worry about not being able to control my worries and feelings. R	1	2	3	4	5	6	7
49. It's OK to feel sad or anxious.	1	2	3	4	5	6	7

White Bear Suppression Inventory (WBSI)

Authors: Daniel M. Wegner & Sophia Zanakos

The WBSI is a 15-item questionnaire that is designed to measure thought suppression. Chronic thoughts suppression is a variable that is related to obsessive thinking and negative affect associated with depression and anxiety. The WBSI can help to identify individuals who are more prone to develop chronic thought suppression as well as individuals who express wishing they were not depressed, but are in fact depressed. The measure can also be used by practitioners to evaluate change over time.

Scoring: The scoring of the WBSI is based on a 5 point scale from Strongly disagree (1) to Strongly agree (5). The total score is obtained by summing up the responses that are provided by respondents. The total score can range from 15 to 75. Higher scores on the WBSI indicate greater tendencies to suppress thoughts.

Reliability: The WBSI has very good internal consistency, with alphas ranging from .87 to .89. The WBSI has also been found to have good stability with a 1 week test-retest correlation of .92, and a 3 week to 3 month test-retest correlation of .69.

Validity: Demonstrates excellent convergent validity with significant correlations between the WBSI and several measures including Beck's Depression Inventory (BDI), the Maudsley Obsessive-Compulsive Inventory, and the State-Trait Anxiety Inventory (STAI). It has also been found that the WBSI correlates negatively with repression, thus suggesting that the WBSI measures a characteristic that is different to traditional concepts of repression.

Reference:

Wegner, D. M. & Zanakos, S. (1994). Chronic thought suppression. *Journal of Personality*, 62, 615-640.

WBSI

This survey is about thoughts. There are no right or wrong answers, so please respond honestly to each of the items below. Be sure to answer every item by circling the appropriate letter beside each.

A = Strongly disagree
 B = Disagree
 C = Neutral or don't know
 D = Agree
 E = Strongly agree

- | | | | | | | |
|-----|---|---|---|---|---|---|
| 1. | There are things I prefer not to think about. | A | B | C | D | E |
| 2. | Sometimes I wonder why I have the thoughts I do. | A | B | C | D | E |
| 3. | I have thoughts that I cannot stop. | A | B | C | D | E |
| 4. | There are images that come to mind that I cannot erase. | A | B | C | D | E |
| 5. | My thoughts frequently return to one idea. | A | B | C | D | E |
| 6. | I wish I could stop thinking of certain things. | A | B | C | D | E |
| 7. | Sometimes my mind races so fast I wish I could stop it. | A | B | C | D | E |
| 8. | I always try to put problems out of mind. | A | B | C | D | E |
| 9. | There are thoughts that keep jumping into my head. | A | B | C | D | E |
| 10. | There are things that I try not to think about. | A | B | C | D | E |
| 11. | Sometimes I really wish I could stop thinking. | A | B | C | D | E |
| 12. | I often do things to distract myself from my thoughts. | A | B | C | D | E |
| 13. | I have thoughts that I try to avoid. | A | B | C | D | E |
| 14. | There are many thoughts that I have that I don't tell
anyone. | A | B | C | D | E |
| 15. | Sometimes I stay busy just to keep thoughts from
intruding on my mind. | A | B | C | D | E |

COPE

Authors: Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56(2), 267-283.

Description from abstract of original paper:

We developed a multidimensional coping inventory to assess the different ways in which people respond to stress. Five scales (of four items each) measure conceptually distinct aspects of problem-focused coping (active coping, planning, suppression of competing activities, restraint coping, seeking of instrumental social support); five scales measure aspects of what might be viewed as emotion-focused coping (seeking of emotional social support, positive reinterpretation, acceptance, denial, turning to religion); and three scales measure coping responses that arguably are less useful (focus on and venting of emotions, behavioral disengagement, mental disengagement). Study 1 reports the development of scale items. Study 2 reports correlations between the various coping scales and several theoretically relevant personality measures in an effort to provide preliminary information about the inventory's convergent and discriminant validity. Study 3 uses the inventory to assess coping responses among a group of undergraduates who were attempting to cope with a specific stressful episode. This study also allowed an initial examination of associations between dispositional and situational coping tendencies.

Table 1
Study 1: COPE Scales: Items Listed by A Priori Scale Assignment, With Loadings on the Factor to Which Each Item Pertains

Scale name and items	Loading	Scale name and items	Loading
Active coping		Positive reinterpretation & growth	
I take additional action to try to get rid of the problem.	.42	I look for something good in what is happening.	.75
I concentrate my efforts on doing something about it.	.37	I try to see it in a different light, to make it seem more positive.	.59
I do what has to be done, one step at a time.	.33	I learn something from the experience.	.23
I take direct action to get around the problem.	.29	I try to grow as a person as a result of the experience.	.19
Planning		Acceptance	
I try to come up with a strategy about what to do.	.73	I learn to live with it.	.68
I make a plan of action.	.68	I accept that this has happened and that it can't be changed.	.60
I think hard about what steps to take.	.53	I get used to the idea that it happened.	.43
I think about how I might best handle the problem.	.49	I accept the reality of the fact that it happened.	.38
Suppression of competing activities		Turning to religion	
I put aside other activities in order to concentrate on this.	.68	I seek God's help.	.95
I focus on dealing with this problem, and if necessary let other things slide a little.	.55	I put my trust in God.	.88
I keep myself from getting distracted by other thoughts or activities.	.51	I try to find comfort in my religion.	.84
I try hard to prevent other things from interfering with my efforts at dealing with this.	.48	I pray more than usual.	.81
Restraint coping		Focus on & venting of emotions	
I force myself to wait for the right time to do something.	.71	I get upset and let my emotions out.	.79
I hold off doing anything about it until the situation permits.	.67	I let my feelings out.	.76
I make sure not to make matters worse by acting too soon.	.62	I feel a lot of emotional distress and I find myself expressing those feelings a lot.	.57
I restrain myself from doing anything too quickly.	.40	I get upset, and am really aware of it.	.45
Seeking social support for instrumental reasons		Denial	
I ask people who have had similar experiences what they did.	.66	I refuse to believe that it has happened.	.75
I try to get advice from someone about what to do.	.65	I pretend that it hasn't really happened.	.72
I talk to someone to find out more about the situation.	.60	I act as though it hasn't even happened.	.52
I talk to someone who could do something concrete about the problem.	.55	I say to myself "this isn't real."	.46
Seeking social support for emotional reasons		Behavioral disengagement	
I talk to someone about how I feel.	.71	I give up the attempt to get what I want.	.49
I try to get emotional support from friends or relatives.	.71	I just give up trying to reach my goal.	.42
I discuss my feelings with someone.	.69	I admit to myself that I can't deal with it, and quit trying.	.37
I get sympathy and understanding from someone.	.58	I reduce the amount of effort I'm putting into solving the problem.	.30
		Mental disengagement	
		I turn to work or other substitute activities to take my mind off things.	.45
		I go to movies or watch TV, to think about it less.	.43
		I daydream about things other than this.	.28
		I sleep more than usual.	.23
		Alcohol-drug disengagement	
		I drink alcohol or take drugs, in order to think about it less.	

Note. Items are listed in order of strength of loading. Loadings for active coping and planning come from a single factor that incorporated both scales. Loadings for seeking social support for instrumental reasons and seeking social support for emotional reasons come from a single factor that incorporated both scales.

COPE

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try and deal with stress. This questionnaire asks you to indicate what you generally do and feel, when *you* experience stressful events. Obviously different events bring out somewhat different responses, but think about what you *usually* do when you are under a lot of stress.

Please circle the response that most reflects how you deal with stressful events, using the scale below to make your choice.

1	2	3	4
I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot

- | | | | | |
|--|---|---|---|---|
| 1. I take additional action to try to get rid of the problem | 1 | 2 | 3 | 4 |
| 2. I concentrate my efforts on doing something about it | 1 | 2 | 3 | 4 |
| 3. I do what has to be done, one step at a time | 1 | 2 | 3 | 4 |
| 4. I take direct action to get around the problem | 1 | 2 | 3 | 4 |
| 5. I try to come up with a strategy about what to do | 1 | 2 | 3 | 4 |
| 6. I make a plan of action | 1 | 2 | 3 | 4 |
| 7. I think hard about what steps to take | 1 | 2 | 3 | 4 |
| 8. I think about how I might best handle the problem | 1 | 2 | 3 | 4 |
| 9. I put aside other activities in order to concentrate on this | 1 | 2 | 3 | 4 |
| 10. I focus on dealing with this problem, and if necessary let other things slide a little | 1 | 2 | 3 | 4 |
| 11. I keep myself from getting distracted by other thoughts or activities | 1 | 2 | 3 | 4 |
| 12. I try hard to prevent other things from interfering with my efforts at dealing with this | 1 | 2 | 3 | 4 |
| 13. I force myself to wait for the right time to do something | 1 | 2 | 3 | 4 |
| 14. I hold off doing anything about it until the situation permits | 1 | 2 | 3 | 4 |

15.	I make sure not to make matters worse by acting too soon	1	2	3	4
16.	I restrain myself from doing anything too quickly	1	2	3	4
17.	I ask people who have had similar experiences what they did	1	2	3	4
18.	I try to get advice from someone about what to do	1	2	3	4
19.	I talk to someone more about the situation	1	2	3	4
20.	I talk to someone who could do something concrete about the problem	1	2	3	4
21.	I talk to someone about how I feel	1	2	3	4
22.	I try to get emotional support from friend or relatives	1	2	3	4
23.	I discuss my feelings with someone	1	2	3	4
24.	I get sympathy and understanding from someone	1	2	3	4
25.	I look for something good in what is happening	1	2	3	4
26.	I try to see it in a different light to make it seem more positive	1	2	3	4
27.	I learn something from the experience	1	2	3	4
28.	I try to grow as a person as a result of the experience	1	2	3	4
29.	I learn to live with it	1	2	3	4
30.	I accept that this has happened and that it can't be changed	1	2	3	4
31.	I get used to the idea that it happened	1	2	3	4
32.	I accept the reality of the fact that it happened	1	2	3	4
33.	I seek God's help	1	2	3	4
34.	I put my trust in God	1	2	3	4
35.	I try to find comfort in my religion	1	2	3	4
36.	I pray more than usual	1	2	3	4

37. I get upset and let my emotions out	1	2	3	4
38. I let my feelings out	1	2	3	4
39. I feel a lot of emotional distress and I find myself expressing those feelings a lot	1	2	3	4
40. I get upset, and am really aware of it	1	2	3	4
41. I refuse to believe that it has happened	1	2	3	4
42. I pretend that it hasn't really happened	1	2	3	4
43. I act as though it hasn't even happened	1	2	3	4
44. I say to myself, this isn't real	1	2	3	4
45. I give up the attempt to get what I want	1	2	3	4
46. I just give up trying to reach my goal	1	2	3	4
47. I admit to myself that I can't deal with it and quit trying	1	2	3	4
48. I reduce the amount of effort I'm putting into solving the problem	1	2	3	4
49. I turn to work or other substitute activities to take my mind off things	1	2	3	4
50. I go to movies or watch TV, to think about it less	1	2	3	4
51. I daydream about things other than this	1	2	3	4
52. I sleep more than usual	1	2	3	4
53. I drink alcohol or take drugs in order to think about it less	1	2	3	4

Emotion Control Questionnaire (ECQ2)

Author: Derek Roger & Bahman Najarian

The ECQ2 is a 56-item scale that was constructed to measure emotional control. The first scale that was devised to measure emotion control, called the Emotion Control Questionnaire (ECQ), was developed by Roger and Nesshoever (1987). The original authors defined 'emotion control' as the tendency to inhibit the expression of emotional responses (1989).

There are 4 factors that comprise the ECQ2:

- Rehearsal – measures the degree of rumination over emotionally upsetting events
- Emotional Inhibition – assesses the tendency to inhibit experienced emotion
- Aggression Control – examines the inhibition of hostility
- Benign Control – correlates with 'impulsiveness' and was included to distinguish it from aggression control.

Scoring: Participants rate statements as either true or false on each of the 56 items. The 4 factors of the ECQ2 comprise 14 items each.

Reliability: The ECQ2 demonstrates very good internal consistency, with alphas of .86 (Rehearsal), .77 (Emotional Inhibition), .79 (Benign Control), and .81 (Aggression Control). Test-retest reliability was assessed over a 7 week inter-test interval and was found to be substantial with a correlation of .80 (Rehearsal), .79 (Emotional Inhibition), .92 (Benign Control), and .73 (Aggression Control).

Validity: In relation to concurrent and discriminant validity, the ECQ2 obtained modest correlations in the expected direction with several scales including the Impulsivity factor and the Neuroticism factor from the Eysenck Personality Inventory (EPI), the State-Trait Anxiety Inventory (STAI), and the Buss-Durkee hostility inventory.

References:

Roger, D. & Najarian, B. (1989). The construction and validation of a new scale for measuring emotion control. *Personality and Individual Differences*, 10(8), 845-853.

Roger, D. & Najarian, B. (1998). The relationship between emotional rumination and cortisol secretion under stress. *Personality and Individual Differences*, 24(4), 531-538.

ECQ 2

Instructions: Please indicate how you feel about each item by circling *either* 'True' or 'False'. If you feel that an item is neither entirely true nor false, please choose the alternative that is *most* like you. If you haven't been in the situation described, please say how you feel you would behave in that situation.

- | | | | |
|------|--|------|-------|
| (1) | When someone upsets me, I try to hide my feelings. | True | False |
| (2) | If someone pushed me, I would push back. | True | False |
| (3) | I remember things that upset me or make me angry for a long time afterwards. | True | False |
| (4) | I seldom feel irritable. | True | False |
| (5) | I often take chances crossing the road. | True | False |
| (6) | People find it difficult to tell whether I'm excited about something or not. | True | False |
| (7) | I often do or say things I later regret. | True | False |
| (8) | I find it difficult to comfort people who have been upset. | True | False |
| (9) | I generally don't bear a grudge-when something is over, it's over, and I don't think about it again. | True | False |
| (10) | No-one gets one over on me---I don't take things lying down. | True | False |
| (11) | When something upsets me I prefer to talk to someone about it than to bottle it up. | True | False |
| (12) | I've been involved in many fights or arguments. | True | False |
| (13) | I get 'worked up' just thinking about things that have upset me in the past. | True | False |
| (14) | I'm not easily distracted. | True | False |
| (15) | If I'm badly served in a shop or restaurant I don't usually make a fuss. | True | False |
| (16) | If I receive bad news in front of others I usually try to hide how I feel. | True | False |
| (17) | I frequently change my mind about things. | True | False |

(18)	If a passing car splashes me, I shout at the driver.	True	False
(19)	If someone were to hit me, I would hit back.	True	False
(20)	I seldom show how I feel about things.	True	False
(21)	I often say things without thinking whether I might upset others.	True	False
(22)	I often find myself thinking over and over about things that have made me angry.	True	False
(23)	If I'm pleasantly surprised, I show immediately how pleased I am.	True	False
(24)	I tend to snap at people.	True	False
(25)	If I get angry or upset I usually say how I feel.	True	False
(26)	If someone says something stupid, I tell them so.	True	False
(27)	If I see someone pushing into a queue ahead of me I usually just ignore it.	True	False
(28)	I can usually settle things quickly and be friendly again after an argument.	True	False
(29)	My interests tend to change quickly.	True	False
(30)	I don't feel embarrassed about expressing my feelings.	True	False
(31)	If I see or hear about an accident, I find myself thinking about something similar happening to me or to people close to me.	True	False
(32)	I think about ways of getting back at people who have made me angry long after the event has happened.	True	False
(33)	I'd rather concede an issue than get into an argument.	True	False
(34)	I never forget people making me angry or upset, even about small things.	True	False
(35)	I seldom 'put my foot in it'.	True	False
(36)	I lose my temper quickly.	True	False
(37)	I think people show their feelings too easily.	True	False
(38)	I find it hard to get thoughts about things that have upset me out of my mind.	True	False

- | | | | |
|------|--|------|-------|
| (39) | Almost everything I do is carefully thought out. | True | False |
| (40) | I don't think I could ever 'turn the other cheek'. | True | False |
| (41) | I often daydream about situations where I'm getting my own back at people. | True | False |
| (42) | I find long journeys boring-all I want is to get there as quickly as possible. | True | False |
| (43) | Expressing my feelings makes me feel very vulnerable and anxious. | True | False |
| (44) | If a friend borrows something and returns it dirty or damaged, I usually just keep quiet about it. | True | False |
| (45) | I can't stand having to wait for anything. | True | False |
| (46) | If I see something that frightens or upsets me, the image of it stays in my mind for a long time afterwards. | True | False |
| (47) | I hate being stuck behind a slow driver. | True | False |
| (48) | If someone insults me I try to remain as calm as possible. | True | False |
| (49) | Thinking about upsetting things just seems to keep them going, so I try to put them out of my mind. | True | False |
| (50) | I usually manage to remain outwardly calm, even though I may be churned up inside. | True | False |
| (51) | If I lose out on something, I get over it quickly. | True | False |
| (52) | I can't help showing how I feel even when it isn't appropriate to do so. | True | False |
| (53) | If I have to confront someone, I try not to think too much about it beforehand. | True | False |
| (54) | I like planning ahead rather than just seeing how things turn out. | True | False |
| (55) | I sometimes just come out with things that embarrass people I'm with. | True | False |
| (56) | Sometimes I just can't control my feelings. | True | False |

State Social Anxiety and State Emotion-Regulation Questionnaires

Author: Todd B. Kashdan & Michael F. Steger

The two questionnaires were used together to highlight that individuals with greater dispositional social anxiety are more likely to experience less positive affect and tended to suppress emotions. Individuals who indicated they were less socially anxious were more likely to be more accepting of emotional experiences. In this study (see reference below) participants were asked to complete these measures daily over 21 days, hence the brevity of the measures.

The items on both scales were derived and modified from other scales. For the State Social Anxiety Questionnaire, 5 items were derived from the Fear of Negative Evaluation Scale (Rodebaugh et al., 2004) and 2 items from the International Consensus Group on Depression and Anxiety (Ballenger et al., 1998). The State Emotion-Regulation Questionnaire contains 8 items from the Emotion Regulation Questionnaire (Gross & John, 2003).

Scoring:

- State Social Anxiety Questionnaire: A 7 item measure that uses a 5-point scale to measure social anxiety over one day.
- State Emotion-Regulation Questionnaire: An 8-item measure that uses a 7-point scale to assess strategic attempts to modify mood during the day. Two factors were measured: emotion suppression (items 2, 4, 5, and 7) and cognitive reappraisal (items 1, 3, 6, and 8).

Reliability: The State Social Anxiety Questionnaire demonstrates acceptable reliability (.91). The State Emotion-Regulation Questionnaire also demonstrates acceptable reliability for both the suppression (.97) and reappraisal (.97) scales.

Validity: The State Social Anxiety Questionnaire demonstrates strong convergent validity, while findings indicate that the State Emotion-Regulation Questionnaire demonstrates acceptable convergent validity.

Reference:

Kashdan, T.B. & Steger, M.F. (2006). Expanding the topography of social anxiety: An experience sampling assessment of positive emotions and events, and emotion suppression. *Psychological Science*, 17, 120-128.

State Social Anxiety

Directions: Please read the following 7 items and indicate how frequently you experience these thoughts in a day using the scale below.

1 = Very Slightly / Not at all

2 = A Little

3 = Moderately

4 = Very Much

5 = Extremely

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | I worried about what other people thought of me | 1 | 2 | 3 | 4 | 5 |
| 2. | I was afraid other people noticed my shortcomings | 1 | 2 | 3 | 4 | 5 |
| 3. | I was afraid that others did not approve of me | 1 | 2 | 3 | 4 | 5 |
| 4. | I was worried that I would say or do the wrong things. | 1 | 2 | 3 | 4 | 5 |
| 5. | When I was talking to someone, I was worried about what they were thinking of me. | 1 | 2 | 3 | 4 | 5 |
| 6. | I felt uncomfortable and embarrassed when I was the center of attention. | 1 | 2 | 3 | 4 | 5 |
| 7. | I found it hard to interact with people. | 1 | 2 | 3 | 4 | 5 |

State Emotion Regulation

Directions: We would like to ask you some questions about how you control (that is, regulate and manage) your emotions. Read each of the following statements carefully and indicate to what extent you engaged in the following behaviors today.

- 1 = Strongly Disagree
- 2 = Disagree?
- 3 =
- 4 =
- 5 =
- 6 = Agree?
- 7 = Strongly Agree

- _____ 1. When I wanted to feel more positive emotion (such as joy or amusement), I changed what I was thinking about.
- _____ 2. I kept my emotions to myself.
- _____ 3. When I wanted to feel less negative emotion (such as sadness or guilt), I changed what I was thinking about.
- _____ 4. When I was feeling positive emotions, I was careful not to express them.
- _____ 5. I controlled my emotions by not expressing them.
- _____ 6. I controlled my emotions by changing the way I thought about the situation I was in.
- _____ 7. When I was feeling negative emotions, I made sure not to express them.
- _____ 8. When I wanted to feel less negative emotion, I changed the way I was thinking about the situation.

Repressive Defensive Coping

The following 2 scales are used together to identify sensitivity to repressive-defensive coping based on a study conducted by Weinberger, Schwartz and Davidson (1979). This coping style is “comprised of high defensiveness, the tendency to endorse unlikely virtues and deny minor faults, combined with low levels of reported trait anxiety” (LaRowe, Kline & Patrick, 2004).

The authors investigated the distinction between (a) truly low-anxious subjects, who report low trait anxiety on the Taylor Manifest Anxiety Scale and low defensiveness on the Marlowe-Crowne Social Desirability Scale, and (b) repressors, who report low anxiety but high defensiveness. Using a variety of behavioural and physiological measures, they found that repressors were more stressed than the low-anxious subjects despite their claims of lower trait anxiety. The high anxious group exhibited a different behavioural pattern that suggests an intermediate level of anxious responding.

The authors suggest that it is important to distinguish between repressors and truly low-anxious persons in research concerned with relations between self-reported anxiety and behavioural and physiological responses to stress.

Scoring: Marlowe-Crowne Social Desirability Scale/manifest anxiety scale (defensive if top 1/3 marlow crown/ bottom 3 of anxiety; sometimes top ¼ bottom 1/4)

References:

Weinberger, D. A., Schwartz, G. E., & Davidson, R. J. (1979). Low-anxious, high-anxious, and repressive coping styles: Psychometric patterns and behavioral and physiological responses to stress. *Journal of Abnormal Psychology*, 88, 369–380.

LaRowe, S. D., Kline, J. P. & Patrick, C. J. (2004). Defensiveness is related to increased startle magnitude. *Personality and Individual Differences*, 37, 1441–1451.

Marlowe-Crowne Social Desirability Scale (M-C SDS)

Author: D. P. Crowne and D. Marlowe

The M-C SDS is a 33 item measure that assesses response bias (i.e., the degree to which individuals attempt to present themselves in a favourable light).

Scoring: Respondents are asked to answer true or false to the 33 items. Items marked with an asterisk are keyed negatively. Scores range from 0 to 33, with higher scores reflecting a greater degree of socially desirable responding.

Reliability: The M-C SDS has high internal consistency ($\alpha = .88$) and test-retest reliability ($r = .89$).

Validity: Demonstrates adequate construct validity.

References:

Crowne, D. P. & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology*, 24, 349-354.

Robinson, J. P., Shaver, P. R. & Wrightman, L. S. (1991). *Measures of personality and social psychological attitudes*. New York: Academic Press.

Marlowe-Crowne Social Desirability Scale

Listed below are a number of statements concerning personal attitudes and traits. Please read each item and decide whether the statement is true or false as it applies to you. For each item, please circle TRUE or FALSE.

1. Before voting I thoroughly investigate the qualifications of all the candidates. TRUE or FALSE
2. I never hesitate to go out of my way to help someone in trouble. TRUE or FALSE
3. *It is sometimes hard for me to go on with my work if I am not encouraged. TRUE or FALSE
4. I have never intensely disliked anyone. TRUE or FALSE
5. *On occasion I have had doubts about my ability to succeed in life. TRUE or FALSE
6. *I sometimes feel resentful when I don't get my way. TRUE or FALSE
7. I am always careful about my manner of dress. TRUE or FALSE
8. My table manners at home are as good as when I eat out at a restaurant. TRUE or FALSE
9. *If I could get into a movie without paying and be sure I was not seen I would probably do it. TRUE or FALSE
10. *On a few occasions I have given up doing something because I thought too little of my ability. TRUE or FALSE
11. *I like to gossip at times. TRUE or FALSE
12. *There have been times when I felt like rebelling against people in authority, even though I knew they were right. TRUE or FALSE
13. No matter who I'm talking to, I'm always a good listener. TRUE or FALSE
14. *I can remember "playing sick" to get out of something. TRUE or FALSE
15. *There have been occasions when I took advantage of someone. TRUE or FALSE
16. I am always willing to admit when I made a mistake. TRUE or FALSE
17. I always try to practice what I preach. TRUE or FALSE
18. I don't find it particularly difficult to get along with loud-mouthed, obnoxious people. TRUE or FALSE
19. *I sometimes try to get even rather than forgive and forget. TRUE or FALSE
20. When I don't know something, I don't mind at all admitting it. TRUE or FALSE

- | | |
|---|---------------|
| 21. I am always courteous, even to people who are disagreeable. | TRUE or FALSE |
| | |
| 22. *At times I have really insisted on having things my own way. | TRUE or FALSE |
| | |
| 23. *There have been occasions when I felt like smashing things. | TRUE or FALSE |
| | |
| 25. I never resent being asked to return a favour. | TRUE or FALSE |
| | |
| 26. I have never been irked when people expressed ideas very different from
my own. | TRUE or FALSE |
| | |
| 27. I never make a long trip without checking the safety of my car. | TRUE or FALSE |
| | |
| 28. *There have been times when I was quite jealous of the good fortune
of others. | TRUE or FALSE |
| | |
| 29. I have almost never felt the urge to tell someone off. | TRUE or FALSE |
| | |
| 30. *I am sometimes irritated by people who ask favours of me. | TRUE or FALSE |
| | |
| 31. I have never felt that I was punished without cause. | TRUE or FALSE |
| | |
| 32. *I sometimes think when people have a misfortune they only got what they
deserved. | TRUE or FALSE |
| | |
| 33. I have never deliberately said something that hurt someone's feelings. | TRUE or FALSE |
| | |

Taylor Manifest Anxiety Scale

This scale is used with the Marlow Crowne Social Desirability scale to form scores on repression-sensitization. See above.

Manifest Anxiety Scale

1. I am often sick to my stomach. (True)
2. I am about as nervous as other people. (False)
3. I work under a great deal of strain. (True)
4. I blush as often as others. (False)
5. I have diarrhea ("the runs") once a month or more. (True)
6. I worry quite a bit over possible troubles. (True)
7. When embarrassed I often break out in a sweat which is very annoying. (True)
8. I do not often notice my heart pounding and I am seldom short of breath. (False)
9. Often my bowels don't move for several days at a time. (True)
10. At times I lose sleep over worry. (True)
11. My sleep is restless and disturbed. (True)
12. I often dream about things I don't like to tell other people. (True)
13. My feelings are hurt easier than most people. (True)
14. I often find myself worrying about something. (True)
15. I wish I could be as happy as others. (True)
16. I feel anxious, about something or someone almost all of the time. (True)
17. At times I am so restless that I cannot sit in a chair for very long. (True)
18. I have often felt that I faced so many difficulties I could not overcome them. (True)
19. At times I have been worried beyond reason that something that really did not matter. (True)
20. I do not have as many fears as my friend. (False)
21. I am more self-conscious than most people. (True)
22. I am the kind of person who takes things ... (True)
23. I am a very nervous person. (True)
24. Life is often a strain for me. (True)
25. I am not at all confident of myself. (True)
26. At times I feel that I am going to crack up. (True)
27. I don't like to face a difficulty or make an important decision. (True)
28. I am very confident of myself. (False)

Miller Behavioral Style Scale (MBSS)

Author: Suzanne M. Miller

The MBSS is a 32 item tool used to identify the information-seeking behaviours of individuals under threat.

It is theorised that *monitors* prefer a high information input before a stressful event and suffer less psycho-physiological arousal when they have information, while *blunters* prefer less information and suffer more arousal when they have a high information input.

Scoring: Items are marked as Monitoring (M) or Blunting (B). To obtain the total score, add up all the M scores and B scores and subtract the Total B score from the Total M. The higher (more positive) the score, the greater the monitoring (range -16 to +16). You can also obtain a score for the M factor or B factor by summing the items for each.

Reliability: The internal consistency of the monitoring and blunting sub-scales of the MBSS was $\alpha = 0.65$ and 0.41 respectively. Test-retest analyses with a sample of 110 subjects show the MBSS subscales to be highly stable over a 4-month period: for the monitoring subscale = $.72$; for the blunting subscale = $.75$,

Validity: The MBSS demonstrates good validity.

Reference:

Miller, S. M. (1987). Monitoring and Blunting: Validation of a questionnaire to assess styles of information seeking under threat. *Journal of Personality and Social Psychology*, 52(2), 345-353.

MBSS

Different people tend to respond in different ways when faced with difficult or threatening situations. The following four questions describe possible difficult situations which you may encounter. Please consider each scenario and indicate how you think you would react.

1. Vividly imagine that you are afraid of the dentist and have to get some dental work done. Which of the following would you do? Tick **all** of the statements that might apply to you.

- | | | |
|---|-------|--|
| M | _____ | I would ask the dentist exactly what he was going to do. |
| B | _____ | I would take a tranquiliser or have a drink before going. |
| B | _____ | I would try to think about pleasant memories. |
| M | _____ | I would want the dentist to tell me when I would feel pain. |
| B | _____ | I would try to sleep. |
| M | _____ | I would watch all the dentist's movements and listen for the sound of the drill. |
| M | _____ | I would watch the flow of water from my mouth to see if it contained blood. |
| B | _____ | I would do mental puzzles in my mind. |

2. Vividly imagine that you are being held hostage by a group of armed terrorists in a public building. Which of the following would you do? Tick **all** of the statements that might apply to you.

- | | | |
|---|-------|--|
| B | _____ | I would sit by myself and have as many daydreams and fantasies as I could. |
| M | _____ | I would stay alert and try to keep myself from falling asleep. |
| B | _____ | I would exchange life stories with the other hostages. |
| M | _____ | If there was a radio present, I would stay near it and listen to the bulletins about what the police were doing. |
| M | _____ | I would watch every movement of my captors and keep an eye on their weapons. |
| B | _____ | I would try to sleep as much as possible. |
| B | _____ | I would think about how nice it's going to be when I get home. |
| M | _____ | I would make sure I knew where every possible exit was. |

3. Vividly imagine that, due to a large drop in sales, it is rumoured that several people in your department at work will be laid off. Your supervisor has turned in an evaluation of your work for the past year. The decision about lay-offs has been made and will be announced in several days. Tick all of the statements that might apply to you."

- M _____ I would talk to my fellow workers to see if they knew anything about what the supervisor's evaluation of me said.
- M _____ I would review the list of duties for my present job and try to figure out if I had fulfilled them all.
- B _____ I would go to the movies to take my mind off things.
- M _____ I would try to remember any arguments or disagreements I might have had with the supervisor that would have lowered his opinion of me.
- B _____ I would push all thoughts of being laid off out of my mind.
- B _____ I would tell my spouse that I'd rather not discuss my chances of being laid off.
- M _____ I would try to think which employees in my department the supervisor might have thought had done the worst job.
- B _____ I would continue doing my work as if nothing special was happening.

4. Vividly imagine that you are on an airplane, thirty minutes from your destination, when the plane unexpectedly goes into a deep dive and then suddenly levels off. After a short time, the pilot announces that nothing is wrong, although the rest of the ride may be rough. You, however, are not convinced that all is well. Tick **all** of the statements that might apply to you.

- M _____ I would carefully read the information provided about safety features in the plane and make sure that I knew where the exits were.
- B _____ I would make small talk with the passenger beside me.
- B _____ I would watch the end of the movie, even if I had seen it before.
- M _____ I would call the flight attendant and ask him/her exactly what the problem was.
- B _____ I would order a drink from the stewardess.
- M _____ I would listen carefully to the engines for unusual noises and would watch the crew to see if their behaviour was out of the ordinary.
- M _____ I would talk to the passenger beside me about what might be wrong.
- B _____ I would settle down and read a book or magazine or write a letter.

Experiential Avoidance Task (EAT)

Author: John P. Forsyth & Kristin Laughlin

The EAT is a computer-based task that uses IAPPS pictures -- positive, negative, and neutral valence categories. Participants are asked to watch all the pictures, and, at any time, they can either (a) escape from a picture they are currently viewing, or (b) avoid a forthcoming picture between picture trials. The measure has been developed to provide a behavioural alternative to the AAQ or simple self report of experiential avoidance.

The data collected indicates participant's avoidance and escape responses, including latency to respond by picture valence, or the speed at which the participant avoids unpleasant stimuli.

The scale is in development

EAT

*The following slides have been obtained from the computer program used to deliver the EAS.

Instructions

You'll be watching a series of pictures appear one at a time on the monitor in front of you. Some will be pleasant, some unpleasant/disturbing, and others neutral.

It is important to watch the screen at all times.
Before each picture you will see a plus sign ("+"),
and five seconds after that a picture will appear on the screen.

We want you to watch all the pictures.

However, at any time you may end any picture early or skip one or more upcoming pictures.

To skip a picture before it is presented:

Press the "A" key on the keyboard when you see a plus sign ("+")
You'll have 5 seconds to do this and can
do this as many times as you like for the entire task.

To end a picture early:

Hit the SPACEBAR while the picture is on the screen.
You'll have 10 seconds to do this.

Do you have any questions before you begin? If so, please ask the assistant now.
If no, press the SPACEBAR to continue

Pleasant Stimuli**Neutral Stimuli**

Unpleasant Stimuli



Balanced Inventory of Desirable Responding (BIDR)

Author: D. L. Paulhus

The BIDR is a 40-item instrument that is used to measure 2 constructs:

- Self-deceptive positivity – described as the tendency to give self-reports that are believed but have a positivity bias
- Impression management – deliberate self-presentation to an audience.

The BIDR emphasizes exaggerated claims of positive cognitive attributes (overconfidence in one's judgments and rationality). It is viewed as a measure of defense, i.e., people who score high on self-deceptive positivity tend to defend against negative self-evaluations and seek out inflated positive self-evaluations.

Scoring: Respondents are asked to rate the 40-items on a 7 point scale according to their level of agreement with the item (stated as propositions). The scoring key is balanced. After reversing the negatively keyed items, one point is added for each extreme response (6 or 7). Total scores on the both constructs can range from 0 to 20. Thus, high scores are only attained by respondents who give exaggeratedly desirable responses. All 40 items may be summed to give an overall measure of social desirable responding.

Reliability: Internal consistency alphas for the total measure, self-deceptive positivity and impression management are .83, .68 - .80, and .75 - .86, respectively. Test-retest correlations over a 5 week period were reported as being .69 and .65 for self-deceptive positivity and impression management, respectively.

Validity: Demonstrates concurrent validity as a measure of social desirable responding correlating .71 with the M-C SDS and .80 with the Multidimensional Social Desirability Inventory.

Reference:

Paulhus, D. L. (1988). *Assessing self deception and impression management in self-reports: the Balanced Inventory of Desirable Responding*. (Manual available from the author).

1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7
Not True Somewhat Very True
True

- Revised date (4 October 2006)

Fusion / Dysfunctional thinking

Automatic Thoughts Questionnaire (ATQ)

Authors: Philip C. Kendall and Steven D. Hollon

The ATQ is a 30-item instrument that measures the frequency of automatic negative statements about the self. Such statements play an important role in the development, maintenance and treatment of various psychopathologies, including depression.

ATQ taps 4 aspects of these automatic thoughts: personal maladjustment and desire for change (PMDC), negative self-concepts and negative expectations (NSNE), low self-esteem (LSE), and Helplessness.

Scoring: Items are rated on the frequency of occurrence from “not at all” to “all the time”. Total scores are the sum of all 30 items. Items on each factor are: PMDC: 7, 10, 14, 20, 26; NSNE: 2, 3, 9, 21, 23, 24, 28; LSE: 17, 18; Helplessness: 29, 30. A high total score indicates a high level of automatic negative self-statements.

*2nd version: Asks respondents to rate the degree of belief of each of the 30-items. A high total score indicates greater believability in negative thoughts.

Reliability: The instrument has excellent internal consistency with an alpha coefficient of .97.

Validity: The items significantly discriminated depressed from nondepressed subjects. Has good concurrent validity, correlating with 2 measures of depression, the Beck Depression Inventory and the MMPI Depression scale.

Reference:

Hollon, S. D. & Kendall, P. C. (1980). Cognitive self-statements in depression: Development of an Automatic Thoughts Questionnaire. *Cognitive Therapy and Research*, 4, 383 – 395.

ATQ

Listed below are a variety of thoughts that pop into people's heads. Please read each thought and indicate how frequently, if at all, the thought occurred to you over the last week. Please read each item carefully and fill in the blank with the appropriate number; using the following scale:

- 1 = Not at all
- 2 = Sometimes
- 3 = Moderately often
- 4 = Often
- 5 = All the time

- _____ 1. I feel like I'm up against the world.
- _____ 2. I'm no good.
- _____ 3. Why can't I ever succeed?
- _____ 4. No one understands me.
- _____ 5. I've let people down.
- _____ 6. I don't think I can go on.
- _____ 7. I wish I were a better person.
- _____ 8. I'm so weak.
- _____ 9. My life's not going the way I want it to.
- _____ 10. I'm so disappointed in myself.
- _____ 11. Nothing feels good anymore.
- _____ 12. I can't stand this anymore.
- _____ 13. I can't get started.
- _____ 14. What's wrong with me?
- _____ 15. I wish I were somewhere else.
- _____ 16. I can't get things together.
- _____ 17. I hate myself.
- _____ 18. I'm worthless.
- _____ 19. I wish I could just disappear.
- _____ 20. What's the matter with me?
- _____ 21. I'm a loser.
- _____ 22. My life is a mess.
- _____ 23. I'm a failure.
- _____ 24. I'll never make it.
- _____ 25. I feel so helpless.
- _____ 26. Something has to change.
- _____ 27. There must be something wrong with me.
- _____ 28. My future is bleak.
- _____ 29. It's just not worth it.
- _____ 30. I can't finish anything.

ATQ*

Listed below are a variety of thoughts that pop into people's heads. Please read each thought and indicate how frequently, if at all, the thought occurred to you over the last week. Please read each item carefully and circle the appropriate answers on the answer sheet in the following fashion (1 = "not at all", 2 = "sometimes", 3 = "moderately often", 4 = "often", and 5 = "all the time"). Then, please indicate how strongly, if at all, you tend to believe that thought, when it occurs. On the right hand side of the page, circle the appropriate answers in the following fashion (1 = "not at all", 2 = "somewhat", 3 = "moderately", 4 = "very much", and 5 = "totally").

<u>Frequency</u>	<u>Items</u>	<u>Degree of Belief</u>
1 2 3 4 5	1) I feel like I'm up against the world	1 2 3 4 5
1 2 3 4 5	2) I'm no good.	1 2 3 4 5
1 2 3 4 5	3) Why can't I ever succeed?	1 2 3 4 5
1 2 3 4 5	4) No one understands me.	1 2 3 4 5
1 2 3 4 5	5) I've let people down.	1 2 3 4 5
1 2 3 4 5	6) I don't think I can go on.	1 2 3 4 5
1 2 3 4 5	7) I wish I were a better person	1 2 3 4 5
1 2 3 4 5	8) I'm so weak.	1 2 3 4 5
1 2 3 4 5	9) My life's not going the way I want it to.	1 2 3 4 5
1 2 3 4 5	10) I'm so disappointed in myself.	1 2 3 4 5
1 2 3 4 5	11) Nothing feels good anymore.	1 2 3 4 5
1 2 3 4 5	12) I can't stand this anymore.	1 2 3 4 5
1 2 3 4 5	13) I can't get started.	1 2 3 4 5
1 2 3 4 5	14) What's wrong with me?	1 2 3 4 5
1 2 3 4 5	15) I wish I were somewhere else	1 2 3 4 5
1 2 3 4 5	16) I can't get things together.	1 2 3 4 5
1 2 3 4 5	17) I hate myself.	1 2 3 4 5
1 2 3 4 5	18) I'm worthless.	1 2 3 4 5
1 2 3 4 5	19) Wish I could just disappear.	1 2 3 4 5
1 2 3 4 5	20) What's the matter with me?	1 2 3 4 5
1 2 3 4 5	21) I'm a loser.	1 2 3 4 5
1 2 3 4 5	22) My life is a mess.	1 2 3 4 5
1 2 3 4 5	23) I'm a failure.	1 2 3 4 5
1 2 3 4 5	24) I'll never make it.	1 2 3 4 5
1 2 3 4 5	25) I feel so helpless.	1 2 3 4 5
1 2 3 4 5	26) Something has to change	1 2 3 4 5
1 2 3 4 5	27) There must be something wrong with me.	1 2 3 4 5
1 2 3 4 5	28) My future is bleak.	1 2 3 4 5
1 2 3 4 5	29) It's just not worth it.	1 2 3 4 5
1 2 3 4 5	30) I can't finish anything.	1 2 3 4 5

Personal Need for Structure (PNS)

Author: M. Thompson, M. Naccarato and Smith

The PNS is a 12-item measure that assesses the general preference for cognitive simplicity. The PNS contains 2 subscales:

- General need for structure
- Responding to lack of structure.

Scoring: The 12-items of the PNS are rated according to a 6-point Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree).

Reliability:

Validity:

Reference:

Thompson, M. M., Naccarato, M. E., Parker, K. C. H., & Moskowitz, G. B. (2001). The Personal Need for Structure and Personal Fear of Invalidity Measures: Historical perspectives, current applications, and future directions. In G. B. Moskowitz (Ed.), *Cognitive Social Psychology: The Princeton Symposium on the Legacy and Future of Social Cognition*. London: Lawrence Erlbaum Associates.

PNS

Read each of the following statements and decide how much you agree with each according to your attitudes, beliefs and experiences. It is important for you to realise that there are no 'right' or 'wrong' answers to these questions. People are different, and we are interested in how you feel. Please respond according to the following 6-point scale:

1. Strongly disagree
2. Moderately disagree
3. Slightly disagree
4. Slightly agree
5. Moderately agree
6. Strongly agree

- _____ 1. It upsets me to go into a situation without knowing what I can expect from it.
- _____ 2. I'm not bothered by things that interrupt my daily routine.
- _____ 3. I enjoy having a clear and structured mode of life.
- _____ 4. I like to have a place for everything and everything in its place.
- _____ 5. I enjoy being spontaneous.
- _____ 6. I find that a well-ordered life with regular hours makes my life tedious.
- _____ 7. I don't like situations that are uncertain.
- _____ 8. I hate to change my plans at the last minute.
- _____ 9. I hate to be with people who are unpredictable.
- _____ 10. I find a routine enables me to enjoy life more.
- _____ 11. I enjoy the exhilaration of being in unpredictable situations
- _____ 12. I become uncomfortable when the rules in a situation are not clear.

Belief in Personal Control Scale (BPCS)

Author: Joy L. Berrenberg

The BPCS is a 45 item instrument that is designed to measure personal control. The instrument measures 3 dimensions of personal control. Items on the 3 subscales are indicated on the measure itself:

- *General external control* (F1) – measures the extent to which an individual believes that their outcomes are self-produced (internality) or are produced by fate or other people (externality).
- *Exaggerated control dimension* (F2) – measures an extreme and unrealistic belief in personal control.
- *The God-mediated dimension* (F3) – measures the belief that God can be listed in the achievement of outcomes. This scale distinguishes between individuals who believe they have no control and those who believe they have control of their outcomes through God.

Scoring: Score the BPCS by summing items for each subscale score. Items that are marked with an asterisk are reverse scored. Higher scores mean more internal control (F1), a more exaggerated belief in control (F2), and less belief in God as a mediator of control (F3).

Reliability: Demonstrates very good to excellent internal consistency, with alphas of .85 (F1), .88 (F2), and .97 (F3). The measure has very good stability and test-retest correlations of .81 (F1), .85 (F2), and .93 (F3).

Validity: Excellent construct validity, with correlations in the expected directions with other measures including the Internal-External Locus of Control and the Taylor Manifest Anxiety Scale.

Reference:

Berrenberg, J. L. (1987). The Belief in Personal Control Scale: A measure of God-mediated and exaggerated control. *Journal of Personality Assessment*, 51, 194-206.

BPCS

This questionnaire consists of items describing possible perceptions you may have of yourself, others, and life in general. Please respond to each of the statements below by indicating the extent to which that statement describes your beliefs. For each statement circle the number that best describes your feelings.

1 = Always true
2 = Often true
3 = Sometimes true
4 = Rarely
5 = Never true

Scoring Key

*F2	1.	I can make things happen easily.	1	2	3	4	5
F1	2.	Getting what you want is a matter of knowing the right people.	1	2	3	4	5
F1	3.	My behavior is dictated by the demands of society.	1	2	3	4	5
*F2	4.	If I just keep trying, I can overcome any obstacle.	1	2	3	4	5
F3	5.	I can succeed with God's help.	1	2	3	4	5
F1	6.	I find that luck plays a bigger role in my life than my ability.	1	2	3	4	5
*F2	7.	If nothing is happening, I go out and make it happen.	1	2	3	4	5
*F2	8.	I am solely responsible for the outcomes in my life.	1	2	3	4	5
F3	9.	I rely on God to help me control my life.	1	2	3	4	5
*F2	10.	Regardless of the obstacles, I refuse to quit trying.	1	2	3	4	5
F1	11.	My success is a matter of luck.	1	2	3	4	5
F1	12.	Getting what you want is a matter of being in the right place at the right time.	1	2	3	4	5
*F2	13.	I am able to control effectively the behavior of others.	1	2	3	4	5

F3	14.	If' need help, I know that God is there for me.	1	2	3	4	5
F1	15.	I feel that other people have more control over my life than' do.	1	2	3	4	5
F1	16.	There is little that I can do to change my destiny.	1	2	3	4	5
*F2	17.	I feel that' control my life as much as is humanly possible.	1	2	3	4	5
F3	18.	God rewards me if' obey his laws.	1	2	3	4	5
F1	19.	I am not the master of my own fate.	1	2	3	4	5
*F2	20.	I continue to strive for a goal long after others would have given up.	1	2	3	4	5
F1	21.	Most things in my life' just can't control.	1	2	3	4	5
F3	22.	God helps me to control my life.	1	2	3	4	5
*F2	23.	I have more control over my life than other people have over theirs.	1	2	3	4	5
*F2	24.	I actively strive to make things happen for myself.	1	2	3	4	5
F1	25.	Other people hinder my ability to direct my life.	1	2	3	4	5
F1	26.	What happens to me is a matter of good or bad fortune.	1	2	3	4	5
*F2	27.	When something stands in my way, I go around it.	1	2	3	4	5
*F2	28.	I can be whatever' want to be.	1	2	3	4	5
*F2	29.	I know how to get what' want from others.	1	2	3	4	5
F1	30.	Fate can be blamed for my failures.	1	2	3	4	5
F3	31.	With God's help, I can be whatever' want to be.	1	2	3	4	5
F1	32.	I am the victim of circumstances beyond my control.	1	2	3	4	5
F1	33.	I can control my own thoughts.	1	2	3	4	5
*F2	34.	There is nothing that happens to me that' don't control.	1	2	3	4	5

*F2	35.	Whenever I run up against some obstacle, I strive even harder to overcome it and reach my goal.	1	2	3	4	5
F3	36.	By placing my life in God's hands, I can accomplish anything.	1	2	3	4	5
F1	37.	I am at the mercy of my physical impulses.	1	2	3	4	5
F1	38.	In this life, what happens to me is determined by my fate.	1	2	3	4	5
F3	39.	My actions are the result of God working through me.	1	2	3	4	5
F1	40.	I am the victim of social forces.	1	2	3	4	5
*F2	41.	Controlling my life involves mind over matter.	1	2	3	4	5
*F2	42.	When I want something, I assert myself in order to get it.	1	2	3	4	5
F1	43.	The unconscious mind, over which I have no control, directs my life.	1	2	3	4	5
F3	44.	If I really want something, I pray to God to bring it.	1	2	3	4	5
F1	45.	I am not really in control of the outcomes in my life.	1	2	3	4	5

Dysfunctional Attitude Scale (DAS)

Author: Arlene Weissman

The DAS is a 40-item instrument that is designed to identify and measure cognitive distortions, particularly distortions that may relate to or cause depression. The items contained on the DAS are based on Beck's cognitive therapy model and present 7 major value systems: Approval, Love, Achievement, Perfectionism, Entitlement, Omnipotence, and Autonomy.

Scoring: Any items that are missing, assign a zero. To obtain the overall score, simply add the score on all items (ranging from 1 to 7). When no items are omitted, scores on the DAS range from 40 to 280. Lower scores represent more adaptive beliefs and fewer cognitive distortions.

Practitioners can also examine other areas where respondents may be emotionally vulnerable or strong as indicated by their responses to other specific items. Treatment can then be targeted to those areas.

Reliability: The DAS is reported to have very good internal consistency, with alphas ranging from .84 to .92. The DAS also has excellent stability, with test-retest correlations over 8 weeks of .80 to .84.

Validity: Has excellent concurrent validity, significantly correlating with several other measures of depression, including the Beck Depression Inventory (BDI). The DAS also significantly distinguishes between groups diagnosed as depressed or not depressed on the BDI. The DAS was also found to be sensitive to change following clinical intervention with depressed outpatients.

References:

Weissman, A. N. & Beck, A. T. (1978). *Development and validation of the Dysfunctional Attitudes Scale: a preliminary investigation*. In: Proceedings of the meeting of the American Educational Research Association. Toronto, ON

DAS

This questionnaire lists different attitudes or beliefs which people sometimes hold. Read *each* statement carefully and decide how much you agree or disagree with the statement.

For each of the attitudes, indicate to the left of the item the number that *best describes how you think*. Be sure to choose only one answer for each attitude. Because people are different, there is no right answer or wrong answer to these statements. Your answers are confidential, so please do not put your name on this sheet.

To decide whether a given attitude is typical of your way of looking at things, simply keep in mind what you are like *most of the time*.

- 1 = Totally agree
- 2 = Agree very much
- 3 = Agree slightly
- 4 = Neutral
- 5 = Disagree slightly
- 6 = Disagree very much
- 7 = Totally disagree

- _____ 1. It is difficult to be happy unless one is good looking, intelligent, rich, and creative.
- _____ 2. Happiness is more a matter of my attitude towards myself than the way other people feel about me.
- _____ 3. People will probably *think less of me* if I make a mistake.
- _____ 4. If I do not do well all the time, people will not respect me.
- _____ 5. Taking even a small risk is foolish because the loss is likely to be a disaster.
- _____ 6. It is possible to gain another person's respect without being especially talented at anything.
- _____ 7. I cannot be happy unless most people I know admire me.
- _____ 8. If a person asks for help, it is a sign of weakness.
- _____ 9. If I do not do as well as other people, it means I am a weak person.
- _____ 10. If I fail at my work, then I am a failure as a person.
- _____ 11. If you cannot do something well, there is little point in doing it at all.
- _____ 12. Making mistakes is fine because I can learn from them.
- _____ 13. If someone disagrees with me, it probably indicates he does not like me.
- _____ 14. If I fail partly, it is as bad as being a complete failure.
- _____ 15. If other people know what you are really like, they will think less of you.
- _____ 16. I am nothing if a person I love doesn't love me.
- _____ 17. One can get pleasure from an activity regardless of the end result
- _____ 18. People should have a chance to succeed before doing anything.

- _____ 19. My value as a person depends greatly on what others think of me.
- _____ 20. If I don't set the highest standards for myself, I am likely to end up a second-rate person.
- _____ 21. If I am to be a worthwhile person, I must be the best in at least one way.
- _____ 22. People who have good ideas are better than those who do not.
- _____ 23. I should be upset if I make a mistake.
- _____ 24. My own opinions of myself are more important than others' opinions of me.
- _____ 25. To be a good, moral, worthwhile person I must help everyone who needs it.
- _____ 26. If I ask a question, it makes me look stupid.
- _____ 27. It is awful to be put down by people important to you.
- _____ 28. If you don't have other people to lean on, you are going to be sad.
- _____ 29. I can reach important goals without pushing myself.
- _____ 30. It is possible for a person to be scolded and not get upset.
- _____ 31. I cannot trust other people because they might be cruel to me.
- _____ 32. If others dislike you, you cannot be happy.
- _____ 33. It is best to give up your own interests in order to please other people.
- _____ 34. My happiness depends more on other people than it does on me.
- _____ 35. I do not need the approval of other people in order to be happy.
- _____ 36. If a person avoids problems, the problems tend to go away.
- _____ 37. I can be happy even if I miss out on many of the good things in life.
- _____ 38. What other people think about me is very important.
- _____ 39. Being alone leads to unhappiness.
- _____ 40. I can find happiness without being loved by another person.

Narcissistic Personality Inventory (NPI)

Author: Raskin and Hall

The original NPI was developed to measure individual differences in narcissism. Also measures narcissistic personality characteristics as described in the DSM-III.

The current NPI includes 40-items that reflect 7 components: Authority, Self-Sufficiency, Superiority, Exhibitionism, Exploitativeness, Vanity, and Entitlement.

Scoring: Items are presented to respondents in a forced-choice format. The 40 statements are presented in pairs: one statement that of the pair that reflects narcissistic sentiments, while the other does not. The scores obtained range from 0 to 40, with higher scores reflecting higher narcissism.

Reliability: The NPI exhibits adequate reliability (Raskin & Terry, 1988). Internal consistency is reported as high (.83), for alternate forms reliability was found to be .72, and for split-half reliability, the result was .80.

Validity: The NPI also exhibits adequate construct validity. Correlates positively with measures that theoretically should be related, such as, Sensation seeking, disinhibition, self-esteem, expression of aggression and grandiose self-enhancement.

References:

- Raskin, R. & Hall, C. S. (1979). A narcissistic personality inventory. *Psychological Reports*, 45, 590.
- Raskin, R. & Terry, H. (1988). A principal-components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology*, 54(5), 890-902.

NPI

Instructions: In each of the following pairs of attitudes, choose the one that you MOST AGREE with. Only mark one ANSWER for each attitude pair and please do NOT SKIP any items.

1. _____ A. I have a natural talent for influencing people.
B. I am not good at influencing people.
2. _____ A. Modesty doesn't become me.
B. I am essentially a modest person.
3. _____ A. I would do almost anything on a dare.
B. I tend to be a mostly cautious person.
4. _____ A. When people compliment me, I sometimes get embarrassed.
B. I know that I am good because everybody keeps telling me so.
5. _____ A. The thought of ruling the world frightens me.
B. If I ruled the world it would be a much better place.
6. _____ A. I can usually talk my way out of anything.
B. I try to accept the consequences of my behaviour.
7. _____ A. I prefer to blend into the crowd.
B. I like to be the center of attention.
8. _____ A. I will be a success.
B. I am not concerned about success.
9. _____ A. I am not better or worse than most people.
B. I think I am a special person.
10. _____ A. I am not sure if I would make a good leader.
B. I see myself as a good leader.
11. _____ A. I am assertive.
B. I wish I were more assertive.
12. _____ A. I like to have authority over other people.
B. I don't mind following orders.
13. _____ A. I find it easy to manipulate people.
B. I don't like it when I find myself manipulating people.
14. _____ A. I insist upon getting the respect that is due me.
B. I usually get the respect I deserve.

15. _____ A. I don't particularly like to show off my body.
B. I like to display my body.
16. _____ A. I can read people like a book.
B. People are sometimes hard to understand.
17. _____ A. If I feel competent I am willing to take responsibility for making decisions
B. I like to take responsibility for making decisions.
18. _____ A. I just want to be reasonably happy.
B. I want to amount to something in the eyes of the world.
19. _____ A. My body is nothing special.
B. I like to look at my body.
20. _____ A. I try not to show off.
B. I am apt to show off in get the chance.
21. _____ A. I always know what I am doing.
B. Sometimes I'm not sure what I'm doing.
22. _____ A. I sometimes depend on people to get things done.
B. I rarely depend on anyone else to get things done.
23. _____ A. Sometimes I tell good stories.
B. Everybody likes to hear my stories.
24. _____ A. I expect a great deal from other people.
B. I like to do things for other people.
25. _____ A. I will never be satisfied until I get all that I deserve.
B. I take my satisfactions as they come.
26. _____ A. Compliments embarrass me.
B. I like to be complimented.
27. _____ A. I have a strong will to power.
B. Power for its own sake doesn't interest me.
28. _____ A. I don't care about new fads and fashions.
B. I like to start new fads and fashions.
29. _____ A. I like to look at myself in the mirror.
B. I am not particularly interested in looking in the mirror.
30. _____ A. I really like to be the center of attention.
B. It makes me uncomfortable to be the center of attention.

31. _____ A. I can live my life in any way I want to.
B. People can't always live their lives in terms of what they want.
32. _____ A. Being an authority doesn't mean much to me.
B. People always seem to recognize my authority.
33. _____ A. I would prefer to be a leader.
B. It makes little difference to me if I am the leader or not.
34. _____ A. I am going to be a great person.
B. I hope I'm going to be successful.
35. _____ A. People sometimes believe what I tell them.
B. I can make anybody believe anything I want them to.
36. _____ A. I am a born leader.
B. Leadership is a quality that takes a long time to develop.
37. _____ A. I wish somebody would someday write my biography.
B. I don't like people to pry into my life.
38. _____ A. I get upset when people don't notice how I look when I go out
in public.
B. I don't mind blending into the crowd.
39. _____ A. I am more capable than other people.
B. There is a lot I can learn from other people.
40. _____ A. I am much like everyone else.
B. I am an extraordinary person.

Rosenberg Self-Esteem Scale (RSE)

Author: Morris Rosenberg

The purpose of the 10 item RSE scale is to measure self-esteem. Originally the measure was designed to measure the self-esteem of high school students. However, since its development, the scale has been used with a variety of groups including adults, with norms available for many of those groups.

Scoring: As the RSE is a Guttman scale, scoring can be a little complicated. Scoring involves a method of combined ratings. Low self-esteem responses are “disagree” or “strongly disagree” on items 1, 3, 4, 7, 10, and “strongly agree” or “agree” on items 2, 5, 6, 8, 9. Two or three out of three correct responses to items 3, 7, and 9 are scored as one item. One or two out of two correct responses for items 4 and 5 are considered as a single item; items 1, 8, and 10 are scored as individual items; and combined correct responses (one or two out of two) to items 2 and 6 are considered to be a single item.

The scale can also be scored by totalling the individual 4 point items after reverse-scoring the negatively worded items.

Reliability: The RSE demonstrates a Guttman scale coefficient of reproducibility of .92, indicating excellent internal consistency. Test-retest reliability over a period of 2 weeks reveals correlations of .85 and .88, indicating excellent stability.

Validity: Demonstrates concurrent, predictive and construct validity using known groups. The RSE correlates significantly with other measures of self-esteem, including the Coopersmith Self-Esteem Inventory. In addition, the RSE correlates in the predicted direction with measures of depression and anxiety.

Reference:

Rosenberg, M. (1979). *Conceiving the Self*. New York: Basic Books.

RSE

Please record the appropriate answer for each item, depending on whether you Strongly agree, agree, disagree, or strongly disagree with it.

- 1 = Strongly agree
- 2 = Agree
- 3 = Disagree
- 4 = Strongly disagree

- _____ 1. On the whole, I am satisfied with myself.
- _____ 2. At times I think I am no good at all.
- _____ 3. I feel that I have a number of good qualities.
- _____ 4. I am able to do things as well as most other people.
- _____ 5. I feel I do not have much to be proud of.
- _____ 6. I certainly feel useless at times.
- _____ 7. I feel that I'm a person of worth.
- _____ 8. I wish I could have more respect for myself.
- _____ 9. All in all, I am inclined to think that I am a failure.
- _____ 10. I take a positive attitude toward myself.

Adult Dispositional Hope Scale

Author: C. R. Snyder and others (see Reference below)

Hope scales can be used to determine client's perceived motivations for pursuing their goals (agency thought) and their ability to identify workable routes to goal attainment (pathway thought). According to Snyder et al., (1991), hope is the "stuff" that facilitates change.

The 12-item Adult Dispositional Hope Scale is used to measure an individual's dispositional hope.

Scoring: Items 3, 5, 7, and 11 are distracters and are not used for scoring. The pathways subscale score is the sum of items 1, 4, 6, and 8, and the agency subscale is the sum of items 2, 9, 10 and 12. Hope is the sum of the 4 pathways and 4 agency items.

The original scale uses a four-point response continuum, but you can use an 8-point scale: 1 = Definitely False, 2 = Mostly False, 3 = Somewhat False, 4 = Slightly False, 5 = Slightly True, 6 = Somewhat True, 7 = Mostly True, 8 = Definitely True.

Scores using the 4-point continuum can range from a low of 8 to a high of 32, and from 8 to 64 using the 8-point continuum.

Reliability: Test-retest correlations for the Adult Dispositional Hope Scale have been found to be .80 or above for periods exceeding 10 weeks. The scale demonstrates good levels of internal consistency with alphas ranging from .74 to .84.

Validity: The measure has been found to be highly correlated with several measures that tap into similar psychological processes, such as Rosenberg's Self-Esteem Scale and the Generalised Expectancy for Success Scale. The scale has been found to be inversely correlated with several measures such as the Beck Depression Inventory.

References:

Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Signon, S. T., Yoshinobu, I., Gibb, J., Langelle, C. & Harney, P. (1991). The will and the ways: Development and validation of an individual differences measure of hope. *Journal of Personality and Social Psychology*, 60, 570-585.

Snyder, C. R. (2000) *Handbook of Hope: Theory, measures and applications*. San Francisco: Academic Press.

Adult Dispositional Hope Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that member in the blank provided.

1 = Definitely False 2 = Mostly False 3 = Mostly True 4 = Definitely True

- _____ 1. I can think of many ways to get out of a jam.
- _____ 2. I energetically pursue my goals.
- _____ 3. I feel tired most of the time.
- _____ 4. There are lots of ways around any problem.
- _____ 5. I am easily downed in an argument.
- _____ 6. I can think of many ways to get the things in life that are most important to me.
- _____ 7. I worry about my health.
- _____ 8. Even when others get discouraged, I know I can find a way to solve the problem.
- _____ 9. My past experiences have prepared me well for my future.
- _____ 10. I've been pretty successful in life.
- _____ 11. I usually find myself worrying about something.
- _____ 12. I meet the goals that I set for myself.

Adult State Hope Scale

Author: C. R. Snyder and others (see Reference below)

The State Hope Scale is a 6-item self-report scale that assesses goal-directed thinking in a given moment.

Scoring:

The agency subscale score is derived by adding the 3 even-numbered items; the pathways subscale score is derived by adding the 3 odd-numbered items. The total State Hope Scale score is derived by adding the 3 agency and the 3 pathways items. Scores can range from 6 to 48.

Reliability: The measure demonstrates very good internal consistency with alpha's ranging from .79 to .95. Test-retest reliability measured over a 4 week period reveals correlations ranging from .48 to .93.

Validity: The measure demonstrates concurrent validity, with correlations in the expected directions.

References:

Snyder, C. R., Sympton, S. C., Ybasco, F. C., Borders, T. E., Babyak, M. A. & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology*, 2, 321-335.

Snyder, C. R. (2000) *Handbook of Hope: Theory, measures and applications*. San Francisco: Academic Press.

Adult State Hope Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes *how you think about yourself right now* and put that number in the blank before each sentence. Please take a few moments to focus on yourself and what is going on in *your life at this moment*. Once you have this “here and now” set, go ahead and answer each item according to the following scale:

- 1 = Definitely False
- 2 = Mostly False
- 3 = Somewhat False
- 4 = Slightly False
- 5 = Slightly True
- 6 = Somewhat True
- 7 = Mostly True
- 8 = Definitely True

- _____ 1. If I should find myself in a jam, I could think of many ways to get out of it.
- _____ 2. At the present time, I am energetically pursuing my goals.
- _____ 3. There are lots of ways around any problem that I am facing now.
- _____ 4. Right now, I see myself as being pretty successful.
- _____ 5. I can think of many ways to reach my current goals.
- _____ 6. At this time, I am meeting the goals that I have set for myself.

Domain Specific Hope Scale (DSHS)

Author: Sympson, S.

The DSHS measures an individual's level of dispositional hope in relation to 6 life areas – social, academic, family, romance / relationships, work / occupation, and leisure activities.

Scoring: Respondents are asked to rate the importance of and satisfaction in the 6 life areas using Likert scales (ranging from 0 to 100). For each life area, respondents are also asked to rate the extent to which the item applies to them on an 8-point Likert scale (1 = Definitely False, 8 = Definitely True). A total score for the DSHS is obtained by summing the scores across the 48 items. Scores for each of the life areas can be obtained by summing the 8 items within each life area.

Reliability: The DSHS demonstrates adequate internal consistency with an overall alpha of .93, and alphas for the life areas ranging from .86 to .93.

Validity: Demonstrates adequate concurrent construct validity.

References:

- Sympson, S. (1999). *Validation of the Domain Specific Hope Scale: Exploring hope in life domains*. Unpublished Doctoral Dissertation. University of Kansas: Lawrence.
- Snyder, C. R. (2000) *Handbook of Hope: Theory, measures and applications*. San Francisco: Academic Press.

Domain Specific Hope Scale

All of us have different areas in our lives; these can be thought of as *life arenas*. As a college student, for example, you have an *academic life arena* that encompasses your performance in your classes. Many of you also will have a *work arena* which includes your current or past jobs. Most students will recognize a *social arena* that involves your relationships with friends and acquaintances in addition to an arena of *romantic relationships*. Our *family arena* involves our roles within our families, as well as how we interact with our family members. Finally, many individuals are involved in other activities such as sports, music, art, or writing which are important to them. These activities can be thought of as our *leisure arena*.

Most of us assign different levels of importance to our individual life arenas. *Using the following scale, assign a number from 0 to 100 to rate how important each of the following life arenas are to you personally.*

0	50	100
Not at all Important	moderately important	extremely important
Social Arena _____	Romantic Arena _____	Family arena _____
Academic Arena _____	Work Arena _____	Leisure arena _____

In addition to the importance of each life arena, we also have different expectations or standards associated with each arena. For instance, some people might have very high expectations for themselves in the academic arena. They might be aiming for a GPA of 4.0. Their satisfaction with that area of their life would be high if they met that goal and low if they fell below that level of performance. Your satisfaction is a combination of your expectations and your performance. Keeping this in mind, please *rate your level of satisfaction with each life arena by assigning a number from 0 to 100 using the following scale.*

0	50	100
Not at all Important	moderately important	extremely important
Social Arena _____	Romantic Arena _____	Family arena _____
Academic Arena _____	Work Arena _____	Leisure arena _____

Domain Specific Hope Scale

Instructions: Please take a moment to contemplate each of the following life areas before you answer the questions in each section. If a particular section does not apply to you at this time, try to answer it as you would if they did fit your situation (e.g., you don't have a job right now so you think of your last job). Using the scale below, select the number that best describes your response to each question.

1	2	3	4	5	6	7	8
Definitely	Mostly	Somewhat	Slightly	Slightly	Somewhat	Mostly	Definitely
False	False	False	False	True	True	True	True

Please take a moment to contemplate your social life. Think about your friendships and acquaintances and how you interact with others. Once you have this in mind, answer the following questions using the scale above.

SOCIAL RELATIONSHIPS (Friendships, casual acquaintance)

- _____ 1. I can think of many ways to make friends.
- _____ 2. I actively pursue friendships.
- _____ 3. There are lots of ways to meet new people.
- _____ 4. I can think of many ways to be included in the groups that are important to me.
- _____ 5. I've been pretty successful where friendships are concerned.
- _____ 6. Even when someone seems unapproachable, I know I can find a way to break the ice.
- _____ 7. My past social experiences have prepared me to make friends in the future.
- _____ 8. When I meet someone I want to be friends with, I usually succeed.

Please take a moment to contemplate your academic life. Think about your classes and your coursework. Once you have this in mind, answer the following questions using the scale above.

ACADEMICS (School, course work)

- _____ 1. I can think of lots of ways to make good grades.
- _____ 2. I energetically pursue my school work.
- _____ 3. There are lots of ways to meet the challenges of any class.
- _____ 4. Even if the course is difficult, I know I can find a way to succeed.
- _____ 5. I've been pretty successful in school.
- _____ 6. I can think of lots of ways to do well in classes that are important to me.
- _____ 7. My past academic experiences have prepared me well for the future.
- _____ 8. I get the grades that I want in my classes.
- _____ 9. If you read this question, place an X on the line.

1	2	3	4	5	6	7	8
Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

Please take a moment to contemplate your love life. Think about your romantic relationships. Once you have this in mind, answer the following questions using the scale above.

ROMANTIC RELATIONSHIPS

- _____ 1. I can think of many ways to get to know someone I'm attracted to.
- _____ 2. When I am interested in someone romantically, I actively pursue him or her.
- _____ 3. There are lots of ways to convince someone to go out with me.
- _____ 4. I've been pretty successful in my romantic relationships.
- _____ 5. I can think of many ways to keep someone interested in me when they are important.
- _____ 6. My past romantic relationships have prepared me well for future involvements.
- _____ 7. Even when someone doesn't seem interested, I know I can find a way to get their attention.
- _____ 8. I can usually get a date when I set my mind to it.

Please take a moment to contemplate your family life. Think about your family members. Once you have this in mind, answer the following questions using the scale above.

FAMILY LIFE

- _____ 1. I can think of lots of things I enjoy doing with my family.
- _____ 2. I energetically work on maintaining family relationships.
- _____ 3. I can think of many ways to include my family in things that are important to me.
- _____ 4. If you can read this, place an X on the line.
- _____ 5. I have a pretty successful family life.
- _____ 6. Even when we disagree, I know my family can find a way to solve our problems.
- _____ 7. I have the kind of relationships that I want with family members.
- _____ 8. There are lots of ways to communicate my feelings to family members.
- _____ 9. My experiences with my family have prepared me for a family of my own.

1	2	3	4	5	6	7	8
Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True

Please take a moment to contemplate your working life. Think about your job and job history. Once you have this in mind, answer the following questions using the scale above.

WORK

- _____ 1. I can think of many ways to find a job.
- _____ 2. I am energetic at work.
- _____ 3. There are lots of ways to succeed at a job.
- _____ 4. Even if it's a lousy job, I can usually find something good about it.
- _____ 5. I have a good work record.
- _____ 6. My previous work experiences have helped me prepare for future success.
- _____ 7. I can always find a job if I set my mind to it.
- _____ 8. I can think of lots of ways to impress my boss if the job is important to me.

Please take a moment to contemplate your leisure time. Think about the activities that you enjoy that you enjoy doing in your spare time. For some this may be sports or music or art. Once you have this in mind, answer the following questions using the scale above.

LEISURE ACTIVITIES

- _____ 1. I can think of many satisfying things that to do in my spare time.
- _____ 2. I energetically pursue my leisure time activities.
- _____ 3. If my planned leisure time activities fall through, I can find something else that I enjoy.
- _____ 4. I can think of lots of ways to make time for the activities that are important to me.
- _____ 5. Even if others don't think my activities are important, I still enjoy doing them.
- _____ 6. My experiences with hobbies and other leisure time activities are important to my future.
- _____ 7. I have satisfying activities that I do in my leisure time.
- _____ 8. When I try to perform well in leisure time activities, I usually succeed.

Sociotropy – Autonomy Scale (SAS)

Author: A. Beck, Epstein, Harrison & Emery

The SAS is used to measure 2 dimensional personality ‘modes’ originally described by Beck (1983). The first, Sociotropy (social dependency) is characterised by a dependence on others for gratification and support. Autonomy, the second mode, has been described as characterising an individual who has a high need for independence and achievement.

Factor analysis of the individual scales revealed three factors for each scale:

- Sociotropy Scale: Concern about Disapproval, Concern over Separation, and Pleasing Others;
- Autonomy Scale: Individual Achievement, Freedom from Control, and Preference for Solitude.

Scoring: The SAS items are rated on a 5-point Likert scale.

Reliability: The SAS is reported to have high levels of internal consistency (alphas range between .89 and .94 for Sociotropy and between .83 and .95 for Autonomy) and test-retest reliability (between .65 and .88 for Sociotropy and between .66 and .75 for Autonomy).

Validity: Studies that employed the SAS have yielded contradictory findings on the relationship between the two dimensions as measured by the items of this scale. For example, Beck et al., (1983) report negative correlations between sociotropy and autonomy, between -.31 and -.11, while others report positive correlations ranging between .05 to .46 (Gilbert, 1989; Pilon, 1989; Robins et al., 1989).

Reference:

Bieling, P. J., Beck, A. T., & Brown, G. K. (2000). The Sociotropy-Autonomy Scale: Structure and implications. *Cognitive Therapy and Research*, 24(6), 763–780.

Sociotropy-Autonomy Scale

Below are a number of statements about personal characteristics. Please carefully read each item in the list, and indicate by circling the appropriate number to what degree each statement best describes you. For instance, if a statement is **not at all like you**, circle 1, but if a statement is **very much like you**, circle 5.

	Not at all like me..... Very much like me				
1. It is important to be liked and approved by others.	1	2	3	4	5
2. I would rather take personal responsibility for getting the job done than depend on someone else.	1	2	3	4	5
3. I find it hard to pay attention to a long conversation, even with friends.	1	2	3	4	5
4. When I achieve a goal I get more satisfaction from reaching the goal than from any praise I might get.	1	2	3	4	5
5. I find it difficult to be separated from people I love.	1	2	3	4	5
6. I prefer to “work out” my personal problems by myself.	1	2	3	4	5
7. I feel bad if I do not have some social plans for the weekend.	1	2	3	4	5
8. I value work accomplishments more than I value making friends.	1	2	3	4	5
9. It is more important that I know I’ve done a good job than having others know it.	1	2	3	4	5
10. I often find myself thinking about friends or family.	1	2	3	4	5
11. It is very important that I feel free to get up and go wherever I want.	1	2	3	4	5
12. I spend a lot of time thinking over my decisions.	1	2	3	4	5
13. I am very uncomfortable when a close friend or family member decides to “pour their heart out” to me.	1	2	3	4	5
14. The possibility of being rejected by others for standing up for my rights would not stop me.	1	2	3	4	5

15. I don't enjoy what I am doing when I don't feel that someone in my life really cares about me.	1	2	3	4	5
16. It is important to me to be free and independent.	1	2	3	4	5
17. I am more apologetic to others than I need to be.	1	2	3	4	5
18. It is more important to be active and doing things than having close relationships with other people.	1	2	3	4	5
19. I enjoy accomplishing things more than being given credit for them.	1	2	3	4	5
20. I like to be certain that there is somebody close I can contact in case something unpleasant happens to me.	1	2	3	4	5
21. I prefer learning from my own mistakes rather than being corrected by others.	1	2	3	4	5
22. I am more concerned that people like me than I am about making important achievements.	1	2	3	4	5
23. I am usually the last person to hear that I have hurt someone by my actions.	1	2	3	4	5
24. I set my own standards and goals for myself rather than accepting those of other people.	1	2	3	4	5
25. I get lonely when I am home by myself at night.	1	2	3	4	5
26. When I have a problem, I like to go off on my own and think it through rather than being influenced by others.	1	2	3	4	5
27. I am afraid of hurting other people's feelings.	1	2	3	4	5
28. People rarely come to me with their personal problems.	1	2	3	4	5
29. I prize being a unique individual more than being a member of a group.	1	2	3	4	5
30. If somebody criticises my appearance, I feel I am not attractive to other people.	1	2	3	4	5
31. I become particularly annoyed when a task is not completed.	1	2	3	4	5
32. Sometimes I hurt family and close friends without knowing that I've done something wrong.	1	2	3	4	5

33. I feel I have to be nice to people.	1	2	3	4	5
34. If I think I am right about something, I feel comfortable expressing myself even if others don't like it.	1	2	3	4	5
35. I tend to fret and worry over my personal problems.	1	2	3	4	5
36. When I am having difficulty solving a problem, I would rather work it out for myself than have someone show me the solution.	1	2	3	4	5
37. Being able to share experiences with other people makes them much more enjoyable for me.	1	2	3	4	5
38. Often I fail to consider the possible negative consequences of my actions.	1	2	3	4	5
39. I tend to be direct with people and say what I think.	1	2	3	4	5
40. I get uncomfortable when I am not sure how I am expected to behave in the presence of other people.	1	2	3	4	5
41. I find it particularly annoying if someone interrupts me when I am working on a project.	1	2	3	4	5
42. I sometimes unintentionally hurt the people I love the most by what I say.	1	2	3	4	5
43. I am not influenced by others in what I decide to do.	1	2	3	4	5
44. The worst part about growing old is being left alone.	1	2	3	4	5
45. It bothers me when people try to direct my behaviour or activities.	1	2	3	4	5
46. I do things that are not in my best interest in order to please others.	1	2	3	4	5
47. When visiting people, I get fidgety when sitting around talking and would rather get up and do something.	1	2	3	4	5
48. I focus almost exclusively on the positive outcomes of my decisions.	1	2	3	4	5
49. I am uneasy when I cannot tell whether or not someone I've met likes me.	1	2	3	4	5
50. I am particularly critical of myself when I fail to complete a task.	1	2	3	4	5

51. I find it difficult to say “no” to people.	1	2	3	4	5
52. I like to spend my free time with others.	1	2	3	4	5
53. Once I’ve arrived at a decision, I rarely change my mind.	1	2	3	4	5
54. I get uncomfortable around a person who does not clearly like me.	1	2	3	4	5
55. I am reluctant to ask for help when working on a difficult and puzzling task.	1	2	3	4	5
56. If I think somebody may be upset at me, I want to apologise.	1	2	3	4	5
57. I like to go off on my own, exploring new places - without other people.	1	2	3	4	5
58. If a goal is important to me I pursue it even if it may make other people uncomfortable.	1	2	3	4	5
59. When I am with other people, I look for signs whether or not they like being with me.	1	2	3	4	5
60. I feel more comfortable helping others than receiving help.	1	2	3	4	5
61. People I work with often spend too much time weighing out the ‘pros’ and ‘cons’ before taking action.	1	2	3	4	5
62. I am happiest when I am working on a difficult task according to schedule.	1	2	3	4	5
63. If a friend has not called for a while I get worried that he or she has forgotten me.	1	2	3	4	5
64. I prefer to act quickly and decisively in order to get the job done.	1	2	3	4	5
65. It would not be much for me to travel to a new place all alone.	1	2	3	4	5
66. I need to be engaged in a challenging task in order to feel satisfied with my life.	1	2	3	4	5
67. Completing a task is the most satisfying experience of my life.	1	2	3	4	5

68. I would be uncomfortable dining out in a restaurant by myself.	1	2	3	4	5
69. I often think that I can accomplish more in a shorter period of time than is realistic.	1	2	3	4	5
70. My close friends and family are too sensitive to what others say.	1	2	3	4	5
71. I censor what I say because I am concerned that the other person may disapprove or disagree.	1	2	3	4	5
72. In relationships, people often are too demanding of each other.	1	2	3	4	5
73. I don't like to answer personal questions because They feel like an invasion of my privacy.	1	2	3	4	5
74. I worry that somebody I love will die.	1	2	3	4	5

Mindfulness / Awareness of feelings

Kentucky Inventory of Mindfulness Skills (KIMS)

Authors: Ruth A. Baer, Gregory T. Smith & Kristin B. Allen

The KIMS is a 39-item self-report inventory that is used for the assessment of mindfulness skills. Mindfulness is generally defined to include focusing one's attention in a nonjudgmental or accepting the experience occurring in the present moment (Baer et al., 2004). This measurement may be helpful to professionals who teach mindfulness by clarifying strengths and weaknesses in their client's development of different mindfulness skills.

The KIMS is used to assess 4 mindfulness skills:

- Observing: mindfulness involves observing, noticing or attending to various stimuli including internal phenomena (cognitions, bodily sensations) and external phenomena (sounds, smells). Items: 1, 5, 9, 13, 17, 21, 25, 29, 30, 33, 37, 39.
- Describing: involves participant describing, labelling, or noting of observed phenomena by applying words in a nonjudgmental way. Items: 2, 6, 10, 14, 18, 22, 26, 34.
- Acting with awareness: being attentive and engaging fully in one's current activity. Includes the DBT skills of 'participating' and 'one-mindfully'. Items: 3, 7, 11, 15, 19, 23, 27, 31, 35, 38.
- Accepting (or allowing) without judgment: to allow reality or what is there, to be as it is without judging, avoiding, changing, or escaping it. Items: 4, 8, 12, 16, 20, 24, 28, 32, 36.

Scoring: Items are rated on a 5 point Likert scale ranging from 1 (never or very rarely true) to 5 (almost always or always true). Items reflect either direct descriptions of the mindfulness skills, or they describe the absence of that skill and are reverse scored. High scores reflect more mindfulness.

Reliability: The instrument has good internal consistency. Alpha coefficients for Observe, Describe, Act with awareness and Accept without judgment were .91, .84, .76, and .87, respectively. Adequate to good test-retest reliability with correlations for the Observe, Describe, Act and Accept scores being .65, .81, .86, and .83, respectively.

Validity: Demonstrates good content validity. Has good concurrent validity, correlating with the Mindfulness Attention Awareness Scale (MAAS: Brown & Ryan, 2003). Correlates negatively with the AAQ, the TAS alexithymia scale, and the neuroticism scale of the NEO Five Factor Inventory (NEO-FFI: Costa & McCrae, 1992). The KIMS correlates positively with the Trait Meta-Mood Scale (TMMS; Salovey, Mayer, Goldman, Turvey & Palfai, 1995) a measure of emotional intelligence, and the Conscientiousness and Openness scale of the NEO-FFI.

Reference:

Baer, R. A., Smith, G. T. & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky Inventory of Mindfulness Skills. *Assessment*, 11(3), 191-206.

Kentucky Inventory of Mindfulness Skills

Ruth A. Baer, Ph.D. University of Kentucky

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.

1

1	2	3	4	5
Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true

- _____ 1. I notice changes in my body, such as whether my breathing slows down or speeds up.
- _____ 2. I'm good at finding the words to describe my feelings.
- _____ 3. When I do things, my mind wanders off and I'm easily distracted.
- _____ 4. I criticize myself for having irrational or inappropriate emotions.
- _____ 5. I pay attention to whether my muscles are tense or relaxed.
- _____ 6. I can easily put my beliefs, opinions, and expectations into words.
- _____ 7. When I'm doing something, I'm only focused on what I'm doing, nothing else.
- _____ 8. I tend to evaluate whether my perceptions are right or wrong.
- _____ 9. When I'm walking, I deliberately notice the sensations of my body moving.
- _____ 10. I'm good at thinking of words to express my perceptions, such as how things taste, smell, or sound.
- _____ 11. I drive on "automatic pilot" without paying attention to what I'm doing.
- _____ 12. I tell myself that I shouldn't be feeling the way I'm feeling.
- _____ 13. When I take a shower or bath, I stay alert to the sensations of water on my body.
- _____ 14. It's hard for me to find the words to describe what I'm thinking.
- _____ 15. When I'm reading, I focus all my attention on what I'm reading.
- _____ 16. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.
- _____ 17. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
- _____ 18. I have trouble thinking of the right words to express how I feel about things.
- _____ 19. When I do things, I get totally wrapped up in them and don't think about anything else.
- _____ 20. I make judgments about whether my thoughts are good or bad.
- _____ 21. I pay attention to sensations, such as the wind in my hair or sun on my face.

1	2	3	4	5
Never or very rarely true	Rarely true	Sometimes true	Often true	Very often or always true

- _____22. When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.
- _____23. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.
- _____24. I tend to make judgments about how worthwhile or worthless my experiences are.
- _____25. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.
- _____26. Even when I'm feeling terribly upset, I can find a way to put it into words.
- _____27. When I'm doing chores, such as cleaning or laundry, I tend to daydream or think of other things.
- _____28. I tell myself that I shouldn't be thinking the way I'm thinking.
- _____29. I notice the smells and aromas of things.
- _____30. I intentionally stay aware of my feelings.
- _____31. I tend to do several things at once rather than focusing on one thing at a time.
- _____32. I think some of my emotions are bad or inappropriate and I shouldn't feel them.
- _____33. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.
- _____34. My natural tendency is to put my experiences into words.
- _____35. When I'm working on something, part of my mind is occupied with other topics, such as what I'll be doing later, or things I'd rather be doing.
- _____36. I disapprove of myself when I have irrational ideas.
- _____37. I pay attention to how my emotions affect my thoughts and behavior.
- _____38. I get completely absorbed in what I'm doing, so that all my attention is focused on it.
- _____39. I notice when my moods begin to change.

The Mindfulness Attention Awareness Scale (MAAS)

Authors: Kirk W. Brown & Richard M. Ryan

The MAAS is a 15 item instrument that measures people's tendency to be mindful of moment to moment experience. Thus, the instrument focuses on the presence or absence of attention and awareness of what occurs in the present. This scale has been shown to relate to various aspects of well-being and to how effectively people deal with stressful life events (Brown & Ryan, 2003).

Scoring: Respondents are asked to indicate how frequently they have the experience described in each of the 15 statements using a 6-point Likert scale from 1 (*almost always*) to 6 (*almost never*). High scores reflect more mindfulness.

Reliability: The MAAS was found to have good internal consistency, with alphas ranging of .82 and .87 in student and adult samples (respectively).

Validity: The MAAS demonstrates convergent and discriminant correlations in the expected direction with other measures such as the NEO-PI, NEO-FFI, the Mindfulness / Mindlessness Scale (MMS), Beck's Depression Inventory (BDI), Rosenberg's Self-Esteem Scale, and the State-Trait Anxiety Inventory (STAI).

Reference:

Brown, K. W. & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84(4), 822-848.

Day-to-Day Experiences

Instructions: Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be. Please treat each item separately from every other item.

1	2	3	4	5	6
Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	Almost Never

I could be experiencing some emotion and not be conscious of it until some time later.	1	2	3	4	5	6
--	---	---	---	---	---	---

I break or spill things because of carelessness, not paying attention, or thinking of something else.	1	2	3	4	5	6
---	---	---	---	---	---	---

I find it difficult to stay focused on what's happening in the present.	1	2	3	4	5	6
---	---	---	---	---	---	---

I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.	1	2	3	4	5	6
--	---	---	---	---	---	---

I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	1	2	3	4	5	6
--	---	---	---	---	---	---

I forget a person's name almost as soon as I've been told it for the first time.	1	2	3	4	5	6
--	---	---	---	---	---	---

It seems I am "running on automatic," without much awareness of what I'm doing.	1	2	3	4	5	6
---	---	---	---	---	---	---

I rush through activities without being really attentive to them.	1	2	3	4	5	6
---	---	---	---	---	---	---

I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.	1	2	3	4	5	6
--	---	---	---	---	---	---

I do jobs or tasks automatically, without being aware of what I'm doing.	1	2	3	4	5	6
--	---	---	---	---	---	---

I find myself listening to someone with one ear, doing something else at the same time.	1	2	3	4	5	6
---	---	---	---	---	---	---

I drive places on 'automatic pilot' and then wonder why I went there.	1	2	3	4	5	6
I find myself preoccupied with the future or the past.	1	2	3	4	5	6
I find myself doing things without paying attention.	1	2	3	4	5	6
I snack without being aware that I'm eating.	1	2	3	4	5	6

Toronto Alexithymia Scale (TAS-20)

Authors: R. Michael Bagby, James D. A. Parker and Graeme J. Taylor

The TAS is a 20-item instrument that is one of the most commonly used measures of alexithymia. Alexithymia refers to people who have trouble identifying and describing emotions and who tend to minimise emotional experience and focus attention externally.

The TAS-20 has 3 subscales:

- *Difficulty Describing Feelings* subscale is used to measure difficulty describing emotions. 5 items – 2, 4, 7, 12, 17.
- *Difficulty Identifying Feeling* subscale is used to measure difficulty identifying emotions. 7 items – 1, 3, 6, 11, 9, 13, 14.
- *Externally-Oriented Thinking* subscale is used to measure the tendency of individuals to focus their attention externally. 8 items – 5, 8, 10, 15, 16, 18, 19, 20.

Scoring: The TAS-20 is a self-report scale that is comprised of 20 items. Items are rated using a 5-point Likert scale whereby 1 = *strongly disagree* and 5 = *strongly agree*. There are 5 items that are negatively keyed (items 4, 5, 10, 18 and 19). The total alexithymia score is the sum of responses to all 20 items, while the score for each subscale factor is the sum of the responses to that subscale.

The TAS-20 uses cutoff scoring: equal to or less than 51 = non-alexithymia, equal to or greater than 61 = alexithymia. Scores of 52 to 60 = possible alexithymia.

Reliability: Demonstrates good internal consistency (Cronbach's alpha = .81) and test-retest reliability (.77, $p < .01$).

Validity: Research using the TAS-20 demonstrates adequate levels of convergent and concurrent validity. The 3 factor structure was found to be theoretically congruent with the alexithymia construct. In addition, it has been found to be stable and replicable across clinical and nonclinical populations.

Reference:

Bagby, R. M., Parker, J. D. A. & Taylor, G. J. (1994). The twenty-item Toronto Alexithymia Scale-I. Item selection and cross-validation of the factor structure. *Journal of Psychosomatic Research*, 38, 23-32.

TORONTO ALEXITYMIA SCALE (TAS-20)

1	2	3	4	5
Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree

- _____ 1. I am often confused about what emotion I am feeling.
- _____ 2. It is difficult for me to find the right words for my feelings.
- _____ 3. I have physical sensations that even doctors don't understand.
- _____ 4. I am able to describe my feelings easily
- _____ 5. I prefer to analyze problems rather than just describe them.
- _____ 6. When I am upset, I don't know if I am sad, frightened, or angry
- _____ 7. I find it hard to describe how I feel about people.
- _____ 8. I prefer to just let things happen rather than to understand why they turned out that way.
- _____ 9. I have feelings that I can't quite identify.
- _____ 10. Being in touch with emotions is essential.
- _____ 11. I am often puzzled by sensations in my body.
- _____ 12. People tell me to describe my feelings more.
- _____ 13. I don't know what's going on inside me.
- _____ 14. I often don't know why I am angry.
- _____ 15. I prefer talking to people about their daily activities rather than their feelings.
- _____ 16. I prefer to watch "light" entertainment shows rather than psychological dramas.
- _____ 17. It is difficult for me to reveal my innermost feelings, even to close friends.
- _____ 18. I can feel close to someone, even in moments of silence.
- _____ 19. I find examination of my feelings useful in solving personal problems
- _____ 20. Looking for hidden meanings in movies or plays distracts from their enjoyment.

Value clarification / Goal striving / Action orientation

Personal Strivings Assessment

Author: Robert A. Emmons

Personal strivings refer to the characteristic types of goals that individuals try to achieve through their everyday behavior. Personal strivings organize and integrate an individual's goals.

The Personal Strivings Assessment is referred to as an idiographic and nomothetic goal-assessment technique where participants identify personal strivings (goals) and these are then characterized along several dimensions including their level of importance, commitment, effort, expectancy for success and motives for pursuing these goals. This measure is often used to examine the relationship between characteristics of personal goal strivings (e.g., importance, past attainment, effort, difficulty) and components of subjective well-being (positive and negative affect and life satisfaction). Previous research has shown that the strong valuing of extrinsic (relative to intrinsic) goals is negatively associated with well-being (Kasser & Ryan, 1993, 1996; Sheldon & Kasser, 1995).

Scoring: Firstly, participants are required to list personal goals. Then they are required to rate how much they are pursuing each goal according to 4 reasons, using a 1 (not at all) to 9 (very much) scale. Scoring of the variable striving self-determination involves summing the 8 identified and the 8 intrinsic ratings and subtracting the 8 introjected and the 8 external ratings.

A nomothetic rating procedure is then used to assess both extrinsic versus intrinsic contents and autonomous versus controlled motives for participants' goals (Sheldon & Kasser, 1995, 1998, 2001). A relative extrinsic content score is computed by summing the linkages to the three extrinsic possible futures across personal goals and then subtracting the linkages to the intrinsic possible futures. The resulting score represents the extent to which the respondents' personal goals concern extrinsic rather than intrinsic contents.

Reliability: The Personal Strivings Measure has been used with varied numbers of items, ranging from the current measure to a 32-item measure. On average, the measure demonstrates adequate internal consistency with alpha's ranging from .73 to .77.

Validity:

References:

- Emmons, R. A. (1986). Personal strivings: An approach to personality and subjective well-being. *Journal of Personality and Social Psychology*, 51(5), 1058-1068.
- Sheldon, K. M. & Kasser, T. (2001). Getting older, getting better? Personal strivings and psychological maturity across the life span. *Developmental Psychology*, 37(4), 491-501.

Self-exploration worksheet

Below, we ask you to write down a set of 8 personal strivings. Think of personal strivings as the objectives (goals) that you are typically or characteristically trying to attain in your life.

For example: Trying to be physically attractive to others
Trying to seek new and exciting experiences

Spend a few minutes thinking about your goals as personal strivings. As you think of you strivings, write them down in the space below. Try not to make them too specific (e.g., I will clean the car today) but a little more general like the examples given above.

Personal Strivings or goals

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Please make sure to complete all 8 strivings before continuing.

In the next few pages, we will ask you a variety of questions about these 8 goals. To help you do this, we would like you to refer to this list as you answer the questions.

Now, please turn the page and begin answering the questions about your goals.

REASONS FOR GOALS: Past research suggests that people may be motivated to do something for many different reasons. In this task, we would like you to rate each of your goals in terms of each of the following four reasons, using the scale below. Please rate them in the same order you listed them.

1	2	3	4	5	6	7	8	9
Not at all				Somewhat				Completely
because of				because of				because of
this reason				this reason				this reason

REASON I. You strive for this goal because somebody else wants you to, or because the situation seems to compel it. Stated differently, you probably wouldn't have this goal if you didn't get some kind of reward, praise, or approval for it, or if you didn't avoid something negative by pursuing it. For example, you might try to "go to church more regularly" because your parents would criticize you if you didn't.

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

REASON II. You strive for this goal because you would feel ashamed, guilty, or anxious if you didn't. Rather than having this goal because someone else thinks you ought to, you feel that you "ought" to strive for that something. For example, you might try to "go to church more regularly" because you would feel bad about yourself if you didn't.

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

REASON III. You pursue this goal because **you** really believe that it's an important goal to have. Although this goal may once have been taught to you by others, now you endorse it freely and value it wholeheartedly. For example, you might try to "go to church more regularly" because you genuinely feel this is the right thing to do.

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

REASON IV. You strive for this goal because of the enjoyment or stimulation which that goal provides you. While there may be many good reasons for the goal, the primary "reason" is simply your interest in the experience itself. For example, you might try to "go to church more regularly" because the experience of being at church is inherently interesting and enjoyable to you.

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

LINKAGES TO "POSSIBLE FUTURES": Below are descriptions of six "possible futures" which many people aspire to attain down the road. Please consider how success at each goal might affect each "possible future". Would success tend to take you closer to that future, or is it unrelated? For example, successfully completing the goal "lose 15 pounds" would probably have a strong relationship to being attractive in the future, but successfully "helping my roommate feel better about herself" would probably not help bring about the "physical attractiveness" possible future. Please use the scale below:

1	2	3	4	5	6	7	8	9
No help		Slight help		Moderate help		Much help		Very much help

Possible Future I. Physical appearance: Looking good and being attractive to others.

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

Possible Future II. Self acceptance/Personal growth: Being happy and having a very meaningful life.

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

Possible Future III. Intimacy/friendship: Having many close and caring relationships with others.

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

Possible Future IV. Popularity/recognition: Being known and/or admired by many people.

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

Possible Future V. Societal contribution: Working to help make the world a better place.

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

Possible Future VI. Financial success: Having a job that pays very well and having a lot of nice possessions.

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

Please answer the questions below, using the scales provided.

I. Commitment. How committed do you feel to each of your goals?

1	2	3	4	5	6	7
Not at all			Somewhat			Extremely

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

II. Expected Competence. How well do you expect to do in each goal?

1	2	3	4	5	6	7
Not at all			Somewhat			Extremely

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

III. Intended Effort. How hard do you intend to try on each goal?

1	2	3	4	5	6	7
Not at all			Somewhat			Extremely

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

IV. Difficulty. How difficult do you expect your goals to be? Think about the obstacles you will encounter, how much demand each project will place on you, your opportunity to succeed, etc.

1	2	3	4	5	6	7
Not at all			Somewhat			Extremely

- | | | | |
|----------------|----------------|----------------|----------------|
| 1. ____ Goal 1 | 2. ____ Goal 2 | 3. ____ Goal 3 | 4. ____ Goal 4 |
| 5. ____ Goal 5 | 6. ____ Goal 6 | 7. ____ Goal 7 | 8. ____ Goal 8 |

V. Past success. In the last 10 weeks, how successful have you been at attaining your goals

1	2	3	4	5	6	7
Not at all Successful		Somewhat Successful			Extremely Successful	
1. ____	Goal 1	2. ____	Goal 2	3. ____	Goal 3	4. ____
5. ____	Goal 5	6. ____	Goal 6	7. ____	Goal 7	8. ____
						Goal 8

Personal Values Questionnaire

Author: John T. Blackledge & Joseph Ciarrochi

This measure has been adapted from the Personal Strivings Measure. The questionnaire is used to identify values origin (intrinsic versus extrinsic), importance and commitment.

Preliminary evidence with adolescents suggests that the scale falls into two general factors:

- Intrinsic motivation includes items 3, 4, 5, 6.
- Extrinsic motivation includes items 1 and 2.

We are finding that adolescents who score high on intrinsic items tend to experience more joy and less sadness. Adolescents who score high on extrinsic items tend to experience more hostility.

Personal Values Questionnaire

Instructions:

Following this instruction sheet, you will find 9 additional pages. Each page includes one of the Values Domains (areas of your life you may find important) listed below, in order.

Values Domains:

1. Family Relationships
2. Friendships/Social Relationships
3. Couples/Romantic Relationships
4. Work/Career
5. Education-Schooling/Personal Growth and Development
6. Recreation/Leisure/Sport
7. Spirituality/Religion
8. Community/Citizenship
9. Health/Physical Well-Being

On each page that follows, please read carefully through the values domain description and write down YOUR values (ways of living and doing things related to that Values Domain that are very important to you) where indicated.

Below each of the values that you write down, you will see a series of 9 questions asking different things about those individual values. Please answer each of these questions by circling the numbers that are true for you, on each page that you list a personal value.

If you have any questions about how to complete this questionnaire, please ask the person who handed them out to you.

Remember: Your name will not be on this questionnaire, so no one will know what values you write down. Because of this, please describe your values as if no one will ever see this worksheet.

Measure developed by J. T. Blackledge & Joseph Ciarrochi; adapted from the Personal Strivings Measure developed by Kennon Sheldon & colleagues.

Personal Value #1: Family Relationships

Instructions: If this is an area of your life that is very important to you, describe the type of brother/sister, son/daughter, and/or parent you want to be. Describe the qualities you would want to have in these relationships. **Describe how you would treat other people if you were the “ideal you” in these various relationships.** While it’s fine to list a global value like “having good or close family relationships” as a value here., we would like you to focus instead on writing down specific ways you can act or do things that would make things like a good or close family relationships more likely for you. For example, if you want closer and better relationships with your family members, it may be accurate for you to list values like “being a kind, considerate, supportive & loyal brother/sister”, or “being an open, honest, and responsible daughter or son”.

Please write down your Family Relationships values here:

Please answer the following questions by circling the number (on the right) that is true for you:

I value this because somebody else wants me to or thinks I ought to, or because someone else will like it if I do. I probably wouldn't say I value this if I didn't get some kind of praise or approval for it.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I would feel ashamed, guilty, or anxious if I didn't.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I view it as important, whether or not others agree. Although this value may have been taught to me by others, now it is my own heartfelt value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because doing these things makes my life better, more meaningful, and/or more vital.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I experience fun and enjoyment when I am engaged in the value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):	1 0-20% successful	2 21-40% successful	3 41-60% successful	4 61-80% successful	5 81-100% successful
I am this committed to living this value (to acting consistently with this value):	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
How important is this value to you	1 Not at all Important	2 Slightly Important	3 Moderately Important	4 Quite Important	5 Extremely Important
Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Very much so

Personal Value #2: Friendships/Social Relationships

Instructions: If this is an area of your life that is very important to you, think about what it means to you to be a good friend, and about ways you like your friends to treat you. If you were able to be the best friend possible, how would you behave toward your friends? Describe the qualities you would want to have in your friendships. Some of these qualities might include things like being supportive, considerate, caring, accepting, loyal, or honest—but you decide which qualities are most important to you.

Please write down your Friendships/Social Relationships values here:

Please answer the following questions by circling the number (on the right) that is true for you:

I value this because somebody else wants me to or thinks I ought to, or because someone else will like it if I do. I probably wouldn't say I value this if I didn't get some kind of praise or approval for it.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I would feel ashamed, guilty, or anxious if I didn't.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I view it as important, whether or not others agree. Although this value may have been taught to me by others, now it is my own heartfelt value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because doing these things makes my life better, more meaningful, and/or more vital.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I experience fun and enjoyment when I am engaged in the value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):	1 0-20% successful	2 21-40% successful	3 41-60% successful	4 61-80% successful	5 81-100% successful
I am this committed to living this value (to acting consistently with this value):	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
How important is this value to you	1 Not at all Important	2 Slightly Important	3 Moderately Important	4 Quite Important	5 Extremely Important
Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Very much so

Personal Value #3: Couples/Romantic Relationships

Instructions: If this is an area of your life that is very important to you, describe the person you would like to be in a relationship. What kind of relationship do you want to have? Try to focus on your role in that relationship. Some people who want close romantic relationships value being caring, supportive, open, honest, kind, and attentive—but you should decide for yourself what kind of person you value being in a romantic relationship.

Please write down your Couples/Romantic Relationships values here:

Please answer the following questions by circling the number (on the right) that is true for you:

I value this because somebody else wants me to or thinks I ought to, or because someone else will like it if I do. I probably wouldn't say I value this if I didn't get some kind of praise or approval for it.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I would feel ashamed, guilty, or anxious if I didn't.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I view it as important, whether or not others agree. Although this value may have been taught to me by others, now it is my own heartfelt value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because doing these things makes my life better, more meaningful, and/or more vital.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I experience fun and enjoyment when I am engaged in the value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):	1 0-20% successful	2 21-40% successful	3 41-60% successful	4 61-80% successful	5 81-100% successful
I am this committed to living this value (to acting consistently with this value):	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
How important is this value to you	1 Not at all Important	2 Slightly Important	3 Moderately Important	4 Quite Important	5 Extremely Important
Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Very much so

Personal Value #4: Work/Career

Instructions: If this is an area of your life that is very important to you, what type of work you would like to do in an ideal world? What kind of worker would you like to be with respect to your work, your employer, and co-workers? Some people value doing work that allows them to bring their unique talents to bear, work that allows them to express themselves, or work that ‘makes a difference’ in other people’s lives. Regardless of what others value, what kind of work would you value doing—and what kind of worker would you value being?

Please write down your Work/Career values here:

Please answer the following questions by circling the number (on the right) that is true for you:

I value this because somebody else wants me to or thinks I ought to, or because someone else will like it if I do. I probably wouldn’t say I value this if I didn’t get some kind of praise or approval for it.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I would feel ashamed, guilty, or anxious if I didn’t.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I view it as important, whether or not others agree. Although this value may have been taught to me by others, now it is my own heartfelt value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because doing these things makes my life better, more meaningful, and/or more vital.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I experience fun and enjoyment when I am engaged in the value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):	1 0-20% successful	2 21-40% successful	3 41-60% successful	4 61-80% successful	5 81-100% successful
I am this committed to living this value (to acting consistently with this value):	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
How important is this value to you	1 Not at all Important	2 Slightly Important	3 Moderately Important	4 Quite Important	5 Extremely Important
Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Very much so

Personal Value #5: Education-Schooling/Personal Growth & Development

Instructions: If this is an area of your life that is very important to you, what kind of student would you be in an ideal world? What kinds of things do you value learning as a person? What qualities do you value bringing to your role as a student, in school or any other places where you learn things you feel are of great importance to you? Some people value learning to face new challenges, learning different perspectives on important issues, learning better or more efficient ways to do specific things, or learning how to grow as a person. Some people value qualities like being open and receptive to new ideas and perspectives, or making serious and careful considerations of important issues. Regardless of what others want, you should write down the kinds of things you really value learning—and/or qualities you value demonstrating as a student

Please write down your *Education-Schooling/Personal Growth & Development* values here:

Please answer the following questions by circling the number (on the right) that is true for you:

I value this because somebody else wants me to or thinks I ought to, or because someone else will like it if I do. I probably wouldn't say I value this if I didn't get some kind of praise or approval for it.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I would feel ashamed, guilty, or anxious if I didn't.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I view it as important, whether or not others agree. Although this value may have been taught to me by others, now it is my own heartfelt value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because doing these things makes my life better, more meaningful, and/or more vital.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I experience fun and enjoyment when I am engaged in the value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):	1 0-20% successful	2 21-40% successful	3 41-60% successful	4 61-80% successful	5 81-100% successful
I am this committed to living this value (to acting consistently with this value):	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
How important is this value to you	1 Not at all Important	2 Slightly Important	3 Moderately Important	4 Quite Important	5 Extremely Important
Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Very much so

Personal Value #6: Recreation/Leisure/Sport

Instructions: If this is an area of your life that is very important to you, write down the type of recreational life you would like to have, including hobbies, sports, and leisure activities. Indicate how important it is to you to make time for these activities.

Please write down your Recreation/Leisure values here:

Please answer the following questions by circling the number (on the right) that is true for you:

I value this because somebody else wants me to or thinks I ought to, or because someone else will like it if I do. I probably wouldn't say I value this if I didn't get some kind of praise or approval for it.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I would feel ashamed, guilty, or anxious if I didn't.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I view it as important, whether or not others agree. Although this value may have been taught to me by others, now it is my own heartfelt value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because doing these things makes my life better, more meaningful, and/or more vital.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I experience fun and enjoyment when I am engaged in the value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):	1 0-20% successful	2 21-40% successful	3 41-60% successful	4 61-80% successful	5 81-100% successful
I am this committed to living this value (to acting consistently with this value):	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
How important is this value to you	1 Not at all Important	2 Slightly Important	3 Moderately Important	4 Quite Important	5 Extremely Important
Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Very much so

Personal Value #7: Spirituality/Religion

Instructions: If this is an area of your life that is very important to you, understand that we are not necessarily referring to organized religion in this section. What we mean by “spirituality” is whatever that means to you. This may be as simple as connecting with nature, meditating, or praying, or as formal as participation in an organized religious group. Whatever spirituality means to you is fine. Briefly write down the very important spiritual/religious beliefs you have, and the kind of person you value being in service of these beliefs (which might include things like ‘acting as a loving or caring person’; ‘working to stay connected to the people and things around me’; ‘devoting regular time to worship, prayer, etc.’; or ‘acting consistently with my religious/spiritual beliefs’). Regardless of what other people’s beliefs, you should write down what you believe, and what kind of spiritual/religious person you most value being.

Please write down your Spirituality/Religion values here:

Please answer the following questions by circling the number (on the right) that is true for you:

I value this because somebody else wants me to or thinks I ought to, or because someone else will like it if I do. I probably wouldn’t say I value this if I didn’t get some kind of praise or approval for it.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I would feel ashamed, guilty, or anxious if I didn’t.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I view it as important, whether or not others agree. Although this value may have been taught to me by others, now it is my own heartfelt value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because doing these things makes my life better, more meaningful, and/or more vital.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I experience fun and enjoyment when I am engaged in the value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):	1 0-20% successful	2 21-40% successful	3 41-60% successful	4 61-80% successful	5 81-100% successful
I am this committed to living this value (to acting consistently with this value):	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
How important is this value to you	1 Not at all Important	2 Slightly Important	3 Moderately Important	4 Quite Important	5 Extremely Important
Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Very much so

Personal Value #8: Community/Citizenship

Instructions: If this is an area of your life that is very important to you, write about the kind of person you value being with respect to your community and your country. For instance, some people think that it is important to volunteer with homeless or elderly people, lobby governmental policymakers at the federal, state, or local level, participate as a member of a group committed to conserving wildlife, or become involved in some other community group of importance to you. Some people value getting others more involved in community and national issues important to them, and some value helping others in their community or country. Regardless of what others may value, you should write down the kinds of community involvement you value.

Please write down your Community/Citizenship values here:

Please answer the following questions by circling the number (on the right) that is true for you:

I value this because somebody else wants me to or thinks I ought to, or because someone else will like it if I do. I probably wouldn't say I value this if I didn't get some kind of praise or approval for it.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I would feel ashamed, guilty, or anxious if I didn't.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I view it as important, whether or not others agree. Although this value may have been taught to me by others, now it is my own heartfelt value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because doing these things makes my life better, more meaningful, and/or more vital.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I experience fun and enjoyment when I am engaged in the value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):	1 0-20% successful	2 21-40% successful	3 41-60% successful	4 61-80% successful	5 81-100% successful
I am this committed to living this value (to acting consistently with this value):	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
How important is this value to you	1 Not at all Important	2 Slightly Important	3 Moderately Important	4 Quite Important	5 Extremely Important
Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Very much so

Personal Value #9: Health/Physical Well-Being

Instructions: If this is an area of your life that is very important to you, write down your values related to maintaining your physical well-being. Write briefly about the direction you want to take on your own health-related issues such as sleep, diet, exercise, smoking and so forth.

Please write down your Health/Physical Well-Being values here:

Please answer the following questions by circling the number (on the right) that is true for you:

I value this because somebody else wants me to or thinks I ought to, or because someone else will like it if I do. I probably wouldn't say I value this if I didn't get some kind of praise or approval for it.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I would feel ashamed, guilty, or anxious if I didn't.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I view it as important, whether or not others agree. Although this value may have been taught to me by others, now it is my own heartfelt value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because doing these things makes my life better, more meaningful, and/or more vital.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
I value this because I experience fun and enjoyment when I am engaged in the value.	1 Not at all for this reason	2 Mostly not for this reason	3 Unsure of reason	4 Mostly for this reason	5 Entirely for this reason
In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):	1 0-20% successful	2 21-40% successful	3 41-60% successful	4 61-80% successful	5 81-100% successful
I am this committed to living this value (to acting consistently with this value):	1 Not at all committed	2 Slightly committed	3 Moderately committed	4 Quite committed	5 Extremely committed
How important is this value to you	1 Not at all Important	2 Slightly Important	3 Moderately Important	4 Quite Important	5 Extremely Important
Right now, would you like to improve your progress on this value?	1 Not at all	2 A little bit	3 Moderately so	4 Quite a bit	5 Very much so

Valued Living Questionnaire (VLQ)

Author: Kelly Wilson & Groom

The VLQ is an instrument that taps into 10 valued domains of living. These domains include: 1. Family, 2. Marriage/couples/intimate relations, 3. Parenting, 4. Friendship, 5. Work, 6. Education, 7. Recreation, 8. Spirituality, 9. Citizenship, and 10. Physical self-care.

Scoring: Respondents are asked to rate the 10 areas of life on a scale of 1–10, indicating the level of importance and how consistently they have lived in accord with those values in the past week. For detailed information on scoring the VLQ see Wilson and Murrell (2004).

Reliability: The instrument has shown good test-retest reliability.

Validity: Currently being collected.

Reference:

Wilson, K. G. & Groom, J. (2002). *The Valued Living Questionnaire*. Available from Kelly Wilson.

Wilson, K. G. & Murrell, A. R. (2004). Values work in acceptance and commitment therapy: Setting a course for behavioral treatment. In S. C. Hayes, V. M. Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition* (pp. 120-151). New York, NY: Guilford Press.

Valued Living Questionnaire

Below are areas of life that are valued by some people. We are concerned with your quality of life in each of these areas. One aspect of quality of life involves the importance one puts on different areas of living. Rate the importance of each area (by circling a number) on a scale of 1-10. 1 means that area is not at all important. 10 means that area is very important. Not everyone will value all of these areas, or value all areas the same. Rate each area according to **your own personal sense of importance**.

<u>Area</u>	not at all important										extremely important
1. Family (other than marriage or parenting)	1	2	3	4	5	6	7	8	9	10	
2. Marriage/couples/intimate relations	1	2	3	4	5	6	7	8	9	10	
3. Parenting	1	2	3	4	5	6	7	8	9	10	
4. Friends/social life	1	2	3	4	5	6	7	8	9	10	
5. Work	1	2	3	4	5	6	7	8	9	10	
6. Education/training	1	2	3	4	5	6	7	8	9	10	
7. Recreation/fun	1	2	3	4	5	6	7	8	9	10	
8. Spirituality	1	2	3	4	5	6	7	8	9	10	
9. Citizenship/Community Life	1	2	3	4	5	6	7	8	9	10	
10. Physical self care (diet, exercise, sleep)	1	2	3	4	5	6	7	8	9	10	

In this section, we would like you to give a rating of how consistent your actions have been with each of your values. We are **not** asking about your ideal in each area. We are also **not** asking what others think of you. Everyone does better in some areas than others. People also do better at some times than at others. **We want to know how you think you have been doing during the past week.** Rate each area (by circling a number) on a scale of 1-10. 1 means that your actions have been completely inconsistent with your value. 10 means that your actions have been completely consistent with your value.

During the past week

<u>Area</u>	not at all consistent with my value					completely consistent with my value				
1. Family (other than marriage or parenting)	1	2	3	4	5	6	7	8	9	10
2. Marriage/couples/intimate relations	1	2	3	4	5	6	7	8	9	10
3. Parenting	1	2	3	4	5	6	7	8	9	10
4. Friends/social life	1	2	3	4	5	6	7	8	9	10
5. Work	1	2	3	4	5	6	7	8	9	10
6. Education/training	1	2	3	4	5	6	7	8	9	10
7. Recreation/fun	1	2	3	4	5	6	7	8	9	10
8. Spirituality	1	2	3	4	5	6	7	8	9	10
9. Citizenship/Community Life	1	2	3	4	5	6	7	8	9	10
10. Physical self care (diet, exercise, sleep)	1	2	3	4	5	6	7	8	9	10

The BULLs-eye Instrument about valued life Primary Care Version (BULLI-PC)

Author: Tobias Lundgren

The Bulls-Eye instrument about valued life can be used for a variety of purposes: create a context for therapy, provide treatment goals and obstacles to a valued life, used as an outcome measure (outcome related to the person), to evaluate the process of values, and as a clinical tool. The tool is used to measure the respondent's level of consistency and persistence in living their values (see The Bulls-eye Instrument about Valued Life).

Further research is required.

Scoring:

- a) Consistency: Measurement is taken using a ruler and measuring the number of mm from the bull's eye to the X. Measure the distance in each of these three targets and create a consistency index by adding the three sums and divide by three.
- b) Persistency: The bull's eye represents perfect persistency in behaving in valued directions despite any difficulties. The outer rings surrounding the bull's eye represent distance from being perfectly persistent. The client is asked to rate his or her own "persistency" in valuing behavior the past two weeks, in the face of difficulties. This part of the instrument may also measure "believability" of barriers and subsequent "emotional avoidance" of these barriers. The degree to which the client believes the barrier to be a true barrier will show up in the degree to which he or she rates his or her persistency on this dartboard.

Reliability: The instrument obtained test-retest reliability of .86. However, more reliability testing is required. The pearsons correlation between the dartboards are low between .19 and .35.

Validity: The BULLI-PC has obtained significant positive correlations with the Satisfaction With Life Scale, as well as significant negative correlations with the Depression and Anxiety Scale (DASS).

Reference:

Lundgren, T. Power point presentation: Bulls-eye! validation. University of Uppsala, Sweden.

The BULLs-eye Instrument about valued life Primary Care Version (BULLI-PC)

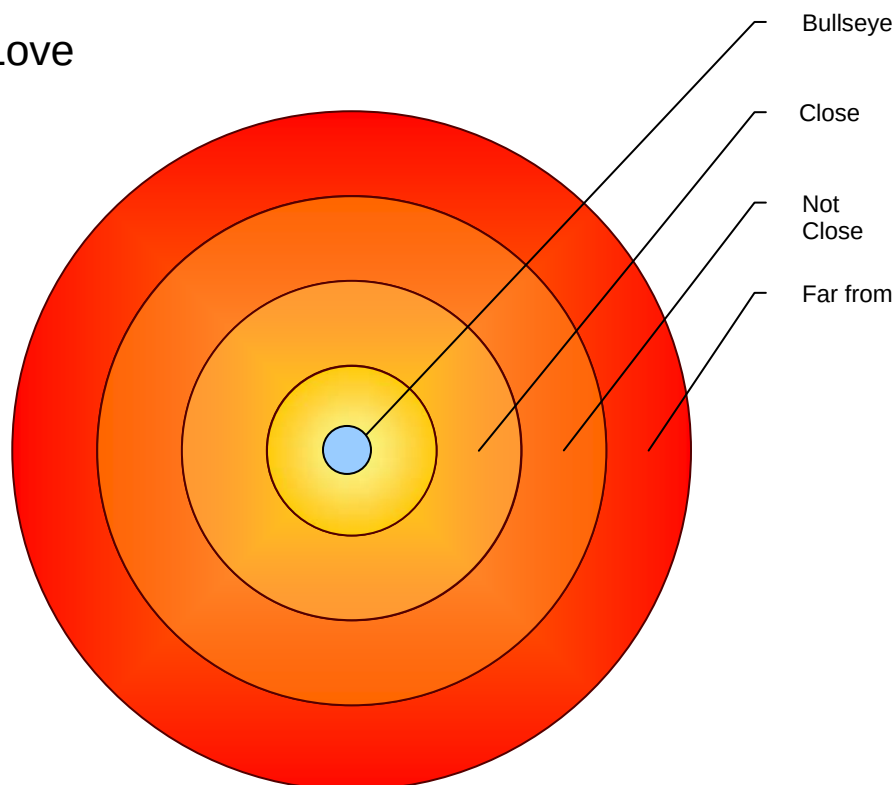
INSTRUCTIONS Answer these questions thoughtfully. Your answers will provide you with a measure of the consistency between your activities in the last two weeks and what you find most in your life in three important areas--areas of love, work, and play and your ability to persist when you experience barriers.

Part A: There are three dartboards in this section.

1. The first bull's eye represents love. On the lines below, write about love. In a world where you could create what you want, what would love in your life look like right now? Who would you love? How would you express love? How would you see love coming to you from others?

Now, place an **X** on the dartboard to indicate how your life has been in the past 2 weeks with regard to how you want it to be in matters of love. An **X** in the bull's eye indicates you lived exactly like you want your life to be in matters of love. The further away from the bull's eye that you place your **X** represents the amount of difference between the last 2 weeks and what you value in matters of love. Outside the outer ring indicates the greatest difference between what you value and your behavior during the past 2 weeks. Place your **X** on the left side of the dartboard.

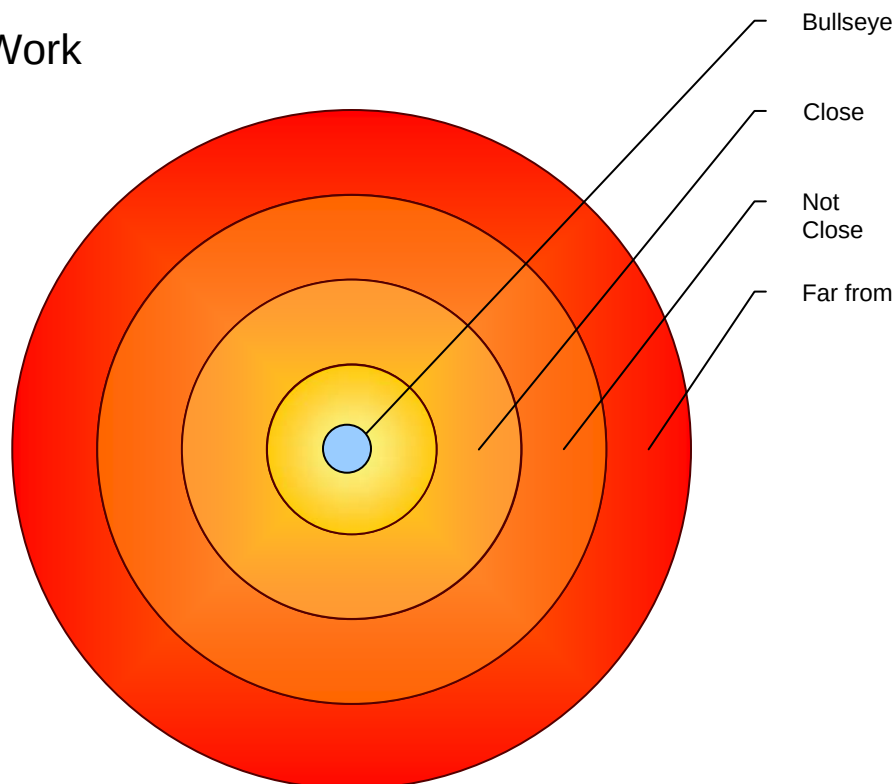
Love



2. The second bull's eye represents work. On the lines below, write about work. In a world where you could create what you want, what would work in your life look like right now? What would you do? How would you feel when you did it? Who would notice?
-
-
-

Now, place an **X** on the dartboard to indicate how your life has been in the past 2 weeks with regard to how you want it to be in matters of work. An X in the bull's eye indicates you lived exactly like you want your life to be in matters of work. The further away from the bull's eye that you place your **X** represents the amount of difference between the last 2 weeks and what you value in matters of work. Outside the outer ring indicates the greatest difference between what you value and your behavior during the past 2 weeks. Place your **X** on the left side of the dartboard.

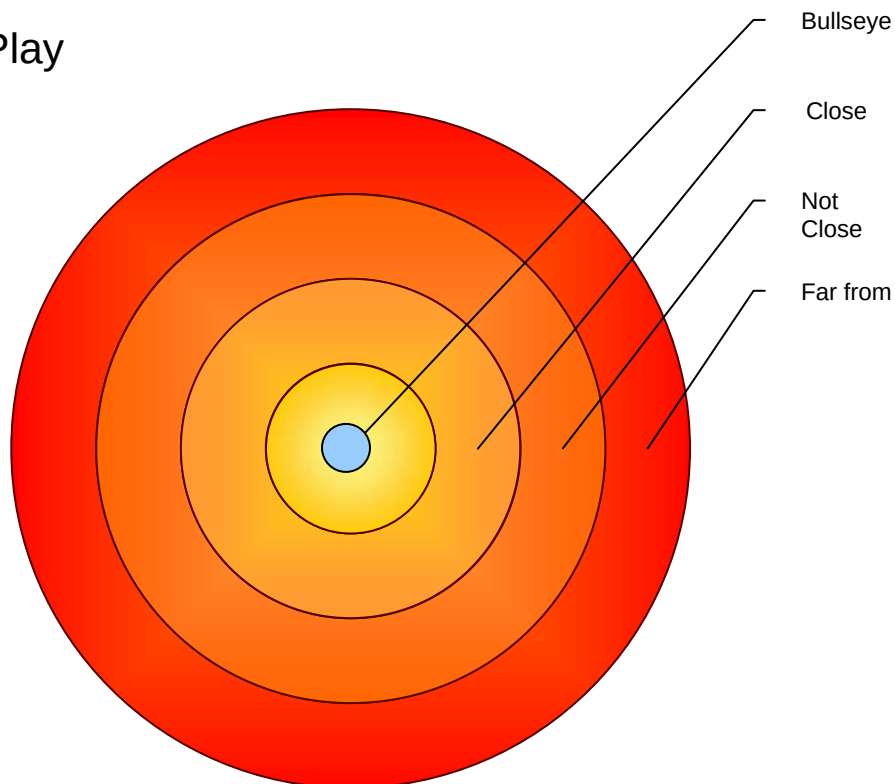
Work



3. The third bull's eye represents play. On the lines below, write about play. In a world where you could create what you want, what would play in your life look like right now? What would you do? How would you feel when you did it? Who would notice?
-
-
-

Now, place an **X** on the dartboard to indicate how your life has been in the past 2 weeks with regard to how you want it to be in matters of play. An X in the bull's eye indicates you lived exactly like you want your life to be in matters of play. The further away from the bull's eye that you place your **X** represents the amount of difference between the last 2 weeks and what you value in matters of play. Outside the outer ring indicates the greatest difference between what you value and your behavior during the past 2 weeks. Place your **X** on the left side of the dartboard.

Play

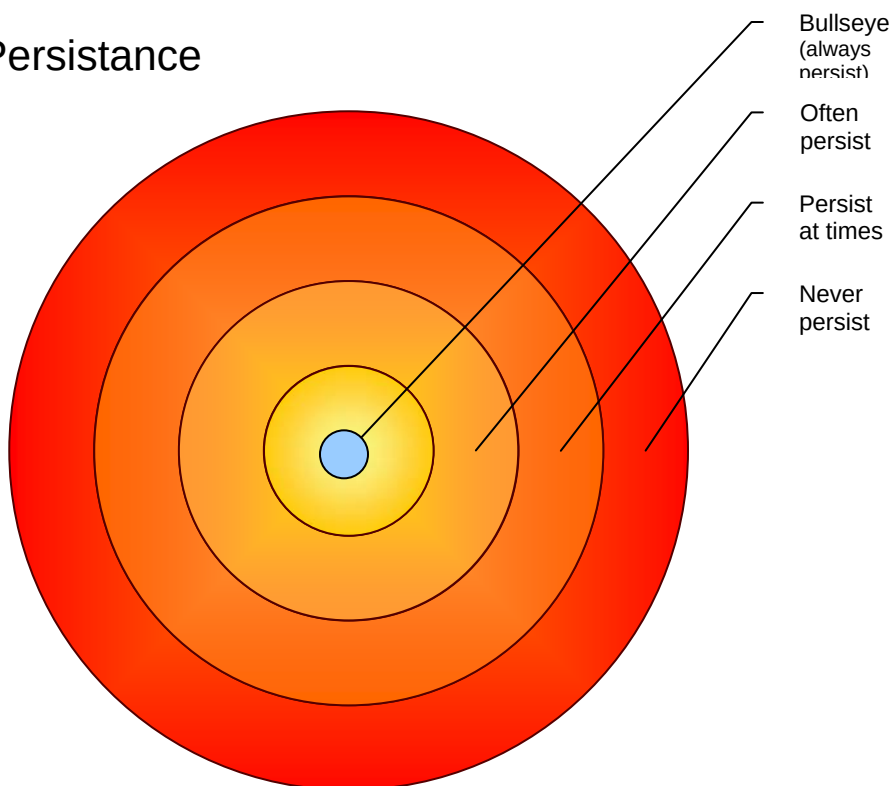


Part B

4. Write down what stands between you and the life you value (what you wrote on the previous three). What are the barriers? The obstacles?

5. Rate how often you persist in doing things you want to do when you run into barriers. Think about love, work and play in your life. How often do barriers prevent your living in ways that show what is important to you? Put the **X** on the dartboard to show how often you persist when you experience barriers to pursuing your dreams about love, work and play. An **X** inside the bull's eye indicates that you always persist. An **X** outside the last ring indicates that you never persist.

Persistence



How long did it take you to fill out the Bull's Eye PC? _____

Did you need any help to fill in the formula? _____

The Bulls-eye Instrument about Valued Life

INSTRUCTIONS FOR THE THERAPIST

Bull's Eye Instrument: This instrument has two parts. It is a measurement of 1) consistency between the client's behavior with his or her valued directions and 2) a measure of persistency of valuing (choosing valued directions) even in the face of difficulty.

A) Consistency

This instrument in the form of a dartboard asked the client to respond to three questions in part A and two questions in part B.

1) Define valued direction

The client is asked to choose three areas of life that he or she would like to develop that he or she doesn't have today or that he or she isn't as active as he or she would like to be.

2) Placing the dart

The client is asked to place the dart (place an X) on the dartboard that best represent his or her consistency between his or her behavior in the past two weeks and the valued direction. The bull's eye represents perfect consistency and the consecutive four rings around bull's eye represent varying distance from this consistency. The five levels are: Bull's eye, very close, close to, in the vicinity, and far from. The dart or X can be placed anywhere on the board within these levels which best represents how his or her behavior in the past two weeks coincides with the value life direction.

3) Measuring Consistency

Measurement is taken using a ruler and measuring the number of mm from the bull's eye to the X. Measure the distance in each of these three targets and create a consistency index by adding the three sums and divide by three.

B) Persistency of valuing

The second part of the Bull's eye instrument is a general measure of persistency. It aims at measuring the client's persistency in "valuing" or behaving consistently in valued directions in the face of difficulties. In this dartboard, the bull's eye represents perfect persistency in behaving in valued directions despite any difficulties. The consecutive rings surrounding the bull's eye represent distance from being perfectly persistent. The client is asked to rate his or her own "persistency" in valuing behavior the past two weeks, in the face of difficulties. This part of the instrument may also measure "believability" of barriers and subsequent "emotional avoidance" of these barriers. In other words, the client may wish to persist in a valued direction but believes that the barriers must first be resolved before he or she can pursue valued directions. The degree to which the client believes the barrier to be a true barrier will show up in the degree to which he or she rates his or her persistency on this dartboard.

INSTRUCTIONS FOR THE PARTICIPANT

This instrument measures how consistent your activities in life are with what you find important in your life. This means that this instrument will measure if you have lived according to your chosen values **the last two weeks**.

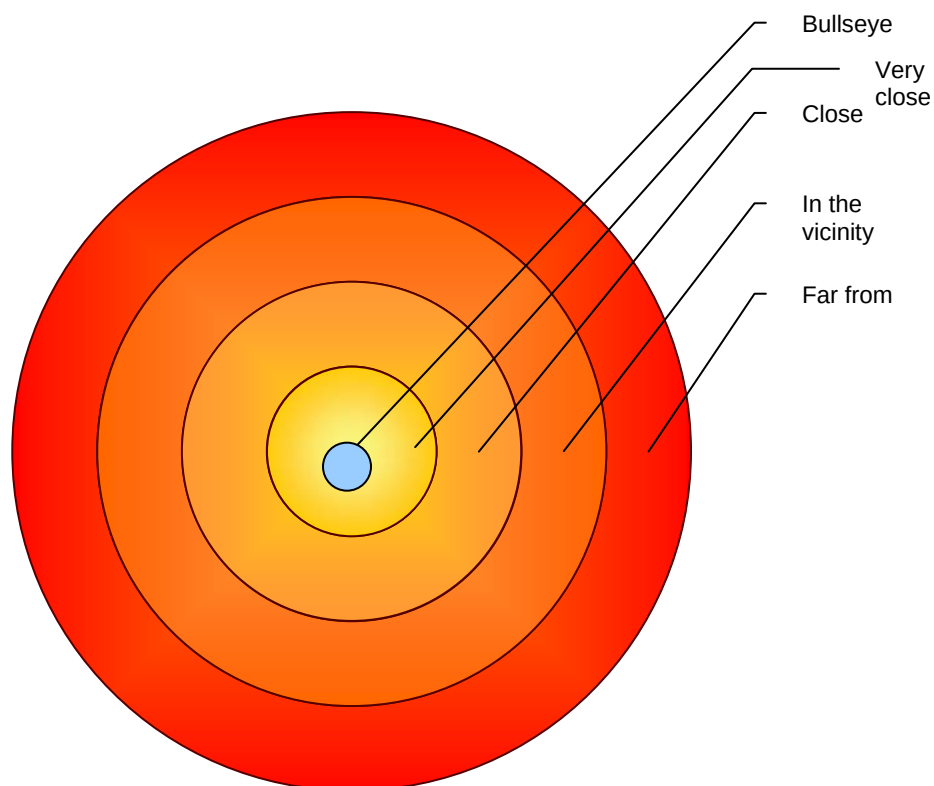
Part A:

- You have three dartboards in front of you. Each of these dartboards represents important areas in your life. The first thing I would like you to do is to write down an important area in life that you would like to develop. Write the area in the space below. Take your time and think about something that is really important in your life. Chose one area per dartboard.

1) The first important area in life that I would like to develop:

2) Write what that value means to you. How would you like to be in this area and what would you like to get out of it? Why is this important to you? Use the space below and summarize why this is important and what it is that is important to you?

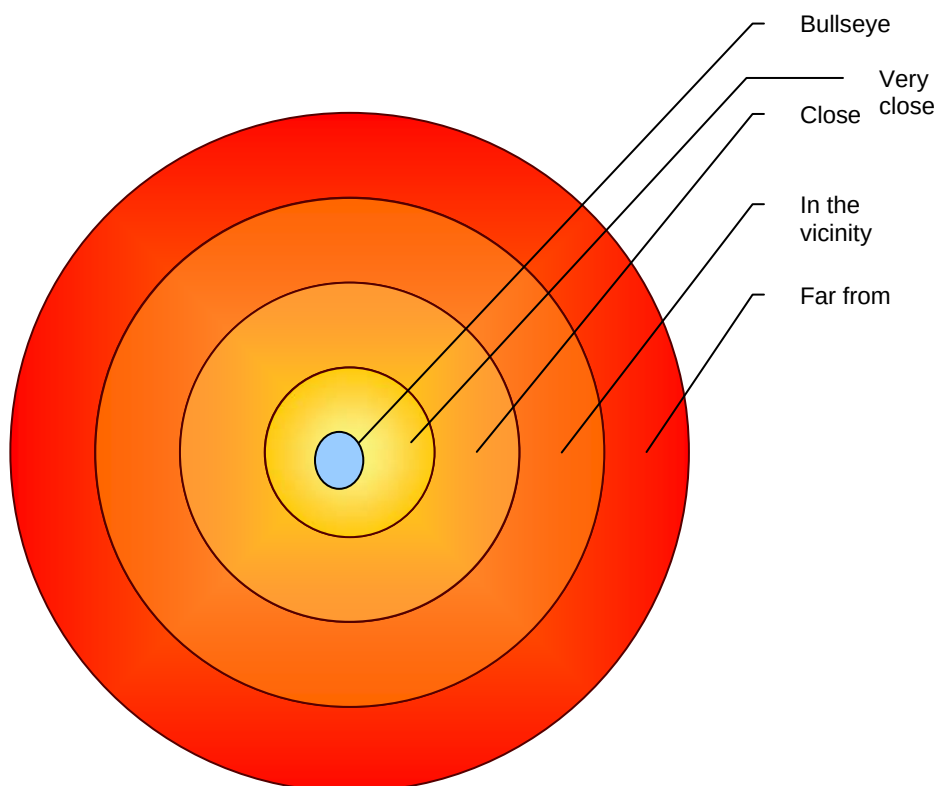
3) The middle of the dartboard is the Bull's-eye and that represents exactly how you want your life to be in your chosen area/value. Place an **X** on the dartboard that best represents how your life has been the last two weeks with regard to how you want it to be. If you are "far from" having it as you want in the area you chose then put your **X** in the far from circle in the dartboard. If you are in Bull's-eye then put your **X** in the middle, you can also chose very close, close to and in the vicinity of bull's-eye.



1) The second important area/value in life that I would like to develop:

2) Write what that value means to you. How would you like to be in this area and what would you like to get out of it? Why is this important to you?

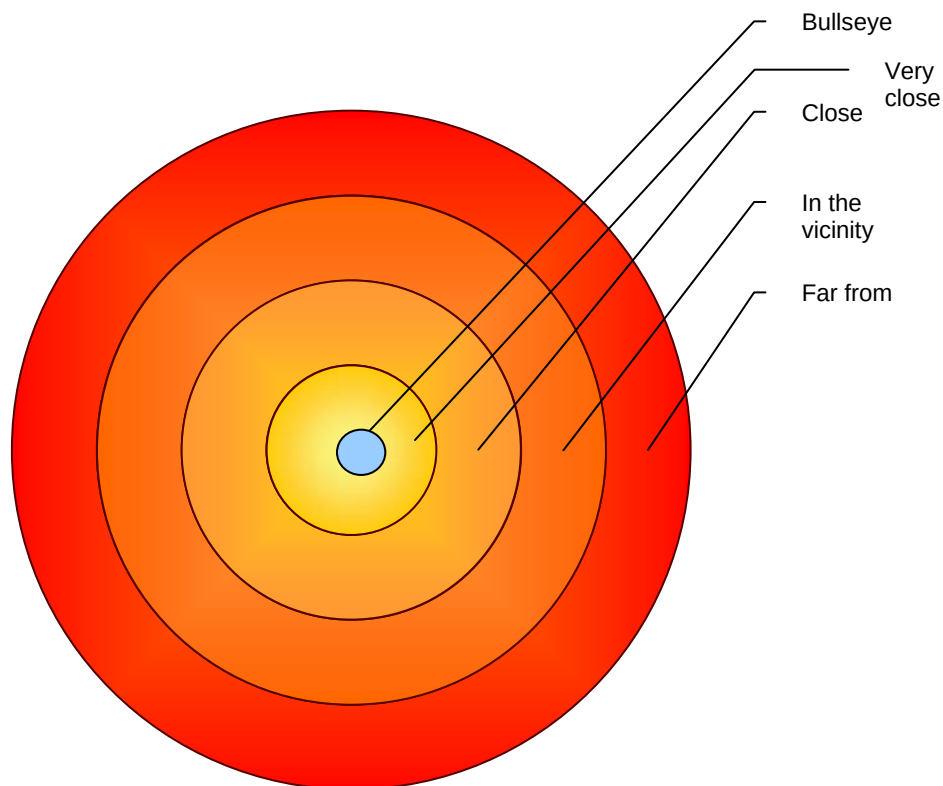
3) The middle of the dartboard is the Bull's-eye and that represents exactly the life you want in the area/value you chose. Place an **X** on the dartboard where you consider yourself to be right now with regard to how you would like to be living. If you are "far from" having it as you want in the area/value you chose then put your **X** in the far from circle in the dartboard.



1) The first important area/value in life that I would like to develop:

2) Write a direction of what that value means to you. How would you like to be in this area/value and what would you like to get out of it?

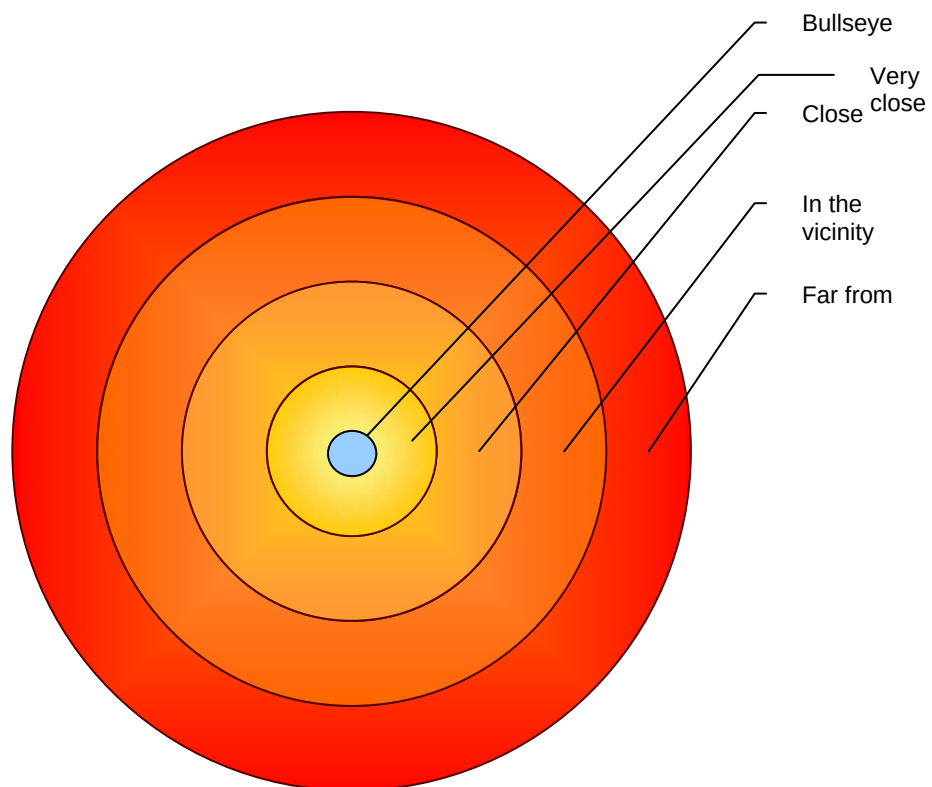
3) The middle of the dartboard is the Bull's-eye and that represents exactly the life you want in the area/value you chose. Place an **X** on the dartboard where you consider yourself to be right now with regard to how you would like to be living. If you are "far from" having it as you want in the domain you chose then put your **X** in the far from circle in the dartboard.



Part B

Write down what stands between you and the life you value (what you wrote on the previous three). What stops you from having it as you want in your chosen areas/values?

Rate how often you persist in doing things you want to do in the face of difficulties or emotional resistance. Think about the three dartboards you have done before and how often you do the things you want in the face of those barriers. Put the **X** on the dartboard where it best represents your life right now. Bulls-eye means that you always take steps in your valued life direction even in the face of difficulties. "Far from", means you don't take steps in the direction you want in the face of the barriers you wrote down.



How long time did it take to fill in the formula?

Did you need any help to fill in the formula?

Action Control Scale (ACS-90)

Author: Julius Kuhl

The 36-item ACS is designed to measure action-state orientation. The construct is concerned with individual differences in the ability to initiate and maintain intentions / actions. It has also been likened to goal striving as it reflects the ability to maintain challenging goals and persist with them despite failures or setbacks.

Individuals with a strong *action orientation* are characterized by enhanced performance efficiency (Kuhl, 1994b) and the ability to complete tasks after minor failures or setbacks. While individuals with more of a *state orientation* tend to have persistent, ruminative thoughts about alternative goals or affective states, which acts to reduce the cognitive resources available for goal-striving, therefore impairing the individuals ability to maintain goal oriented behaviour. 3 dimensions of action-state orientation:

- *Preoccupation versus disengagement dimension:* Indicates the degree to which individuals explicitly process information related to some past, present, or future state. Items: 1, 4, 7, 10, 13, 16, 19, 22, 25, 28, 31, 34.
- *Hesitation versus initiative dimension:* Refers to the degree to which individuals have difficulty initiating intended goal-directed activities. Specifically, the preoccupation dimension is concerned with whether distracting thoughts interfere with initiating action, whereas the hesitation dimension emphasizes the behavioral capacity to initiate action. Items: 2, 5, 8, 11, 14, 17, 20, 23, 26, 29, 32, 35.
- *Volatility versus persistence dimension:* Concerned with the ability to stay in the action-oriented mode when necessary, as opposed to being distracted. Items: 3, 8, 9, 12, 15, 18, 21, 24, 27, 30, 33, 36.

Scoring: The ACS-90 consists of 36 items, with 12 items for each of the dimensions. The items on the scale depict brief scenarios that occur in everyday life and require selection of one of two options that indicate what the participant would do. Respondents can choose either a ruminative response (scored as 1) or a non-ruminative response (scored as 0). A total score can range from 0 (no preoccupation) to 12 (extreme rumination). High scores on all 3 dimensions indicate greater action-orientation, while low scores indicate greater state-orientation.

Reliability: Reported to have sufficient reliability (Cronbach's alphas > .70). The internal consistency of the ACS-90 is .66 (Preoccupation), .74 (Hesitation), and .51 (Volatility) with $p < .001$ (of the revised scale).

Validity: Reported to have adequate construct validity.

Reference:

Diefendorff, J. M., Hall, R. J., Lord, R. G., & Streat, M. L. (2000). Action-State Orientation: Construct validity of a revised measure and its relationship to work-related variables. *Journal of Applied Psychology*, 85(2), 250-263.

Kuhl, J. (1994). Action versus state orientation: Psychometric properties of the Action Control Scale (ACS-90). In J. Kuhl & J. Beckmann (Eds.), *Volition and personality: Action versus state orientation* (pp. 47–59). Göttingen, Germany: Hogrefe.

ACS-90

1. ^a When I have lost something that is very valuable to me and I can't find it anywhere:
A. I have a hard time concentrating on something else
B. I put it out of my mind after a little while
2. When I know I must finish something soon:
A. I have to push myself to get started
B. I find it easy to get it done and over with
3. When I have learned a new and interesting game:
A. I quickly get tired of it and do something else
B. I can really get into it for a long time
4. If I've worked for weeks on one project and then everything goes completely wrong with the project:
A. It takes me a long time to adjust myself to it
B. It bothers me for a while, but then I don't think about it anymore
5. When I don't have anything in particular to do and I am getting bored:
A. I have trouble getting up enough energy to do anything at all
B. I quickly find something to do
6. When I'm working on something that's important to me:
A. I still like to do other things in between working on it
B. I get into it so much that I can work on it for a long time
7. ^a When I'm in a competition and have lost every time:
A. I can soon put losing out of my mind
B. The thought that I lost keeps running through my mind
8. When I am getting ready to tackle a difficult problem:
A. It feels like I am facing a big mountain that I don't think I can climb
B. I look for a way that the problem can be approached in a suitable manner
9. ^a When I'm watching a really good movie:
A. I get so involved in the film that I don't even think of doing anything else
B. I often want to get something else to do while I'm watching the move
10. If I had just bought a new piece of equipment (for example a tape deck) and it accidentally fell on the floor and was damaged beyond repair:
A. I would manage to get over it quickly
B. It would take me a long time to get over it
11. When I have to solve a difficult problem:
A. I usually don't have a problem getting started on it
B. I have trouble sorting things out in my head so that I can get down to working on the problem

12. ^a When I have been busy for a long time doing something interesting (for example, reading a book or working on a project):

A. I sometimes think about whether what I'm doing is really worthwhile

B. I usually get so involved in what I'm doing that I never think to ask whether it's worthwhile

13. If I have to talk to someone about something important and, repeatedly, can't find him or her at home:

A. I can't stop thinking about it, even while I'm doing something else

B. I easily forget about it until I see the person

14. ^a When I have to make up my mind about what I am going to do when I get some unexpected free time:

A. It takes me a long time to decide what I should do during this free time

B. I can usually decide on something to do without having to think it over very much

15. when I read an article in the newspaper that interests me:

A. I usually remain so interested in the article that I read the entire article

B. I still often skip to another article before I've finished the first one

16. ^a When I've bought a lot of stuff at the store and realize when I get home that I've paid too much--but I can't get my money back:

A. I can't usually concentrate on anything else

B. I easily forget about it

17. ^a When I have work to do at home:

A. It is often hard for me to get the work done

B. I usually get it done right away

18. ^a when I'm on vacation and having a good time:

A. After a while, I really feel like doing something completely different

B. I don't even think about doing anything else until the end of vacation

19. When I am told that my work has been completely unsatisfactory:

A. I don't let it bother me for too long

B. I feel paralyzed

20. When I have a lot of important things to do and they must all be done soon:

A. I often don't know where to begin

B. I find it easy to make a plan and stick with it

21. When one of my co-workers brings up an interesting topic for discussion:

A. It can easily develop into a long conversation

B. I soon lose interest and want to go do something else

22. If I'm stuck in traffic and miss an important appointment:

A. At first, it's difficult for me to start do anything else at all

B. I quickly forget about it and do something else

23. ^a When there are two things that I really want to do, but I can't do both of them:
 A. I quickly begin one thing and forget about the other thing I couldn't do
 B. It's not easy for me to put the other thing I couldn't do out of my mind
24. When I am busy working on an interesting project:
 A. I need to take frequent breaks and work on other projects
 B. I can keep working on the same project for a long time
25. ^a When something is very important to me, but I can't seem to get it right:
 A. I gradually lose heart
 B. I just forget about it and do something else
26. When I have to take care of something important which is also unpleasant:
 A. I do it and get it over with
 B. It can take a while before I can bring myself to it
27. ^a When I am having an interesting conversation with someone at a party:
 A. I can talk to him or her the entire evening
 B. I prefer to go do something else after a while
28. When something really gets me down:
 A. I have trouble doing anything at all
 B. I find it easy to distract myself by doing other things
29. When I am facing a big project that has to be done:
 A. I often spend too long thinking about where I should begin
 B. I don't have any problems getting started
30. ^a When it turns out that I am much better at a game than the other players:
 A. I usually feel like doing something else
 B. I really like to keep playing
31. When several things go wrong on the same day:
 A. I usually don't know how to deal with it
 B. I just keep on going as though nothing had happened
32. ^a When I have a boring assignment:
 A. I usually don't have any problem getting through it
 B. I sometimes can't get moving on it
33. When I read something I find interesting:
 A. I sometimes still want to put the article down and do something else
 B. I will sit and read the article for a long time
34. When I have put all my effort into doing a really good job on something and the whole thing doesn't work out:
 A. I don't have too much difficulty starting something else
 B. I have trouble doing anything else at all

35. When I have an obligation to do something that is boring and uninteresting:

A. I do it and get it over with

B. It can take a while before I can bring myself to do it

36. When I am trying to learn something new that I want to learn:

A. I'll keep at it for a long time

B. I often feel like I need to take a break and go do something else for a while

^a item was dropped from the revised scale

Pleasant Events Schedule

Author: Douglas J. MacPhillamy, & Peter M. Lewinshon.

Scoring: In order to score the Pleasant Events Schedule, follow the points listed below:

Average Ranges			
Age Group	Mean Frequency Score (F)	Mean Pleasantness Score (P)	Mean Cross-Product Score (F * P)
20-39	0.63-1.03	0.86-1.26	0.99-1.19
40-59	0.57-0.97	0.82-1.22	0.92-1.12
60 or older	0.50-0.90	0.78-1.18	0.86-1.06

1. Add the frequency ratings (in column F) and divide the total by 320. This is your *mean frequency score*. For example, suppose adding all your frequency ratings gives you a total of 176. Dividing this total by 320 equals 0.55. Your mean frequency score tells you something about how much (or how little) you engage in the activities on the list. It reflects your overall activity level. By comparing your score with the average range for persons your age, shown in Table 2, you can evaluate yourself. If your score is equal to or lower than the low end of the average range, you are not engaging in the activities to the extent that people your age do.
2. Add the pleasantness ratings (in column P) and divide the total by 320. For example, if your rating total was 256, you would obtain 0.80 for your *mean pleasantness rating*. The mean pleasantness rating tells you something about your current *potential* for pleasurable experiences. If this number is low (equal to or lower than the low end of the average range shown in Table 2), it means that, at present, there are few activities that are sources of satisfaction and pleasure for you. If the score is high, it means that you have a good potential to enjoy a large number of activities and events.
3. Compute a cross-product score for each item and enter it in the column marked F x P. For example, if you did not go to the movies during the past 30 days (mark 0) but going to the movies is a very pleasant activity for you (mark 2), then the product score would be $0 \times 2 = 0$, and you would enter 0. If you have been watching television (Item 33) a great deal and you have therefore assigned it a frequency rating of 2, but you don't enjoy watching television and have, therefore, assigned it a pleasantness rating of 0, the product score would be $2 \times 0 = 0$. You are now ready to compute your *mean cross-product score* by adding the F x P scores of all 320 items and dividing this total by 320. The cross-product score is probably the most important score of this test because it is a measure of how much satisfaction and pleasure you derived from your activities during the past month. If the score is high, it means that you are deriving considerable pleasure and satisfaction from your activities.

My mean frequency score is _____.
My mean pleasantness score is _____.
My mean cross-product score is _____.

If your cross-product score is low, you can obtain one more useful bit of information by examining your score pattern. There are three possible patterns that can produce a low cross-product score.

Pattern 1—Low frequency/low pleasantness: You are not doing many of the activities on the list *and* you are not enjoying the activities that you do engage in.

Pattern 2—Low frequency/average or above-average pleasantness: You are not engaging in the kinds of activities that are potentially enjoyable for you.

Pattern 3—Average or above-average frequency/low pleasantness: You are doing many things but are not deriving much enjoyment from your activities.

Reliability: The Pleasant Events Schedule demonstrates adequate test-retest correlations ranging from .50 to .72 over a 3 month period.

Validity: Demonstrates good concurrent, construct and predictive validity (correlations of .57 and .62 for predictive validity).

References:

MacPhillamy, D. J. & Lewinshon, P. M. (1982). The Pleasant Events Schedule: Studies on reliability, validity, and scale inter-correlation. *Journal of Consulting and Clinical Psychology*, 50(3), 363-380.

Pleasant Events Schedule

Instructions:

This assessment will take you about two hours to take and score. You should plan to complete it in a quiet place and at a time when you will not be interrupted.

HOW OFTEN HAVE THESE EVENTS HAPPENED IN YOUR LIFE IN THE PAST MONTH?

Please answer this question by rating each item on the frequency scale (Column F):

0—This has *not* happened in the past 30 days.

1—This has happened a *few times* (1-6) in the past 30 days.

2—This has happened *often* (7 times or more) in the past 30 days.

Place your rating for each item in Column F. Here is an example: Item 1 is *Being in the country*. Suppose you have been in the country 3 times during the past 30 days. Then you would mark a 1 in Column F next to Item 1.

Some items will list *more than one event*; for these items, mark how often you have done any of the listed events. For example, Item 12 is *Doing artwork (painting, sculpture, drawing, movie-making, and so on)*. You should rate Item 12 on how often you have done any form of artwork in the past month.

Because this list contains events that might happen to a wide variety of people, you may find that many events have not happened to you in the past 30 days. It is not expected that anyone will have done all of these activities in a single month.

Begin now by putting your frequency rating for each of the 320 items in Column F. After you have gone through the list for the first time and have assigned a frequency rating to each of the 320 items, review the list once again. This time ask yourself the following question:

HOW PLEASANT, ENJOYABLE, OR REWARDING WAS EACH EVENT DURING THE PAST MONTH?

Please answer this question by rating each event on the Pleasantness Scale (Column P).

0—This was *not* pleasant (use this rating for those events that were either neutral or unpleasant).

1—This was *somewhat* pleasant (use this rating for events that were mildly or moderately pleasant).

2—This was *very* pleasant (use this rating for events that were strongly or extremely pleasant).

If a particular event has happened to you *more than once* in the past month, try to rate roughly how pleasant it was *on the average*. If an event *has not happened* to you during the past month, then rate it according to how much fun you think it would have been.

When an item lists more than one event, rate it on the events *you have actually done*. (If you haven't done any of the events in such an item, give it the average rating of the events in that item that you would have liked to have done.) Place your rating for each event in Column P (pleasantness).

Example: Item 1 is *Being in the country*. Suppose that each time you were in the country in the past 30 days you enjoyed it a great deal. You would then rate this event 2 because it was very pleasant.

The list of items may contain some events that you would not enjoy. Keep in mind that the list was made for a wide variety of people, and it is not expected that one person would enjoy all of the activities listed. Go through the entire list rating each event on *roughly how pleasant it was* (or would have been) *during the past 30 days*. Please be sure that you rate each item.

Blank spaces are provided at the end of the list. Here you may add activities that you find yourself doing often, or that you think you would find pleasant which are not on the list. Place your ratings in Column F and Column P just like you have for the other items.

Pleasant Events Schedule

		F	P	F x P	✓
1.	Being in the country				
2.	Wearing expensive or formal clothes				
3.	Making contributions to religious, charitable, or other groups				
4.	Talking about sports				
5.	Meeting someone new of the same sex				
6.	Taking tests when well-prepared				
7.	Going to a rock concert				
8.	Playing baseball or softball				
9.	Planning trips or vacations				
10.	Buying things for myself				
11.	Being at the beach				
12.	Doing artwork (painting, sculpture, drawing, movie-making, etc.)				
13.	Rock-climbing or mountaineering				
14.	Reading the scriptures or other sacred works				
15.	Playing golf				
16.	Taking part in military activities				
17.	Rearranging or decorating my room or house				
18.	Going naked				
19.	Going to a sports event				
20.	Reading a "how-to-do-it" book or article				
21.	Going to the races (horse, car, boat, etc.)				
22.	Reading stories, novels, non-fiction poems, or plays				
23.	Going to a bar, tavern, club, etc.				
24.	Going to lectures or hearing speakers				
25.	Driving skillfully				
26.	Breathing clean air				
27.	Thinking up or arranging a song or music				
28.	Getting drunk				
29.	Saying something clearly				
30.	Boating (canoeing, kayaking, motor-boating, sailing, etc.)				
31.	Pleasing my parents				
32.	Restoring antiques, refinishing furniture, etc.				
33.	Watching TV				
34.	Talking to myself				
35.	Camping				
36.	Working in politics				
37.	Working on machines (cars, bikes, motorcycles, tractors, etc.)				
38.	Thinking about something good in the future				
39.	Playing cards				
40.	Completing a difficult task				
41.	Laughing				
42.	Solving a problem, puzzle, crossword, etc.				

		F	P	F x P	✓
43.	Being at weddings, baptisms, confirmations, etc.				
44.	Criticizing someone				
45.	Shaving				
46.	Having lunch with friends or associates				
47.	Taking powerful drugs				
48.	Playing tennis				
49.	Taking a shower				
50.	Driving long distances				
51.	Woodworking or carpentry				
52.	Writing stories, novels, plays, or poetry				
53.	Being with animals				
54.	Riding in an airplane				
55.	Exploring (hiking away from known routes, spelunking, etc.)				
56.	Having a frank and open conversation				
57.	Singing in a group				
58.	Thinking about myself or my problems				
59.	Working on my job				
60.	Going to a party				
61.	Going to church functions (socials, classes, bazaars, etc.)				
62.	Speaking a foreign language				
63.	Going to service, civic, or social club meetings				
64.	Going to a business meeting or a convention				
65.	Being in a sporty or expensive car				
66.	Playing a musical instrument				
67.	Making snacks				
68.	Snow-skiing				
69.	Being helped				
70.	Wearing informal clothes				
71.	Combing or brushing my hair				
72.	Acting				
73.	Taking a nap				
74.	Being with friends				
75.	Canning, freezing, making preserves, etc.				
76.	Driving fast				
77.	Solving a personal problem				
78.	Being in a city				
79.	Taking a bath				
80.	Singing to myself				
81.	Making food or crafts to sell or give away				
82.	Playing pool or billiards				
83.	Being with my grandchildren				
84.	Playing chess or checkers				
85.	Doing craftwork (pottery, jewellery, leather, beads, weaving, etc.)				
86.	Weighing myself				

		F	P	F x P	✓
87.	Scratching myself				
88.	Putting on makeup, fixing my hair, etc.				
89.	Designing or drafting				
90.	Visiting people who are sick, shut in, or in trouble				
91.	Cheering, rooting				
92.	Bowling				
93.	Being popular at a gathering				
94.	Watching wild animals				
95.	Having an original idea				
96.	Gardening, landscaping, or doing yardwork				
97.	Shoplifting				
98.	Reading essays or technical, academic, or professional literature				
99.	Wearing new clothes				
100.	Dancing				
101.	Sitting in the sun				
102.	Riding a motorcycle				
103.	Just sitting and thinking				
104.	Social drinking				
105.	Seeing good things happening to my family or friends				
106.	Going to a fair, carnival, circus, zoo, or amusement park				
107.	Talking about philosophy or religion				
108.	Gambling				
109.	Planning or organizing something				
110.	Smoking marijuana				
111.	Having a drink by myself				
112.	Listening to the sounds of nature				
113.	Dating, courting, etc.				
114.	Having a lively talk				
115.	Racing in a car, motorcycle, boat, etc.				
116.	Listening to the radio				
117.	Having friends come to visit				
118.	Playing in a sporting competition				
119.	Introducing people I think would like each other				
120.	Giving gifts				
121.	Going to school or government meetings, court sessions, etc.				
122.	Getting massages or backrubs				
123.	Getting letters, cards, or notes				
124.	Watching the sky, clouds, or a storm				
125.	Going on outings (to the park, a picnic, a barbecue, etc.)				
126.	Playing basketball				
127.	Buying something for my family				
128.	Photography				
129.	Giving a speech or lecture				
130.	Reading maps				

		F	P	F x P	✓
131.	Gathering natural objects (wild foods or fruit, rocks, driftwood, etc.)				
132.	Working on my finances				
133.	Wearing clean clothes				
134.	Making a major purchase or investment (car, appliance, house, stocks, etc.)				
135.	Helping someone				
136.	Being in the mountains				
137.	Getting a job advancement (being promoted, given a raise, or offered a better job; getting accepted at a school, etc.)				
138.	Hearing jokes				
139.	Winning a bet				
140.	Talking about my children or grandchildren				
141.	Meeting someone new of the opposite sex				
142.	Going to a revival or crusade				
143.	Talking about my health				
144.	Seeing beautiful scenery				
145.	Eating good meals				
146.	Improving my health (having my teeth fixed, getting new glasses, changing my diet, etc.)				
147.	Being downtown				
148.	Wrestling or boxing				
149.	Hunting or shooting				
150.	Playing in a musical group				
151.	Hiking				
152.	Going to a museum or exhibit				
153.	Writing papers, essays, articles, reports, memos, etc.				
154.	Doing a job well				
155.	Having spare time				
156.	Fishing				
157.	Loaning something				
158.	Being noticed as sexually attractive				
159.	Pleasing employers, teachers, etc.				
160.	Counseling someone				
161.	Going to a health club, sauna bath, etc.				
162.	Having someone criticize me				
163.	Learning to do something new				
164.	Going to a "drive-in" (Dairy Queen, McDonald's, etc.)				
165.	Complimenting or praising someone				
166.	Thinking about people I like				
167.	Being at a fraternity or sorority				
168.	Taking revenge on someone				
169.	Being with my parents				
170.	Horseback riding				

		F	P	F x P	✓
171.	Protesting social, political, or environmental conditions				
172.	Talking on the telephone				
173.	Having daydreams				
174.	Kicking leaves, sand, pebbles, etc.				
175.	Playing lawn sports (badminton, croquet, shuffleboard, horseshoes, etc.)				
176.	Going to school reunions, alumni meetings, etc.				
177.	Seeing famous people				
178.	Going to the movies				
179.	Kissing				
180.	Being alone				
181.	Budgeting my time				
182.	Cooking meals				
183.	Being praised by people I admire				
184.	Outwitting a “superior”				
185.	Feeling the presence of the Lord in my life				
186.	Doing a project in my own way				
187.	Doing “odd jobs” around the house				
188.	Crying				
189.	Being told I’m needed				
190.	Being at a family reunion or get-together				
191.	Giving a party or get-together				
192.	Washing my hair				
193.	Coaching someone				
194.	Going to a restaurant				
195.	Seeing or smelling a flower or plant				
196.	Being invited out				
197.	Receiving honors (civic, military, etc.)				
198.	Using cologne, perfume, or aftershave				
199.	Having someone agree with me				
200.	Reminiscing, talking about old times				
201.	Getting up early in the morning				
202.	Having peace and quiet				
203.	Doing experiments or other scientific work				
204.	Visiting friends				
205.	Writing in a diary				
206.	Playing football				
207.	Being counseled				
208.	Saying prayers				
209.	Giving massages or backrubs				
210.	Hitchhiking				
211.	Meditating or doing yoga				
212.	Seeing a fight				
213.	Doing favors for people				

		F	P	F x P	✓
214.	Talking with people on the job or in class				
215.	Being relaxed				
216.	Being asked for my help or advice				
217.	Thinking about other people's problems				
218.	Playing board games (Monopoly, Scrabble, etc.)				
219.	Sleeping soundly at night				
220.	Doing heavy outdoor work (cutting or chopping wood, clearing land, farm work, etc.)				
221.	Reading the newspaper				
222.	Shocking people, swearing, making obscene gestures, etc.				
223.	Snowmobiling or dune-buggy riding				
224.	Being in a body-awareness, sensitivity, encounter, therapy, or "rap" group				
225.	Dreaming at night				
226.	Playing ping-pong				
227.	Brushing my teeth				
228.	Swimming				
229.	Being in a fight				
230.	Running, jogging, or doing gymnastics, fitness, or field exercises				
231.	Walking barefoot				
232.	Playing Frisbee or catch				
233.	Doing housework or laundry; cleaning things				
234.	Being with my roommate				
235.	Listening to music				
236.	Arguing				
237.	Knitting, crocheting, embroidery, or fancy needle work				
238.	Petting, necking				
239.	Amusing people				
240.	Talking about sex				
241.	Going to a barber or beautician				
242.	Having houseguests				
243.	Being with someone I love				
244.	Reading magazines				
245.	Sleeping late				
246.	Starting a new project				
247.	Being stubborn				
248.	Having sexual relations				
249.	Having other sexual satisfactions				
250.	Going to the library				
251.	Playing soccer, rugby, hockey, lacrosse, etc.				
252.	Preparing a new or special food				
253.	Birdwatching				
254.	Shopping				
255.	Watching people				

		F	P	F x P	✓
256.	Building or watching a fire				
257.	Winning an argument				
258.	Selling or trading something				
259.	Finishing a project or task				
260.	Confessing or apologizing				
261.	Repairing things				
262.	Working with others as a team				
263.	Bicycling				
264.	Telling people what to do				
265.	Being with happy people				
266.	Playing party games				
267.	Writing letters, cards, or notes				
268.	Talking about politics or public affairs				
269.	Asking for help or advice				
270.	Going to banquets, luncheons, potlucks, etc.				
271.	Talking about my hobby or special interest				
272.	Watching attractive women or men				
273.	Smiling at people				
274.	Playing in sand, a stream, the grass, etc.				
275.	Talking about other people				
276.	Being with my husband or wife				
277.	Having people show interest in what I have said				
278.	Going on field trips, nature walks, etc.				
279.	Expressing my love to someone				
280.	Smoking tobacco				
281.	Caring for houseplants				
282.	Having coffee, tea, a coke, etc., with friends				
283.	Taking a walk				
284.	Collecting things				
285.	Playing handball, paddleball, squash, etc.				
286.	Sewing				
287.	Suffering for a good cause				
288.	Remembering a departed friend or loved one, visiting the cemetery				
289.	Doing things with children				
290.	Beachcombing				
291.	Being complimented or told I have done well				
292.	Being told I am loved				
293.	Eating snacks				
294.	Staying up late				
295.	Having family members or friends do something that makes me proud of them				
296.	Being with my children				
297.	Going to auctions, garage sales, etc.				
298.	Thinking about an interesting question				

		F	P	F x P	✓
299.	Doing volunteer work, working on community service projects				
300.	Water skiing, surfing, scuba diving				
301.	Receiving money				
302.	Defending or protecting someone; stopping fraud or abuse				
303.	Hearing a good sermon				
304.	Picking up a hitchhiker				
305.	Winning a competition				
306.	Making a new friend				
307.	Talking about my job or school				
308.	Reading cartoons, comic strips, or comic books				
309.	Borrowing something				
310.	Traveling with a group				
311.	Seeing old friends				
312.	Teaching someone				
313.	Using my strength				
314.	Traveling				
315.	Going to office parties or departmental get-togethers				
316.	Attending concert, opera, or ballet				
317.	Playing with pets				
318.	Going to a play				
319.	Looking at the stars or moon				
320.	Being coached				

ACT measures for specific populations

Diabetes Acceptance and Action Scale for Children and Adolescents (DAAS)

Authors: L. A. Greco & Hart

The Diabetes Acceptance and Action Scale for Children and Adolescents is a 42-item measure that is being used to indicate levels of psychological flexibility in youth with Type 1 diabetes.

Scoring: To score the DAAS, first reverse score negatively worded items (see below), then sum all items. Higher scores on the DAAS should reflect higher levels of diabetes-related acceptance and action.

Reverse score key: 2, 4, 5, 6, 7, 8, 11, 13, 14, 17, 18, 19, 21, 22, 24, 25, 26, 27, 28, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42.

The authors are still in the process of collecting data. Preliminary data obtained thus far reveals statistically significant correlations:

Diabetes-related quality of life = .36 (higher acceptance correlates with higher Quality of Life)

Diabetes-related worry = -.41

Social anxiety = -.36

Adherence to medical regimen = .30

Reliability:

Validity:

Reference:

DIABETES ACCEPTANCE & ACTION SCALE FOR CHILDREN AND ADOLESCENTS

GRECO & HART (2005)

We want to know more about what you think, how you feel, and what you do. Read each sentence. Then, circle the number that tells how often each sentence is true for you.

	Never True	Rarely True	Sometimes True	Often True	Always True
1. I do things that I care about, even when I feel sad about my diabetes.	0	1	2	3	4
2. I play video games or use the internet to take my mind off my health.	0	1	2	3	4
3. It's OK to feel sad or afraid about having diabetes.	0	1	2	3	4
4. I worry a lot about my health.	0	1	2	3	4
5. I push away my sad feelings about diabetes.	0	1	2	3	4
6. I try to forget that I have diabetes.	0	1	2	3	4
7. My life can't be good because I have diabetes.	0	1	2	3	4
8. I don't do well in school when I worry about my diabetes.	0	1	2	3	4
9. I do things that are important to me even though I have diabetes.	0	1	2	3	4
10. I take care of my health, even when I feel upset about having diabetes.	0	1	2	3	4
11. My life would be much better if I didn't have diabetes.	0	1	2	3	4
12. It's OK for me to feel upset about having diabetes.	0	1	2	3	4
13. I eat things that I shouldn't so I don't feel different from my family or friends.	0	1	2	3	4

	Never True	Rarely True	Sometimes True	Often True	Always True
14. Diabetes messes up my life.	0	1	2	3	4
15. I can live a good life with diabetes.	0	1	2	3	4
16. I talk about my diabetes even if it makes me feel bad.	0	1	2	3	4
17. Thoughts about diabetes can really hurt me.	0	1	2	3	4
18. I do things to forget about my diabetes.	0	1	2	3	4
19. Diabetes keeps me from working on my goals.	0	1	2	3	4
20. I check my glucose and take insulin even when I've had a rough day.	0	1	2	3	4
21. I don't try out new things because I'm afraid of having a reaction or getting sick.	0	1	2	3	4
22. It's <u>not</u> OK to think about what diabetes can do to me.	0	1	2	3	4
23. It's OK to feel scared about my health.	0	1	2	3	4
24. I block out scary thoughts about having diabetes.	0	1	2	3	4
25. I don't take my medicine because it reminds me I have diabetes.	0	1	2	3	4
26. I wish I could wave a magic wand to make my diabetes go away.	0	1	2	3	4
27. I do whatever I can to forget that I have diabetes.	0	1	2	3	4
28. I stay away from people and places that remind me of my diabetes.	0	1	2	3	4

	Never True	Rarely True	Sometimes True	Often True	Always True
29. It's OK for me to feel mad or upset about having diabetes.	0	1	2	3	4
30. I share my feelings about having diabetes with other people.	0	1	2	3	4
31. I do things that I like to do, even when I feel upset about having diabetes.	0	1	2	3	4
32. I stopped doing fun things because I have diabetes.	0	1	2	3	4
33. My diabetes gets in the way of living a good and meaningful life.	0	1	2	3	4
34. I can't be a good friend because of my diabetes.	0	1	2	3	4
35. I do worse in school when I think about my diabetes.	0	1	2	3	4
36. Diabetes stops me from doing what I want to do.	0	1	2	3	4
37. Diabetes stops me from having fun with my friends.	0	1	2	3	4
38. Diabetes stops me from doing well in school.	0	1	2	3	4
39. I try hard to forget the fact that I have diabetes.	0	1	2	3	4
40. If I think sad thoughts about my diabetes, it will make it worse.	0	1	2	3	4
41. My thoughts about diabetes mess up my blood sugar levels.	0	1	2	3	4
42. Being afraid about having diabetes will make it get worse.	0	1	2	3	4

Avoidance and Fusion Questionnaire for Youth (AFQ-Y)

Author: Laurie A. Greco, Amy Murrell & Lisa Coyne

The 17-item AFQ-Y is a child-report measure that is used to assess psychological inflexibility engendered by cognitive fusion, experiential avoidance, and behavioral ineffectiveness in the presence of negatively evaluated private events (e.g., thoughts, feelings, physical-bodily sensations) (Greco et al., n.d.).

Recent findings suggest that the AFQ-Y may be used as a measure of core ACT processes in children, including Cognitive Fusion, Experiential Avoidance and Inaction or behavioural ineffectiveness in the presence of unwanted internal experiences.

Scoring: Respondents are asked to rate how true each item on the AFQ-Y is for them (0 = Not at All True; 4 = Very True). High scores indicate psychological inflexibility.

Reliability: The AFQ-Y demonstrates very good internal consistency, with Cronbach's alpha ranging from .90 to .93.

Validity: The AFQ-Y correlated significantly in expected directions with measures of symptoms and functioning, supporting its convergent validity. For example, the AFQ-Y correlated positively with child measures of anxiety and problem behaviour, while correlating negatively with measures of overall quality of life. Findings also support the construct validity of the AFQ-Y. For example, the AFQ-Y scores correlated significantly in a negative direction with mindfulness and acceptance scores, and positively with thought suppression.

Reference:

Greco, L. A., Ball, S. M., Dew, S. E., Lambert, W. & Baer, R. A. Psychological inflexibility in childhood and adolescence: Development and evaluation of the Avoidance and Fusion Questionnaire for Youth. *Manuscript under review*.

AFQ-Y

(GRECO, MURRELL, & COYNE, 2005)

We want to know more about what you think, how you feel, and what you do. Read each sentence. Then, circle a number between 0-4 that tells how true each sentence is for you.

	Not at all True	A little True	Pretty True	True	Very True
1. My life won't be good until I feel happy.	0	1	2	3	4
2. My thoughts and feelings mess up my life.	0	1	2	3	4
3. If I feel sad or afraid, then something must be wrong with me.	0	1	2	3	4
4. The bad things I think about myself must be true.	0	1	2	3	4
5. I don't try out new things if I'm afraid of messing up.	0	1	2	3	4
6. I must get rid of my worries and fears so I can have a good life.	0	1	2	3	4
7. I do all I can to make sure I don't look dumb in front of other people.	0	1	2	3	4
8. I try hard to erase hurtful memories from my mind.	0	1	2	3	4
9. I can't stand to feel pain or hurt in my body.	0	1	2	3	4
10. If my heart beats fast, there must be something wrong with me.	0	1	2	3	4
11. I push away thoughts and feelings that I don't like.	0	1	2	3	4
12. I stop doing things that are important to me whenever I feel bad.	0	1	2	3	4
13. I do worse in school when I have thoughts that make me feel sad.	0	1	2	3	4
14. I say things to make me sound cool.	0	1	2	3	4
15. I wish I could wave a magic wand to make all my sadness go away.	0	1	2	3	4
16. I am afraid of my feelings.	0	1	2	3	4
17. I can't be a good friend when I feel upset.	0	1	2	3	4

Child Acceptance and Mindfulness Measure (CAMM)

Author: Laurie A. Greco, S. E. Dew & S. Baer

The CAMM is a 25-item measure of mindfulness and assesses the degree to which children and adolescents observe internal experiences, act with awareness, and accept internal experiences without judging them.

Scoring: Respondents are asked to indicate how true each item reflects their experience using a 5-point scale ranging from 0 (Never true) to 4 (Always true). A total acceptance-mindfulness score can be generated by reverse scoring negatively worded items (see below) and summing the item total, yielding a possible range in scores from 0-100. Higher scores indicate higher levels of acceptance and mindfulness.

Reverse-scored items: 2, 4, 5, 7, 8, 10, 11, 15, 16, 17, 18, 19, 20, 21, 25

Reliability: The CAMM demonstrates good internal consistency, with Cronbach's alpha = .87.

Validity: Research using the CAMM suggests the measure has good concurrent validity.

Reference:

Greco, L. A., Dew, S. E., & Ball, S. (2005). Acceptance, mindfulness, and related processes in childhood: Measurement issues, clinical relevance, and future directions. In S.E. Dew & R. Baer (Chairs), *Measuring Acceptance, Mindfulness, and Related Processes: Empirical Findings and Clinical Applications across Child, Adolescent, and Adult Samples*. Symposium presented at the Association for Behavior and Cognitive Therapies, Washington, DC.

CAMM

(GRECO, DEW, & BAER, 2005)

We want to know more about what you think, how you feel, and what you do. Read each sentence. Then, circle the number that tells how often each sentence is true for you.

	Never True	Rarely True	Sometimes True	Often True	Always True
1. I notice small changes in my body, like when my breathing slows down or speeds up.	0	1	2	3	4
2. I get upset with myself for having feelings that don't make sense.	0	1	2	3	4
3. I pay attention to my muscles and notice when they feel tight or relaxed.	0	1	2	3	4
4. At school, I walk from class to class without noticing what I'm doing.	0	1	2	3	4
5. I do things without thinking about what I'm doing.	0	1	2	3	4
6. I pay close attention to my thoughts.	0	1	2	3	4
7. I try only to think about things that make me feel happy.	0	1	2	3	4
8. I keep myself busy so I don't notice my thoughts or feelings.	0	1	2	3	4
9. When I'm doing something, I focus only on what I'm doing and nothing else.	0	1	2	3	4
10. I tell myself that I shouldn't feel the way I'm feeling.	0	1	2	3	4
11. When something good happens, I can't stop thinking about it.	0	1	2	3	4
12. When I take a shower or bath, I notice how the water feels on my body.	0	1	2	3	4
13. I notice my thoughts as they come and go.	0	1	2	3	4
14. When I'm eating, I notice the way it feels to chew my food.	0	1	2	3	4
15. I push away thoughts that I don't like.	0	1	2	3	4
16. It's hard for me to pay attention to only one thing at a time.	0	1	2	3	4
17. I think about things that have happened in the past instead of thinking about things that are happening right now.	0	1	2	3	4
18. I get upset with myself for having certain thoughts.	0	1	2	3	4
19. I do many things at once.	0	1	2	3	4
20. I think about the future.	0	1	2	3	4
21. I think that some of my feelings are bad and that I shouldn't have them.	0	1	2	3	4

22. I notice when my feelings begin to change.	0	1	2	3	4
23. I pay close attention to whatever is happening right now.	0	1	2	3	4
24. I notice how things around me smell.	0	1	2	3	4
25 I stop myself from having feelings that I don't like.	0	1	2	3	4

Chronic Pain Acceptance Questionnaire – Revised (CPAQ-R)

Authors: Lance M. McCracken, Kevin E. Vowles, & Christopher Eccleston

The 20-item CPAQ-revised has been designed to measure acceptance of pain. The acceptance of chronic pain is thought to reduce unsuccessful attempts to avoid or control pain and thus focus on engaging in valued activities and pursuing meaningful goals.

There have been 2 factors identified in the CPAQ-Revised:

- (1) Activity engagement (pursuit of life activities regardless of pain). Items – 1, 2, 3, 5, 6, 8, 9, 10, 12, 15, 19.
- (2) Pain willingness (recognition that avoidance and control are often unworkable methods of adapting to chronic pain). Items – 4, 7, 11, 13, 14, 16, 17, 18, 20.

Scoring: The items on the CPAQ are rated on a 7-point scale from 0 (never true) to 6 (always true). To score the CPAQ, add the items for Activity engagement and Pain willingness to obtain a score for each factor. To obtain the total score, add the scores for each factor together. Higher scores indicate higher levels of acceptance

Reliability: The CPAQ-Revised demonstrates very good to excellent internal consistency, with alphas of .82 (Activity engagement) and .78 (Pain willingness).

Validity: The CPAQ shows moderate to high correlations with measures of avoidance, distress, and daily functioning. The 2 factors of the CPAQ-revised have been found to significantly predict pain-related disability and distress, thus demonstrating predictive validity.

References:

McCracken, L. M., Vowles, K. E. & Eccleston, C. (2004). Acceptance of chronic pain: component analysis and a revised assessment method. *Pain*, 107, 159-166.

McCracken, L. M., Vowles, K. E., & Eccleston, C. (2005). Acceptance-based treatment for persons with complex, long standing chronic pain: a preliminary analysis of treatment outcome in comparison to a waiting phase. *Behavior Research and Therapy*, 43, 1335-1346.

CHRONIC PAIN ACCEPTANCE QUESTIONNAIRE

Below you will find a list of statements. Please rate the truth of each statement as it applies to you. Use the following rating scale to make your choices. For instance, if you believe a statement is 'Always True,' you would write a 6 in the blank next to that statement.

0	1	2	3	4	5	6
Never true	Very rarely true	Seldom True	Sometimes true	Often true	Almost always true	Always true

- _____ 1. I am getting on with the business of living no matter what my level of pain is.
- _____ 2. My life is going well, even though I have chronic pain.
- _____ 3. It's OK to experience pain.
- _____ 4. I would gladly sacrifice important things in my life to control this pain better.
- _____ 5. It's not necessary for me to control my pain in order to handle my life well.
- _____ 6. Although things have changed, I am living a normal life despite my chronic pain.
- _____ 7. I need to concentrate on getting ride of my pain.
- _____ 8. There are many activities I do when I feel pain.
- _____ 9. I lead a full life even though I have chronic pain.
- _____ 10. Controlling my pain is less important than any other goals in my life.
- _____ 11. My thoughts and feelings about pain must change before I can take important steps in my life.
- _____ 12. Despite the pain, I am now sticking to a certain course in my life.
- _____ 13. Keeping my pain level under control takes first priority whenever I'm doing something.
- _____ 14. Before I can make any serious plans, I have to get some control over my pain.
- _____ 15. When my pain increases, I can still take care of my responsibilities.
- _____ 16. I will have better control over my life if I can control my negative thoughts about pain.
- _____ 17. I avoid putting myself in situations where my pain might increase.
- _____ 18. My worries and fears about what pain will do to me are true.
- _____ 19. It's a great relief to realize that I don't have to change my pain to get on with life.
- _____ 20. I have to struggle to do things when I have pain.

Chronic Pain Values Inventory (CPVI)

Authors: Lance M. McCracken & Su-Yin Yang

Individuals suffering with chronic pain often spend much of their time focused on trying to reduce their pain rather than living a valued life that they would like to live.

The 12-item CPVI is a brief inventory that can be used to determine which values are important to an individual and to assess the degree of success they are having in following their values. The valued domains included in the inventory are family, intimate relations, friends, work, health, and growth or learning. The inventory can be used to help individuals identify values based action that can form part of their daily functioning. Overall, analysis of the CPVI has supported its use in a contextual analysis of pain and as part of a treatment for chronic pain.

Scoring: Respondents are asked to rate each item on a scale from 0 (not at all important / successful) to 5 (extremely important / successful). Two primary scores are obtained when scoring the CPVI. The first is a mean success rating, taken as the average of the 6 success ratings. The second score is a mean discrepancy rating, taken as the mean of the differences between importance and success.

Low success in living in accordance to an important value is presumed to entail greater suffering than low success in living in accordance to a value that is relatively unimportant.

Reliability: The CPVI demonstrates very good internal consistency (Cronbach's alpha = .82).

Validity: Analysis supports the CPVI's construct validity. The CPVI obtained significant correlations of overall success with measures of avoidance and acceptance of pain, which supports the validity of scores from the values measure. Success in living according to values was correlated with measures of disability, depression, and pain-related anxiety.

Reference:

McCracken, L. M. & Yang, S. (2006). The role of values in a contextual cognitive-behavioral approach to chronic pain. *Pain*, 123, 137-145.

CPVI

Many people with chronic pain find that their pain and other symptoms are barriers to engaging in activities that are personally important to them. These people have ‘VALUES’ but they are not living according to their values.

For example, you may want to be a loving partner, a warm and supportive parent, a helpful and reliable friend, a person who keeps physically fit and able, or a person who is always learning new skills, but you may find yourself in circumstances where you are not living that way.

For each of the areas listed below consider how you most want to live your life. Then rate how IMPORTANT each domain is for you. This is NOT about how well you are doing in each area – it is about how important it is to you. Rate the importance you place in each domain using any number on the scale from 0 (not at all important) to 5 (very important). Each area need not be important to you – rate an area low if it is not important to you personally.

0	1	2	3	4	5
Not at all Important	Slightly important	Somewhat important	Moderately important	Very important	Extremely important
Consider each area according to your values, the important ways that you most want to live your life in each domain					IMPORTANCE of this domain to you
1. Family: Participation in your relationships with your parents, children, other close relatives, people you live with, or whoever is your “family” 2. Intimate relations: Being the kind of partner you want to be for your husband/wife or closest partner in life 3. Friends: Spending time with friends, doing what you need to maintain friendships, or providing help and support for others as a friend 4. Work: Engaging in whatever is your occupation, your job, volunteer work, community service, education, or your, work around your own home 5. Health: Keeping yourself fit, physically able, and healthy just as you would most want to do 6. Growth and learning: Learning new skills or gaining knowledge, or improving yourself as a person as you would most want					

CPVI

In this section, we want you to look at how much SUCCESS you have had in living according to your values. Many times when people have chronic pain they find it difficult to live their life as they want to live it.

For each of the areas of life listed below consider again how you most want to live your life. Then rate how SUCCESSFUL you have been living according your values during the past two weeks. These questions are NOT asking how successful you want to be but how successful you have been. Rate your success using any number on the scale from 0 (not at all successful) to 5 (very successful).

0	1	2	3	4	5
Not at all successful	Slightly successful	Somewhat successful	Moderately successful	Very successful	Extremely successful

Consider each area according to your values, the important ways that you most want to live your life in each domain	SUCCESS at living your values
1. Family: Participation in your relationships with your parents, children, other close relatives, people you live with, or whoever is your “family”	
2. Intimate relations: Being the kind of partner you want to be for your husband/wife or closest partner in life	
3. Friends: Spending time with friends, doing what you need to maintain friendships, or providing help and support for others as a friend	
4. Work: Engaging in whatever is your occupation, your job, volunteer work, community service, education, or your, work around your own home	
5. Health: Keeping yourself fit, physically able, and healthy just as you would most want to do	
6. Growth and learning: Learning new skills or gaining knowledge, or improving yourself as a person as you would most want	

Psychological Inflexibility in Pain Scale (PIPS)

Authors: Rikard K. Wicksell, Jonas Renöfält, Gunnar L. Olsson, & Lennart Melin.

The PIPS is a 16-item scale used to assess psychological inflexibility (i.e. avoidance, acceptance, fusion, values orientation, dirty discomfort) in people with chronic pain. There are 2 main components that are measured in the PIPS:

1. Avoidance of pain (items: 2, 3, 7, 8, 9, 11, 13, 14, 15, 16)
2. Fusion with pain thoughts (items: 1, 4, 5, 6, 10, 12)

Scoring: Respondents are asked to rate items on a 7-point scale that ranges from 1 (never true) to 7 (always true). Higher scores indicate greater levels of psychological inflexibility.

Reliability: The PIPS demonstrates good internal consistency as measured by Cronbach's alpha, with .90 (avoidance), .75 (fusion) and .89 (total scale). The intercorrelation between the subscales was found to be .46, which indicates that the subscales provide distinctive information in relation to psychological flexibility.

Validity: Overall, results support the concurrent validity of both subscales as well as the total scale. For example, the PIPS was found to correlate significantly with subscales of the SF-12 (e.g., the quality of life-item) and with all but the *support* subscales of MPI.

Reference:

Wicksell, R. K., Renöfält, J., Olsson, G. L., & Melin, L. (submitted article). Avoidance and fusion - central components in pain related disability? Development and preliminary validation of the Psychological Inflexibility in Pain Scale.

PIPS

Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it.

1	2	3	4	5	6	7
Never true	Very rarely true	Seldom true	Sometimes true	Often true	Almost always true	Always true
1. I would do almost anything to get rid of my pain.					1 2 3 4 5 6 7	
2. I don't do things that are important to me to avoid feeling my pain.					1 2 3 4 5 6 7	
3. When I am in pain, I stay away from other people.					1 2 3 4 5 6 7	
4. It is important that I learn to control my pain.					1 2 3 4 5 6 7	
5. It is important to understand what causes my pain.					1 2 3 4 5 6 7	
6. I feel angry about my pain.					1 2 3 4 5 6 7	
7. I say things like "I don't have any energy", "I am not well enough", "I don't have time", "I don't dare", "I have too much pain", "I feel too bad" or "I don't feel like it".					1 2 3 4 5 6 7	
8. I avoid doing things when there is a risk it will hurt or make things worse.					1 2 3 4 5 6 7	
9. I avoid scheduling activities because of my pain.					1 2 3 4 5 6 7	
10. I put a lot of effort into fighting my pain.					1 2 3 4 5 6 7	
11. It's not me that controls my life, it's my pain.					1 2 3 4 5 6 7	
12. I need to understand what is wrong in order to move on.					1 2 3 4 5 6 7	
13. Because of my pain, I no longer plan for the future.					1 2 3 4 5 6 7	
14. I postpone things on account of my pain.					1 2 3 4 5 6 7	
15. I cancel planned activities when I am in pain.					1 2 3 4 5 6 7	
16. I interrupt activities if it starts to hurt or becomes worse.					1 2 3 4 5 6 7	

The Body Image - Acceptance and Action Questionnaire (BI-AAQ)

Authors: Emily K. Sandoz & Kelly G. Wilson

The BIAQ is a 29 item self-report scale that has been designed to measure the extent to which an individual exhibits an accepting posture toward negative thoughts and feelings about his or her body shape and/or weight.

Scoring: Respondents are asked to rate items on a 7-point scale that ranges from 1 ('Never True') to 7 ('Always True'). Higher scores indicate more acceptance.

Reverse scored items are: 2, 3, 4, 7, 8, 10, 11, 14, 15, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29.

Initial psychometric data is promising.

Reliability: The scale is internally consistent with Cronbach's $\alpha = .93$.

Validity: Construct validity is also good. Scores are significantly negatively correlated with well-established measures of theoretically related constructs such as body dissatisfaction, bulimia, general eating pathology, and general distress. The BIAQ is also significantly positively correlated with well-established measures of theoretically related constructs such as mindfulness skills, and general acceptance. Scores also predict performance on an Implicit Relational Assessment Procedure with body- and self-related stimuli.

Reference:

Sandoz, E. K. & Wilson, K. G. (2006). Assessing Body Image Acceptance. Unpublished Manuscript. University of Mississippi.

BI-AAQ ©

Directions: Below you will find a list of statements. Please rate the truth of each statement as it applies to you. Use the following rating scale to make your choices. For instance, if you believe a statement is 'Always True,' you would write a 7 next to that statement.

Never True	Very Seldom True	Seldom True	Sometimes True	Frequently True	Almost Always True	Always True
1	2	3	4	5	6	7

- ____1. I get on with my life even when I feel bad about my body.
- ____2. Worrying about my weight makes it difficult for me to live a life that I value.
- ____3. I would gladly sacrifice important things in my life to be able to stop worrying about my weight.
- ____4. I care too much about my weight and body shape.
- ____5. How I feel about my body has very little to do with the daily choices I make.
- ____6. Many things are more important to me than feeling better about my weight.
- ____7. There are many things I do to try and stop feeling bad about my body weight and shape.
- ____8. I worry about not being able to control bad feelings about my body.
- ____9. I do not need to feel better about my body before doing things that are important to me.
- ____10. I don't do things that might make me feel fat.
- ____11. I shut down when I feel bad about my body shape or weight.
- ____12. My worries about my weight do not get in the way of my success.
- ____13. I can move toward important goals, even when feeling bad about my body.
- ____14. There are things I do to distract myself from thinking about my body shape or size.

- _____15. My thoughts and feelings about my body weight and shape must change before I can take important steps in my life.
- _____16. My thoughts about my body shape and weight do not interfere with the way I want to live.
- _____17. I cannot stand feeling fat.
- _____18. Worrying about my body takes up too much of my time.
- _____19. If I start to feel fat, I try to think about something else.
- _____20. Worrying about my weight does not get in my way.
- _____21. Before I can make any serious plans, I have to feel better about my body.
- _____22. I will have better control over my life if I can control my negative thoughts about my body.
- _____23. I avoid putting myself in situations where I might feel bad about my body.
- _____24. To control my life, I need to control my weight.
- _____25. My worries and fears about my weight are true.
- _____26. Feeling fat causes problems in my life.
- _____27. I do things to control my weight so I can stop worrying about the way my body looks.
- _____28. When I start thinking about the size and shape of my body, it's hard to do anything else.
- _____29. My relationships would be better if my body weight and/or shape did not bother me.

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Trauma Specific AAQ (AAQ-TS)

Authors: Katie Braekkan, Sonja Batten, Robyn Walser, Melissa Polusny & Karen Grantz.

This measure is still in development.

General ACT measures

ACT daily diary measure

Author: Steve Hayes

The ACT daily diary and weekly report can be clinically useful in monitoring progress

Daily Diary

Date

Describe any particularly stressful events you encountered today and how you handled them:

Suffering

Rate how upset and distressed [NOTE: IN ACTUAL CLINICAL USE YOU CAN REPLACE THE GENERAL LANGUAGE WITH THE SPECIFIC FORM OF DISTRESS THAT IS THE MAIN COMPLAINT, SUCH AS “depressed” OR “anxious”] you were today overall

None										Extreme amount
0	1	2	3	4	5	6	7	8	9	10

Struggle

Rate how much effort was put into making these upsetting feelings or thoughts go away (for example, through suppression; distraction; reassurance)

None										Extreme amount
0	1	2	3	4	5	6	7	8	9	10

Workability

If life in general were like this day, to what degree would today be part of a vital, workable way of living?

Not at all										Extreme amount
0	1	2	3	4	5	6	7	8	9	10

Valued Action

Rate how effective you were in taking actions that accord with your values today

Not at all										Extreme amount
0	1	2	3	4	5	6	7	8	9	10

ACT weekly Diary

Instructions: Please answer all of the items. Put a check (✓) after each item to indicate to what degree, during the past week including today, you have ...

	0-- Not At All	1--Somewhat	2--Moderately	3--A Lot	4--Extremely
1. Felt sad or depressed.					
2. Felt anxious					
3. Noticed that trying to change the content of thoughts and feelings have often only gotten you more stuck.					
4. Fully experienced thoughts, feelings, memories, or bodily sensations, in order to do things you value					
5. Viewed yourself as distinct from your thoughts, feelings, memories, or bodily sensations					
6. Set specific behavioral goals that fit with your chosen overall values.					
7. Viewed “reasons” for your unhealthy actions as mere words rather than something to be right about.					
8. Took actions in accord with your own personal values even when those actions were difficult or painful					