Acceptance and Commitment Therapy

Measures Package

Measures of potential relevance to ACT
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 is a questionnaire that 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):


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):


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. The 49 original items in the new pool are attached (AAQ 49 items, Scoring Key). 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)

Reference:

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.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>never true</td>
<td>very seldom true</td>
<td>seldom true</td>
<td>sometimes true</td>
<td>frequently true</td>
<td>almost always true</td>
<td>always true</td>
<td></td>
</tr>
</tbody>
</table>

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
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:**

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
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

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

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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>I usually don’t do this at all</td>
<td>I usually do this a little bit</td>
<td>I usually do this a medium amount</td>
<td>I usually do this a lot</td>
</tr>
</tbody>
</table>

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
<p>| | | | | |</p>
<table>
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</thead>
<tbody>
<tr>
<td>15.</td>
<td>I make sure not to make matters worse by acting too soon</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16.</td>
<td>I restrain myself from doing anything too quickly</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17.</td>
<td>I ask people who have had similar experiences what they did</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18.</td>
<td>I try to get advice from someone about what to do</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19.</td>
<td>I talk to someone more about the situation</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20.</td>
<td>I talk to someone who could do something concrete about the problem</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21.</td>
<td>I talk to someone about how I feel</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>22.</td>
<td>I try to get emotional support from friend or relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>23.</td>
<td>I discuss my feelings with someone</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>24.</td>
<td>I get sympathy and understanding from someone</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>25.</td>
<td>I look for something good in what is happening</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>26.</td>
<td>I try to see it in a different light to make it seem more positive</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>27.</td>
<td>I learn something from the experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>28.</td>
<td>I try to grow as a person as a result of the experience</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29.</td>
<td>I learn to live with it</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30.</td>
<td>I accept that this has happened and that it can’t be changed</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31.</td>
<td>I get used to the idea that it happened</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32.</td>
<td>I accept the reality of the fact that it happened</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>33.</td>
<td>I seek God’s help</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>34.</td>
<td>I put my trust in God</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>35.</td>
<td>I try to find comfort in my religion</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>36.</td>
<td>I pray more than usual</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
37. I get upset and let my emotions out
38. I let my feelings out
39. I feel a lot of emotional distress and I find myself expressing those feelings a lot
40. I get upset, and am really aware of it
41. I refuse to believe that it has happened
42. I pretend that it hasn’t really happened
43. I act as though it hasn’t even happened
44. I say to myself, this isn’t real
45. I give up the attempt to get what I want
46. I just give up trying to reach my goal
47. I admit to myself that I can’t deal with it and quit trying
48. I reduce the amount of effort I’m putting into solving the problem
49. I turn to work or other substitute activities to take my mind off things
50. I go to movies or watch TV, to think about it less
51. I daydream about things other than this
52. I sleep more than usual
53. I drink alcohol or take drugs in order to think about it less
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:

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


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:**


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

5. I am often sick to my stomach. (True)
7. I am about as nervous as other people. (False)
13. I work under a great deal of strain. (True)
24. I blush as often as others. (False)
25. I have diarrhea ("the runs") once a month or more. (True)
26. I worry quite a bit over possible troubles. (True)
38. When embarrassed I often break out in a sweat which is very annoying. (True)
41. I do not often notice my heart pounding and I am seldom short of breath. (False)
44. Often my bowels don't move for several days at a time. (True)
51. At times I lose sleep over worry. (True)
54. My sleep is restless and disturbed. (True)
56. I often dream about things I don't like to tell other people. (True)
67. My feelings are hurt easier than most people. (True)
77. I often find myself worrying about something. (True)
82. I wish I could be as happy as others. (True)
87. I feel anxious, about something or someone almost all of the time. (True)
100. At times I am so restless that I cannot sit in a chair for very long. (True)
107. I have often felt that I faced so many difficulties I could not overcome them. (True)
112. At times I have been worried beyond reason that something that really did not matter. (True)
117. I do not' have as many fears as my friend. (False)
145. I am more self-conscious than most people. (True)
152. I am the kind of person who takes things ...(True)
153. I am a very nervous person. (True)
163. Life is often a strain for me. (True)
168. I am not at all confident of myself. (True)
183. At times I feel that I am going to crack up. (True)
187. I don't like to face a difficulty or make an important decision. (True)
190. 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:**

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.
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:
BIDR

Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

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

1. My first impressions of people usually turn out to be right.
2. It would be hard for me to break any of my bad habits.
3. I don’t care to know what other people really think of me.
4. I have not always been honest with myself
5. I always know why I like things.
6. When my emotions are aroused, it biases my thinking.
7. Once I’ve made up my mind, other people can seldom change my opinion.
8. I am not a safe driver when I exceed the speed limit.
9. I am fully in control of my own fate.
10. It’s hard for me to shut off a disturbing thought.
11. I never regret my decisions.
12. I sometimes lose out on things because I can’t make up my mind soon enough.
13. The reason I vote is because my vote can make a difference.
14. My parents were not always fair when they punished me.
15. I am a completely rational person.
16. I rarely appreciate criticism.
17. I am very confident of my judgments.
18. I have sometimes doubted my ability as a lover.
19. It’s all right with me if some people happen to dislike me.
20. I don’t always know the reasons why I do the things I do.
21. I sometimes tell lies if I have to.
22. I never cover up my mistakes.
23. There have been occasions when I have taken advantage of someone.
24. I never swear.
25. I sometimes try to get even rather than forgive and forget.
26. I always obey laws, even if I’m unlikely to get caught.
27. I have said something bad about a friend behind his or her back.
28. When I hear people talking privately, I avoid listening.
29. I have received too much change from a salesperson without telling him or her.
<table>
<thead>
<tr>
<th></th>
<th>Not True</th>
<th>Somewhat</th>
<th>Very True</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.</td>
<td>I always declare everything at customs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>When I was young I sometimes stole things.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>I have never dropped litter on the street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>I sometimes drive faster than the speed limit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>I never read sexy books or magazines.</td>
<td></td>
<td></td>
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<tr>
<td>35.</td>
<td>I have done things that I don’t tell other people about.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>I never take things that don’t belong to me.</td>
<td></td>
<td></td>
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<tr>
<td>37.</td>
<td>I have taken sick-leave from work or school even though I wasn’t really sick.</td>
<td></td>
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<tr>
<td>38.</td>
<td>I have never damaged a library book or store merchandise without reporting it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39.</td>
<td>I have some pretty awful habits.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40.</td>
<td>I don’t gossip about other people’s business.</td>
<td></td>
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*items keyed in the false (negative) direction.*
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:

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. 
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.
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”).

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Items</th>
<th>Degree of Belief</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1) I feel like I’m up against the world</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>2) I’m no good.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>3) Why can’t I ever succeed?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>4) No one understands me.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>5) I’ve let people down.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>6) I don’t think I can go on.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>7) I wish I were a better person</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>8) I’m so weak.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>9) My life’s not going the way I want it to.</td>
<td>1 2 3 4 5</td>
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<td>1 2 3 4 5</td>
<td>10) I’m so disappointed in myself.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>11) Nothing feels good anymore.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>12) I can’t stand this anymore.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>13) I can’t get started.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>14) What’s wrong with me?</td>
<td>1 2 3 4 5</td>
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<td>1 2 3 4 5</td>
<td>22) My life is a mess.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>23) I’m a failure.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>24) I’ll never make it.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>25) I feel so helpless.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>26) Something has to change</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>27) There must be something wrong with me.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>28) My future is bleak.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>1 2 3 4 5</td>
<td>29) It’s just not worth it.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1 2 3 4 5</td>
<td>30) I can’t finish anything.</td>
<td>1 2 3 4 5</td>
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Personal Need for Structure (PNS)

Author: Thompson, Naccarato and Smith

The PNS is a 12-item measure that 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:
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:**
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
Whenever I run up against some obstacle, I strive even harder to overcome it and reach my goal.

By placing my life in God's hands, I can accomplish anything.

I am at the mercy of my physical impulses.

In this life, what happens to me is determined by my fate.

My actions are the result of God working through me.

I am the victim of social forces.

Controlling my life involves mind over matter.

When I want something, I assert myself in order to get it.

The unconscious mind, over which I have no control, directs my life.

If I really want something, I pray to God to bring it.

I am not really in control of the outcomes in my life.
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:
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 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.

References:


1. I have a natural talent for influencing people.
2. Modesty doesn't become me.
3. I would do almost anything on a dare.
4. I know that I am good because everybody keeps telling me so.
5. If I ruled the world it would be a much better place.
6. I can usually talk my way out of anything.
7. I like to be the center of attention.
8. I will be a success.
9. I think I am a special person.
10. I see myself as a good leader.
11. I am assertive.
12. I like to have authority over other people.
13. I find it easy to manipulate people.
14. I insist upon getting the respect that is due me.
15. I like to display my body.
16. I can read people like a book.
17. I like to take responsibility for making decisions.
18. I want to amount to something in the eyes of the world.
19. I like to look at my body.
20. I am apt to show off in get the chance.
21. I always know what I am doing.
22. I rarely depend on anyone else to get things done.
23. Everybody likes to hear my stories.
24. I expect a great deal from other people.
25. I will never be satisfied until I get all that I deserve.
26. I like to be complimented.
27. I have a strong will to power.
28. I like to start new fads and fashions.
29. I like to look at myself in the mirror.
30. I really like to be the center of attention.
31. I can live my life in any way I want to.
32. People always seem to recognize my authority.
33. I would prefer to be a leader.
34. I am going to be a great person.
35. I can make anybody believe anything I want them to.
36. I am a born leader.
37. I wish somebody would someday write my biography.
38. I get upset when people don't notice how I look when I go out in public.
39. I am more capable than other people.
40. 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:**
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:**


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:**


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:


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.

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<th>50</th>
<th>100</th>
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<td></td>
<td>Not at all</td>
<td>moderately</td>
<td>extremely</td>
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<td>Important</td>
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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.

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<tr>
<td></td>
<td>Not at all</td>
<td>moderately</td>
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<td>Important</td>
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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.

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<tr>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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</thead>
<tbody>
<tr>
<td>Definitely False</td>
<td>Mostly False</td>
<td>Slightly False</td>
<td>Slightly True</td>
<td>Somewhat True</td>
<td>Mostly True</td>
<td>Definitely True</td>
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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.
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.
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:** 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:**

### 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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all like me</th>
<th>Very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It is important to be liked and approved by others.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>2. I would rather take personal responsibility for getting the job done than depend on someone else.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>3. I find it hard to pay attention to a long conversation, even with friends.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>4. When I achieve a goal I get more satisfaction from reaching the goal than from any praise I might get.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>5. I find it difficult to be separated from people I love.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>6. I prefer to “work out” my personal problems by myself.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>7. I feel bad if I do not have some social plans for the weekend.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>8. I value work accomplishments more than I value making friends.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>9. It is more important that I know I’ve done a good job than having others know it.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>10. I often find myself thinking about friends or family.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>11. It is very important that I feel free to get up and go wherever I want.</td>
<td>1 2 3 4 5</td>
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<tr>
<td>12. I spend a lot of time thinking over my decisions.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>13. I am very uncomfortable when a close friend or family member decides to “pour their heart out” to me.</td>
<td>1 2 3 4 5</td>
<td></td>
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<tr>
<td>14. The possibility of being rejected by others for standing up for my rights would not stop me.</td>
<td>1 2 3 4 5</td>
<td></td>
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<td></td>
<td>Statement</td>
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<tr>
<td>15</td>
<td>I don’t enjoy what I am doing when I don’t feel that someone in my life really cares about me.</td>
<td>1</td>
</tr>
<tr>
<td>16</td>
<td>It is important to me to be free and independent.</td>
<td>1</td>
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<tr>
<td>17</td>
<td>I am more apologetic to others than I need to be.</td>
<td>1</td>
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<tr>
<td>18</td>
<td>It is more important to be active and doing things than having close relationships with other people.</td>
<td>1</td>
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<tr>
<td>19</td>
<td>I enjoy accomplishing things more than being given credit for them.</td>
<td>1</td>
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<tr>
<td>20</td>
<td>I like to be certain that there is somebody close I can contact in case something unpleasant happens to me.</td>
<td>1</td>
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<tr>
<td>21</td>
<td>I prefer learning from my own mistakes rather than being corrected by others.</td>
<td>1</td>
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<tr>
<td>22</td>
<td>I am more concerned that people like me than I am about making important achievements.</td>
<td>1</td>
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<tr>
<td>23</td>
<td>I am usually the last person to hear that I have hurt someone by my actions.</td>
<td>1</td>
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<tr>
<td>24</td>
<td>I set my own standards and goals for myself rather than accepting those of other people.</td>
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<tr>
<td>25</td>
<td>I get lonely when I am home by myself at night.</td>
<td>1</td>
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<tr>
<td>26</td>
<td>When I have a problem, I like to go off on my own and think it through rather than being influenced by others.</td>
<td>1</td>
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<tr>
<td>27</td>
<td>I am afraid of hurting other people’s feelings.</td>
<td>1</td>
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<tr>
<td>28</td>
<td>People rarely come to me with their personal problems.</td>
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<tr>
<td>29</td>
<td>I prize being a unique individual more than being a member of a group.</td>
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<td>30</td>
<td>If somebody criticises my appearance, I feel I am not attractive to other people.</td>
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<tr>
<td>31</td>
<td>I become particularly annoyed when a task is not completed.</td>
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<tr>
<td>32</td>
<td>Sometimes I hurt family and close friends without knowing that I’ve done something wrong.</td>
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</table>
33. I feel I have to be nice to people.
34. If I think I am right about something, I feel comfortable expressing myself even if others don’t like it.
35. I tend to fret and worry over my personal problems.
36. When I am having difficulty solving a problem, I would rather work it out for myself than have someone show me the solution.
37. Being able to share experiences with other people makes them much more enjoyable for me.
38. Often I fail to consider the possible negative consequences of my actions.
39. I tend to be direct with people and say what I think.
40. I get uncomfortable when I am not sure how I am expected to behave in the presence of other people.
41. I find it particularly annoying if someone interrupts me when I am working on a project.
42. I sometimes unintentionally hurt the people I love the most by what I say.
43. I am not influenced by others in what I decide to do.
44. The worst part about growing old is being left alone.
45. It bothers me when people try to direct my behaviour or activities.
46. I do things that are not in my best interest in order to please others.
47. When visiting people, I get fidgety when sitting around talking and would rather get up and do something.
48. I focus almost exclusively on the positive outcomes of my decisions.
49. I am uneasy when I cannot tell whether or not someone I’ve met likes me.
50. I am particularly critical of myself when I fail to complete a task.
51. I find it difficult to say “no” to people.  
52. I like to spend my free time with others.  
53. Once I’ve arrived at a decision, I rarely change my mind.  
54. I get uncomfortable around a person who does not clearly like me.  
55. I am reluctant to ask for help when working on a difficult and puzzling task.  
56. If I think somebody may be upset at me, I want to apologise.  
57. I like to go off on my own, exploring new places - without other people.  
58. If a goal is important to me I pursue it even if it may make other people uncomfortable.  
59. When I am with other people, I look for signs whether or not they like being with me.  
60. I feel more comfortable helping others than receiving help.  
61. People I work with often spend too much time weighing out the ‘pros’ and ‘cons’ before taking action.  
62. I am happiest when I am working on a difficult task according to schedule.  
63. If a friend has not called for a while I get worried that he or she has forgotten me.  
64. I prefer to act quickly and decisively in order to get the job done.  
65. It would not be much for me to travel to a new place all alone.  
66. I need to be engaged in a challenging task in order to feel satisfied with my life.  
67. Completing a task is the most satisfying experience of my life.
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
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:
### KIMS

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<td><strong>Never or very rarely true</strong></td>
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<td><strong>Almost always or always true</strong></td>
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___ 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 a 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.
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<td><strong>Never or very rarely true</strong></td>
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<td><strong>Almost always or always true</strong></td>
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   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 colours, 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 behaviour.
   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:
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.

<table>
<thead>
<tr>
<th>1</th>
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<tbody>
<tr>
<td>Almost Always</td>
<td>Very Frequently</td>
<td>Somewhat Frequently</td>
<td>Somewhat Infrequently</td>
<td>Very Infrequently</td>
<td>Almost Never</td>
</tr>
</tbody>
</table>

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.

I find myself preoccupied with the future or the past.

I find myself doing things without paying attention.

I snack without being aware that I’m eating.
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.

TORONTO ALEXITYMIA SCALE (TAS-20)

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<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither Disagree or Agree</td>
<td>Agree</td>
<td>Strongly Agree</td>
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</tbody>
</table>

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.
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:


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 your 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.

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**Please answer the questions below, using the scales provided.**

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

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

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

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**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.

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

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<td>Not at all Successful</td>
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1. ____ Goal 1      2. ____ Goal 2      3. ____ Goal 3      4. ____ Goal 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.
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:

<table>
<thead>
<tr>
<th>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.</th>
<th>1</th>
<th>2</th>
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<tr>
<td>Not at all</td>
<td>Mostly not</td>
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<tr>
<th>I value this because I would feel ashamed, guilty, or anxious if I didn’t.</th>
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<tr>
<th>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.</th>
<th>1</th>
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<td>Not at all</td>
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<th>I value this because doing these things makes my life better, more meaningful, and/or more vital.</th>
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<tr>
<th>I value this because I experience fun and enjoyment when I am engaged in the value.</th>
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<th>In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):</th>
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<td>0-20%</td>
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<th>How important is this value to you</th>
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<th>Right now, would you like to improve your progress on this value?</th>
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**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 2 3 4 5
Not at all Mostly not Unsure Mostly Entirely
for this for this of for this for this reason reason reason reason reason

I value this because I would feel ashamed, guilty, or anxious if I didn’t.

1 2 3 4 5
Not at all Mostly not Unsure Mostly Entirely
for this for this of for this for this reason reason reason reason 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 2 3 4 5
Not at all Mostly not Unsure Mostly Entirely
for this for this of for this for this reason reason reason reason reason

I value this because doing these things makes my life better, more meaningful, and/or more vital.

1 2 3 4 5
Not at all Mostly not Unsure Mostly Entirely
for this for this of for this for this reason reason reason reason reason

I value this because I experience fun and enjoyment when I am engaged in the value.

1 2 3 4 5
Not at all Mostly not Unsure Mostly Entirely
for this for this of for this for this reason reason reason reason reason

In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):

1 2 3 4 5
0-20% 21-40% 41-60% 61-80% 81-100%
successful successful successful successful successful

I am this committed to living this value (to acting consistently with this value):

1 2 3 4 5
Not at all Slightly Moderately Quite Extremely
completely completely completely completely committed committed committed committed

How important is this value to you

1 2 3 4 5
Not at all A little bit Moderately so Quite a bit Very much
important important important important important

Right now, would you like to improve your progress on this value?

1 2 3 4 5
Not at all A little bit Moderately so Quite a bit Very much
**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:

________________________________________________________________________
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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 2 Mostly not 3 Unsure 4 Mostly 5 Entirely for this reason

I value this because I would feel ashamed, guilty, or anxious if I didn’t.

1 Not at all 2 Mostly not 3 Unsure 4 Mostly 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 2 Mostly not 3 Unsure 4 Mostly 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 2 Mostly not 3 Unsure 4 Mostly 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 2 Mostly not 3 Unsure 4 Mostly 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.

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</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Mostly not</td>
<td>Unsure</td>
<td>Mostly</td>
<td>Entirely</td>
</tr>
<tr>
<td>for this reason</td>
<td>for this reason</td>
<td>of reason</td>
<td>for this reason</td>
<td>for this reason</td>
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</table>

I value this because I feel ashamed, guilty, or anxious if I didn’t.

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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.

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<td>for this reason</td>
<td>for this reason</td>
</tr>
</tbody>
</table>

I value this because doing these things makes my life better, more meaningful, and/or more vital.

<table>
<thead>
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<tbody>
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<td>of reason</td>
<td>for this reason</td>
<td>for this reason</td>
</tr>
</tbody>
</table>

I value this because I experience fun and enjoyment when I am engaged in the value.

<table>
<thead>
<tr>
<th>0-20%</th>
<th>21-40%</th>
<th>41-60%</th>
<th>61-80%</th>
<th>81-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>successful</td>
<td>successful</td>
<td>successful</td>
<td>successful</td>
<td>successful</td>
</tr>
</tbody>
</table>

In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):

I am this committed to living this value (to acting consistently with this value):

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all committed</td>
<td>Slightly committed</td>
<td>Moderately committed</td>
<td>Quite committed</td>
<td>Extremely committed</td>
</tr>
</tbody>
</table>

How important is this value to you

<table>
<thead>
<tr>
<th>1</th>
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<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all important</td>
<td>A little bit important</td>
<td>Moderately important</td>
<td>Quite a bit important</td>
<td>Very much important</td>
</tr>
</tbody>
</table>

Right now, would you like to improve your progress on this value?

<table>
<thead>
<tr>
<th>1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately so</td>
<td>Quite a bit</td>
<td>Very much so</td>
</tr>
</tbody>
</table>
**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 2 3 4 5
Not at all Mostly not Unsure Mostly Entirely
for this for this for this for this reason reason reason reason reason

I value this because I would feel ashamed, guilty, or anxious if I didn’t.

1 2 3 4 5
Not at all Mostly not Unsure Mostly Entirely
for this for this for this for this reason reason reason reason 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 2 3 4 5
Not at all Mostly not Unsure Mostly Entirely
for this for this for this for this reason reason reason reason reason

I value this because doing these things makes my life better, more meaningful, and/or more vital.

1 2 3 4 5
Not at all Mostly not Unsure Mostly Entirely
for this for this for this for this reason reason reason reason reason

I value this because I experience fun and enjoyment when I am engaged in the value.

1 2 3 4 5
Not at all Mostly not Unsure Mostly Entirely
for this for this for this for this reason reason reason reason reason

In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):

0-20% 21-40% 41-60% 61-80% 81-100%
successful successful successful successful successful

1 2 3 4 5
Not at all Slightly Moderately Quite Extremely
for this for this for this for this reason reason reason reason reason

I am this committed to living this value (to acting consistently with this value):

1 2 3 4 5
Not at all Slightly Moderately Quite Extremely
for this for this for this for this reason reason reason reason reason

How important is this value to you

1 2 3 4 5
Not at all A little bit Moderately so Quite a bit Very much so

Right now, would you like to improve your progress on this value?
**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.  

<table>
<thead>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Mostly not</td>
<td>Unsure</td>
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<tr>
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</table>

I value this because I would feel ashamed, guilty, or anxious if I didn’t.  

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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.  

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</tr>
<tr>
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<td>for this reason</td>
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</tbody>
</table>

I value this because doing these things makes my life better, more meaningful, and/or more vital.  

<table>
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<tr>
<th>1</th>
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<tbody>
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I value this because I experience fun and enjoyment when I am engaged in the value.  

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<td>for this reason</td>
<td>for this reason</td>
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</tr>
</tbody>
</table>

In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):  

<table>
<thead>
<tr>
<th>0-20%</th>
<th>21-40%</th>
<th>41-60%</th>
<th>61-80%</th>
<th>81-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>successful</td>
<td>successful</td>
<td>successful</td>
<td>successful</td>
<td>successful</td>
</tr>
</tbody>
</table>

I am this committed to living this value (to acting consistently with this value):  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all committed</td>
<td>Slightly committed</td>
<td>Moderately committed</td>
<td>Quite committed</td>
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</tr>
</tbody>
</table>

How important is this value to you  

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately so</td>
<td>Quite a bit</td>
<td>Very much so</td>
</tr>
</tbody>
</table>

Right now, would you like to improve your progress on this value?  

<table>
<thead>
<tr>
<th>1</th>
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<tbody>
<tr>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately so</td>
<td>Quite a bit</td>
<td>Very much so</td>
</tr>
</tbody>
</table>
**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
2 Mostly not
3 Unsure
4 Mostly
5 Entirely

In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):

0-20% successful
21-40% successful
41-60% successful
61-80% successful
81-100% successful

I am this committed to living this value (to acting consistently with this value):

Not at all committed
Slightly committed
Moderately committed
Quite committed
Extremely committed

How important is this value to you:

Not at all
Slightly
Moderately
Quite
Extremely

Right now, would you like to improve your progress on this value?

Not at all
A little bit
Moderately
Quite a bit
Very much
**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:

<table>
<thead>
<tr>
<th>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.</th>
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<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
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<tr>
<td>for this reason</td>
<td>for this reason</td>
<td>of reason</td>
<td>for this reason</td>
<td>for this reason</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I value this because I would feel ashamed, guilty, or anxious if I didn’t.</th>
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<td>of reason</td>
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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<tr>
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<th>5</th>
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<tbody>
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<td>for this reason</td>
<td>for this reason</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I value this because I experience fun and enjoyment when I am engaged in the value.</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
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<td>for this reason</td>
<td>for this reason</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value):</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20% successful</td>
<td>21-40% successful</td>
<td>41-60% successful</td>
<td>61-80% successful</td>
<td>81-100% successful</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I am this committed to living this value (to acting consistently with this value):</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all committed</td>
<td>Slightly committed</td>
<td>Moderately committed</td>
<td>Quite committed</td>
<td>Extremely committed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How important is this value to you</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all important</td>
<td>A little bit important</td>
<td>Moderately important</td>
<td>Quite a bit important</td>
<td>Very much important</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Right now, would you like to improve your progress on this value?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately so</td>
<td>Quite a bit</td>
<td>Very much so</td>
<td></td>
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</tbody>
</table>
**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 2 3 4 5 |
|---|---|---|---|---|---|
| Not at all Mostly not Unsure Mostly for this reason for this reason reason reason |

| I value this because I would feel ashamed, guilty, or anxious if I didn’t. | 1 2 3 |
|---|---|---|
| Not at all Mostly not Unsure Mostly for this reason for this |

| 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 2 3 4 5 |
|---|---|---|---|---|---|
| Not at all Mostly not Unsure Mostly for this reason for this reason |

<table>
<thead>
<tr>
<th>I value this because doing these things makes my life better, more meaningful, and/or more vital.</th>
<th>1 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all Slightly</td>
<td></td>
</tr>
</tbody>
</table>

| In the last 10 weeks, I have been this successful in living this value (to acting consistently with this value): | 1 2 3 4 5 |
|---|---|---|---|---|---|
| 0-20% 21-40% 41-60% 61-80% 81-100% successful successful successful successful successful |

| I am this committed to living this value (to acting consistently with this value): | 1 2 3 4 5 |
|---|---|---|---|---|---|
| Not at all Slightly Moderately Quite Extremely committed committed committed committed |

| How important is this value to you | 1 2 3 4 5 |
|---|---|---|---|---|---|
| Not at all Slightly Quite Extremely Important Important |

| Right now, would you like to improve your progress on this value? | 1 2 3 4 5 |
|---|---|---|---|---|---|
| Not at all A little bit Moderately so Quite a bit Very much so |
Valued Living Questionnaire (VLQ)

Author: Kelly Wilson & Groom


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:
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.

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

<table>
<thead>
<tr>
<th>Area</th>
<th>not at all consistent with my value</th>
<th>completely consistent with my value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Family (other than marriage or parenting)</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>2. Marriage/couples/intimate relations</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
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<td>5. Work</td>
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<td>7. Recreation/fun</td>
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<td>8. Spirituality</td>
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<td>9. Citizenship/Community Life</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
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<tr>
<td>10. Physical self care</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td></td>
</tr>
<tr>
<td>(diet, exercise, sleep)</td>
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</tbody>
</table>
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**:
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 movie

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

\* 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:

<table>
<thead>
<tr>
<th>Average Ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
</tr>
<tr>
<td>20-39</td>
</tr>
<tr>
<td>40-59</td>
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<tr>
<td>60 or older</td>
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</table>

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 you 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 x 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 x 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:**
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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Being in the country</td>
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<td></td>
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<tr>
<td>2.</td>
<td>Wearing expensive or formal clothes</td>
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<tr>
<td>3.</td>
<td>Making contributions to religious, charitable, or other groups</td>
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<td>4.</td>
<td>Talking about sports</td>
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<td>5.</td>
<td>Meeting someone new of the same sex</td>
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<td>6.</td>
<td>Taking tests when well-prepared</td>
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<tr>
<td>7.</td>
<td>Going to a rock concert</td>
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<td>8.</td>
<td>Playing baseball or softball</td>
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<td>9.</td>
<td>Planning trips or vacations</td>
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<tr>
<td>10.</td>
<td>Buying things for myself</td>
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<tr>
<td>11.</td>
<td>Being at the beach</td>
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<tr>
<td>12.</td>
<td>Doing artwork (painting, sculpture, drawing, movie-making, etc.)</td>
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<td>13.</td>
<td>Rock-climbing or mountaineering</td>
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<td>14.</td>
<td>Reading the scriptures or other sacred works</td>
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<td>15.</td>
<td>Playing golf</td>
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<td>16.</td>
<td>Taking part in military activities</td>
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<tr>
<td>17.</td>
<td>Rearranging or decorating my room or house</td>
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<td>18.</td>
<td>Going naked</td>
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<td>19.</td>
<td>Going to a sports event</td>
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<td>20.</td>
<td>Reading a “how-to-do-it” book or article</td>
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<tr>
<td>21.</td>
<td>Going to the races (horse, car, boat, etc.)</td>
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<tr>
<td>22.</td>
<td>Reading stories, novels, non-fiction poems, or plays</td>
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<tr>
<td>23.</td>
<td>Going to a bar, tavern, club, etc.</td>
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<td>24.</td>
<td>Going to lectures or hearing speakers</td>
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<td>25.</td>
<td>Driving skillfully</td>
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<tr>
<td>26.</td>
<td>Breathing clean air</td>
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<td>27.</td>
<td>Thinking up or arranging a song or music</td>
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<td>28.</td>
<td>Getting drunk</td>
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<td>29.</td>
<td>Saying something clearly</td>
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<tr>
<td>30.</td>
<td>Boating (canoeing, kayaking, motor-boating, sailing, etc.)</td>
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<tr>
<td>31.</td>
<td>Pleasing my parents</td>
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<td>32.</td>
<td>Restoring antiques, refinishing furniture, etc.</td>
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<tr>
<td>33.</td>
<td>Watching TV</td>
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<tr>
<td>34.</td>
<td>Talking to myself</td>
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<tr>
<td>35.</td>
<td>Camping</td>
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<tr>
<td>36.</td>
<td>Working in politics</td>
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<tr>
<td>37.</td>
<td>Working on machines (cars, bikes, motorcycles, tractors, etc.)</td>
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<tr>
<td>38.</td>
<td>Thinking about something good in the future</td>
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<tr>
<td>39.</td>
<td>Playing cards</td>
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<td>40.</td>
<td>Completing a difficult task</td>
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<tr>
<td>41.</td>
<td>Laughing</td>
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<td>42.</td>
<td>Solving a problem, puzzle, crossword, etc.</td>
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<td>43.</td>
<td>Being at weddings, baptisms, confirmations, etc.</td>
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<td>44.</td>
<td>Criticizing someone</td>
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<td>45.</td>
<td>Shaving</td>
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<td>46.</td>
<td>Having lunch with friends or associates</td>
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<td>47.</td>
<td>Taking powerful drugs</td>
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<td>48.</td>
<td>Playing tennis</td>
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<td>49.</td>
<td>Taking a shower</td>
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<td>50.</td>
<td>Driving long distances</td>
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<td>51.</td>
<td>Woodworking or carpentry</td>
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<td>52.</td>
<td>Writing stories, novels, plays, or poetry</td>
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<td>53.</td>
<td>Being with animals</td>
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<td>54.</td>
<td>Riding in an airplane</td>
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<td>55.</td>
<td>Exploring (hiking away from known routes, spelunking, etc.)</td>
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<td>56.</td>
<td>Having a frank and open conversation</td>
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<td>57.</td>
<td>Singing in a group</td>
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<td>58.</td>
<td>Thinking about myself or my problems</td>
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<td>59.</td>
<td>Working on my job</td>
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<td>60.</td>
<td>Going to a party</td>
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<td>61.</td>
<td>Going to church functions (socials, classes, bazaars, etc.)</td>
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<td>62.</td>
<td>Speaking a foreign language</td>
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<td>63.</td>
<td>Going to service, civic, or social club meetings</td>
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<td>64.</td>
<td>Going to a business meeting or a convention</td>
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<td>65.</td>
<td>Being in a sporty or expensive car</td>
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<td>66.</td>
<td>Playing a musical instrument</td>
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<td>67.</td>
<td>Making snacks</td>
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<tr>
<td>68.</td>
<td>Snow-skiing</td>
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<td>69.</td>
<td>Being helped</td>
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<td>70.</td>
<td>Wearing informal clothes</td>
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<td>71.</td>
<td>Combing or brushing my hair</td>
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<td>72.</td>
<td>Acting</td>
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<td>73.</td>
<td>Taking a nap</td>
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<td>74.</td>
<td>Being with friends</td>
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<td>75.</td>
<td>Canning, freezing, making preserves, etc.</td>
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<td>76.</td>
<td>Driving fast</td>
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<td>77.</td>
<td>Solving a personal problem</td>
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<td>78.</td>
<td>Being in a city</td>
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<td>79.</td>
<td>Taking a bath</td>
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<td>80.</td>
<td>Singing to myself</td>
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<td>81.</td>
<td>Making food or crafts to sell or give away</td>
<td></td>
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<tr>
<td>82.</td>
<td>Playing pool or billiards</td>
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<td>83.</td>
<td>Being with my grandchildren</td>
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<td>84.</td>
<td>Playing chess or checkers</td>
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<td>85.</td>
<td>Doing craftwork (pottery, jewellery, leather, beads, weaving, etc.)</td>
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<td>86.</td>
<td>Weighing myself</td>
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<td>87.</td>
<td>Scratching myself</td>
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<td>88.</td>
<td>Putting on makeup, fixing my hair, etc.</td>
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<td>89.</td>
<td>Designing or drafting</td>
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<td>90.</td>
<td>Visiting people who are sick, shut in, or in trouble</td>
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<td>91.</td>
<td>Cheering, rooting</td>
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<td>92.</td>
<td>Bowling</td>
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<td>93.</td>
<td>Being popular at a gathering</td>
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<td>94.</td>
<td>Watching wild animals</td>
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<td>95.</td>
<td>Having an original idea</td>
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<td>96.</td>
<td>Gardening, landscaping, or doing yardwork</td>
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<td>97.</td>
<td>Shoplifting</td>
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<td>98.</td>
<td>Reading essays or technical, academic, or professional literature</td>
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<td>99.</td>
<td>Wearing new clothes</td>
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<td>100.</td>
<td>Dancing</td>
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<td>101.</td>
<td>Sitting in the sun</td>
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<td>102.</td>
<td>Riding a motorcycle</td>
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<tr>
<td>103.</td>
<td>Just sitting and thinking</td>
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<td>104.</td>
<td>Social drinking</td>
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<td>105.</td>
<td>Seeing good things happening to my family or friends</td>
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<td>106.</td>
<td>Going to a fair, carnival, circus, zoo, or amusement park</td>
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<td>107.</td>
<td>Talking about philosophy or religion</td>
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<td>108.</td>
<td>Gambling</td>
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<td>109.</td>
<td>Planning or organizing something</td>
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<td>110.</td>
<td>Smoking marijuana</td>
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<td>111.</td>
<td>Having a drink by myself</td>
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<td>112.</td>
<td>Listening to the sounds of nature</td>
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<td>113.</td>
<td>Dating, courting, etc.</td>
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<td>114.</td>
<td>Having a lively talk</td>
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<td>115.</td>
<td>Racing in a car, motorcycle, boat, etc.</td>
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<td>116.</td>
<td>Listening to the radio</td>
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<td>117.</td>
<td>Having friends come to visit</td>
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<td>118.</td>
<td>Playing in a sporting competition</td>
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<td>119.</td>
<td>Introducing people I think would like each other</td>
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<td>120.</td>
<td>Giving gifts</td>
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<td>121.</td>
<td>Going to school or government meetings, court sessions, etc.</td>
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<td>122.</td>
<td>Getting massages or backrubs</td>
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<td>123.</td>
<td>Getting letters, cards, or notes</td>
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<td>124.</td>
<td>Watching the sky, clouds, or a storm</td>
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<td>125.</td>
<td>Going on outings (to the park, a picnic, a barbecue, etc.)</td>
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<td>126.</td>
<td>Playing basketball</td>
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<td>127.</td>
<td>Buying something for my family</td>
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<td>128.</td>
<td>Photography</td>
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<td>129.</td>
<td>Giving a speech or lecture</td>
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<td>130.</td>
<td>Reading maps</td>
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<td>131.</td>
<td>Gathering natural objects (wild foods or fruit, rocks, driftwood, etc.)</td>
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<td>132.</td>
<td>Working on my finances</td>
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<td>133.</td>
<td>Wearing clean clothes</td>
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<td>134.</td>
<td>Making a major purchase or investment (car, appliance, house, stocks, etc.)</td>
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<td>135.</td>
<td>Helping someone</td>
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<td>136.</td>
<td>Being in the mountains</td>
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<td>137.</td>
<td>Getting a job advancement (being promoted, given a raise, or offered a better job; getting accepted at a school, etc.)</td>
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<td>138.</td>
<td>Hearing jokes</td>
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<td>139.</td>
<td>Winning a bet</td>
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<td>140.</td>
<td>Talking about my children or grandchildren</td>
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<td>141.</td>
<td>Meeting someone new of the opposite sex</td>
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<td>142.</td>
<td>Going to a revival or crusade</td>
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<td>143.</td>
<td>Talking about my health</td>
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<td>144.</td>
<td>Seeing beautiful scenery</td>
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<td>145.</td>
<td>Eating good meals</td>
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<td>146.</td>
<td>Improving my health (having my teeth fixed, getting new glasses, changing my diet, etc.)</td>
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<td>147.</td>
<td>Being downtown</td>
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<td>148.</td>
<td>Wrestling or boxing</td>
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<td>149.</td>
<td>Hunting or shooting</td>
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<td>150.</td>
<td>Playing in a musical group</td>
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<td>151.</td>
<td>Hiking</td>
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<td>152.</td>
<td>Going to a museum or exhibit</td>
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<td>153.</td>
<td>Writing papers, essays, articles, reports, memos, etc.</td>
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<td>154.</td>
<td>Doing a job well</td>
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<td>155.</td>
<td>Having spare time</td>
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<td>156.</td>
<td>Fishing</td>
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<td>157.</td>
<td>Loaning something</td>
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<td>158.</td>
<td>Being noticed as sexually attractive</td>
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<td>159.</td>
<td>Pleasing employers, teachers, etc.</td>
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<td>160.</td>
<td>Counseling someone</td>
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<td>161.</td>
<td>Going to a health club, sauna bath, etc.</td>
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<td>162.</td>
<td>Having someone criticize me</td>
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<td>163.</td>
<td>Learning to do something new</td>
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<td>164.</td>
<td>Going to a “drive-in” (Dairy Queen, McDonald’s, etc.)</td>
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<td>165.</td>
<td>Complimenting or praising someone</td>
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<td>166.</td>
<td>Thinking about people I like</td>
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<td>167.</td>
<td>Being at a fraternity or sorority</td>
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<td>168.</td>
<td>Taking revenge on someone</td>
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<td>169.</td>
<td>Being with my parents</td>
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<td>170.</td>
<td>Horseback riding</td>
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<td></td>
<td>Protesting social, political, or environmental conditions</td>
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<td>171.</td>
<td>Talking on the telephone</td>
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<td>172.</td>
<td>Having daydreams</td>
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<td>173.</td>
<td>Kicking leaves, sand, pebbles, etc.</td>
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<td>174.</td>
<td>Playing lawn sports (badminton, croquet, shuffleboard, horseshoes, etc.)</td>
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<td>175.</td>
<td>Going to school reunions, alumni meetings, etc.</td>
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<td>176.</td>
<td>Seeing famous people</td>
<td>F</td>
<td>P</td>
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<td>177.</td>
<td>Going to the movies</td>
<td>F</td>
<td>P</td>
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<td>178.</td>
<td>Kissing</td>
<td>F</td>
<td>P</td>
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<td>179.</td>
<td>Budgeting my time</td>
<td>F</td>
<td>P</td>
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<td>180.</td>
<td>Cooking meals</td>
<td>F</td>
<td>P</td>
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<td>181.</td>
<td>Being praised by people I admire</td>
<td>F</td>
<td>P</td>
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<td>182.</td>
<td>Outwitting a “superior”</td>
<td>F</td>
<td>P</td>
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<td>183.</td>
<td>Feeling the presence of the Lord in my life</td>
<td>F</td>
<td>P</td>
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<td>184.</td>
<td>Doing a project in my own way</td>
<td>F</td>
<td>P</td>
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<td>185.</td>
<td>Doing “odd jobs” around the house</td>
<td>F</td>
<td>P</td>
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<td>186.</td>
<td>Crying</td>
<td>F</td>
<td>P</td>
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<td>187.</td>
<td>Being told I’m needed</td>
<td>F</td>
<td>P</td>
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<td>188.</td>
<td>Being at a family reunion or get-together</td>
<td>F</td>
<td>P</td>
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<td>189.</td>
<td>Giving a party or get-together</td>
<td>F</td>
<td>P</td>
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<td>190.</td>
<td>Washing my hair</td>
<td>F</td>
<td>P</td>
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<td>191.</td>
<td>Coaching someone</td>
<td>F</td>
<td>P</td>
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<td>192.</td>
<td>Going to a restaurant</td>
<td>F</td>
<td>P</td>
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<td>193.</td>
<td>Seeing or smelling a flower or plant</td>
<td>F</td>
<td>P</td>
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<td>194.</td>
<td>Being invited out</td>
<td>F</td>
<td>P</td>
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<td>195.</td>
<td>Receiving honors (civic, military, etc.)</td>
<td>F</td>
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<td>196.</td>
<td>Using cologne, perfume, or aftershave</td>
<td>F</td>
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<td>197.</td>
<td>Having someone agree with me</td>
<td>F</td>
<td>P</td>
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<td>198.</td>
<td>Reminiscing, talking about old times</td>
<td>F</td>
<td>P</td>
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<td>199.</td>
<td>Getting up early in the morning</td>
<td>F</td>
<td>P</td>
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<td>200.</td>
<td>Having peace and quiet</td>
<td>F</td>
<td>P</td>
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<td>201.</td>
<td>Doing experiments or other scientific work</td>
<td>F</td>
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<td>202.</td>
<td>Visiting friends</td>
<td>F</td>
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<td>203.</td>
<td>Writing in a diary</td>
<td>F</td>
<td>P</td>
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<td>204.</td>
<td>Being counseled</td>
<td>F</td>
<td>P</td>
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<td>205.</td>
<td>Saying prayers</td>
<td>F</td>
<td>P</td>
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<td>206.</td>
<td>Giving massages or backrubs</td>
<td>F</td>
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<td>207.</td>
<td>Hitchhiking</td>
<td>F</td>
<td>P</td>
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<td>208.</td>
<td>Meditating or doing yoga</td>
<td>F</td>
<td>P</td>
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<td>209.</td>
<td>Seeing a fight</td>
<td>F</td>
<td>P</td>
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<td>210.</td>
<td>Doing favors for people</td>
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<td>214</td>
<td>Talking with people on the job or in class</td>
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<td>215</td>
<td>Being relaxed</td>
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<td>216</td>
<td>Being asked for my help or advice</td>
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<td>217</td>
<td>Thinking about other people’s problems</td>
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<td>218</td>
<td>Playing board games (Monopoly, Scrabble, etc.)</td>
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<td>219</td>
<td>Sleeping soundly at night</td>
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<tr>
<td>220</td>
<td>Doing heavy outdoor work (cutting or chopping wood, clearing land, farm work, etc.)</td>
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<tr>
<td>221</td>
<td>Reading the newspaper</td>
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<tr>
<td>222</td>
<td>Shocking people, swearing, making obscene gestures, etc.</td>
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<tr>
<td>223</td>
<td>Snowmobiling or dune-buggy riding</td>
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<tr>
<td>224</td>
<td>Being in a body-awareness, sensitivity, encounter, therapy, or “rap” group</td>
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<tr>
<td>225</td>
<td>Dreaming at night</td>
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<tr>
<td>226</td>
<td>Playing ping-pong</td>
<td></td>
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<tr>
<td>227</td>
<td>Brushing my teeth</td>
<td></td>
<td></td>
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<tr>
<td>228</td>
<td>Swimming</td>
<td></td>
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<tr>
<td>229</td>
<td>Being in a fight</td>
<td></td>
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<tr>
<td>230</td>
<td>Running, jogging, or doing gymnastics, fitness, or field exercises</td>
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<tr>
<td>231</td>
<td>Walking barefoot</td>
<td></td>
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<tr>
<td>232</td>
<td>Playing Frisbee or catch</td>
<td></td>
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<tr>
<td>233</td>
<td>Doing housework or laundry; cleaning things</td>
<td></td>
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<tr>
<td>234</td>
<td>Being with my roommate</td>
<td></td>
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<tr>
<td>235</td>
<td>Listening to music</td>
<td></td>
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<tr>
<td>236</td>
<td>Arguing</td>
<td></td>
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<tr>
<td>237</td>
<td>Knitting, crocheting, embroidery, or fancy needle work</td>
<td></td>
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<tr>
<td>238</td>
<td>Petting, necking</td>
<td></td>
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<tr>
<td>239</td>
<td>Amusing people</td>
<td></td>
<td></td>
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<tr>
<td>240</td>
<td>Talking about sex</td>
<td></td>
<td></td>
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<tr>
<td>241</td>
<td>Going to a barber or beautician</td>
<td></td>
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<tr>
<td>242</td>
<td>Having houseguests</td>
<td></td>
<td></td>
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<tr>
<td>243</td>
<td>Being with someone I love</td>
<td></td>
<td></td>
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<tr>
<td>244</td>
<td>Reading magazines</td>
<td></td>
<td></td>
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<tr>
<td>245</td>
<td>Sleeping late</td>
<td></td>
<td></td>
</tr>
<tr>
<td>246</td>
<td>Starting a new project</td>
<td></td>
<td></td>
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<tr>
<td>247</td>
<td>Being stubborn</td>
<td></td>
<td></td>
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<tr>
<td>248</td>
<td>Having sexual relations</td>
<td></td>
<td></td>
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<tr>
<td>249</td>
<td>Having other sexual satisfactions</td>
<td></td>
<td></td>
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<tr>
<td>250</td>
<td>Going to the library</td>
<td></td>
<td></td>
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<tr>
<td>251</td>
<td>Playing soccer, rugby, hockey, lacrosse, etc.</td>
<td></td>
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<tr>
<td>252</td>
<td>Preparing a new or special food</td>
<td></td>
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<tr>
<td>253</td>
<td>Birdwatching</td>
<td></td>
<td></td>
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<tr>
<td>254</td>
<td>Shopping</td>
<td></td>
<td></td>
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<tr>
<td>255</td>
<td>Watching people</td>
<td></td>
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<tr>
<td>256.</td>
<td>Building or watching a fire</td>
<td>F</td>
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<tr>
<td>257.</td>
<td>Winning an argument</td>
<td>P</td>
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<tr>
<td>258.</td>
<td>Selling or trading something</td>
<td>F x P</td>
<td>✓</td>
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<tr>
<td>259.</td>
<td>Finishing a project or task</td>
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<td>260.</td>
<td>Confessing or apologizing</td>
<td></td>
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<td>261.</td>
<td>Repairing things</td>
<td></td>
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<tr>
<td>262.</td>
<td>Working with others as a team</td>
<td></td>
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<tr>
<td>263.</td>
<td>Bicycling</td>
<td></td>
<td></td>
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<tr>
<td>264.</td>
<td>Telling people what to do</td>
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<tr>
<td>265.</td>
<td>Being with happy people</td>
<td></td>
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<tr>
<td>266.</td>
<td>Playing party games</td>
<td></td>
<td></td>
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<tr>
<td>267.</td>
<td>Writing letters, cards, or notes</td>
<td></td>
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<tr>
<td>268.</td>
<td>Talking about politics or public affairs</td>
<td></td>
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<td>269.</td>
<td>Asking for help or advice</td>
<td></td>
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<tr>
<td>270.</td>
<td>Going to banquets, luncheons, potlucks, etc.</td>
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<tr>
<td>271.</td>
<td>Talking about my hobby or special interest</td>
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<tr>
<td>272.</td>
<td>Watching attractive women or men</td>
<td></td>
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<tr>
<td>273.</td>
<td>Smiling at people</td>
<td></td>
<td></td>
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<tr>
<td>274.</td>
<td>Playing in sand, a stream, the grass, etc.</td>
<td></td>
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<tr>
<td>275.</td>
<td>Talking about other people</td>
<td></td>
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<tr>
<td>276.</td>
<td>Being with my husband or wife</td>
<td></td>
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<tr>
<td>277.</td>
<td>Having people show interest in what I have said</td>
<td></td>
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<tr>
<td>278.</td>
<td>Going on field trips, nature walks, etc.</td>
<td></td>
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<tr>
<td>279.</td>
<td>Expressing my love to someone</td>
<td></td>
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<tr>
<td>280.</td>
<td>Smoking tobacco</td>
<td></td>
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<tr>
<td>281.</td>
<td>Caring for houseplants</td>
<td></td>
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<tr>
<td>282.</td>
<td>Having coffee, tea, a coke, etc., with friends</td>
<td></td>
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<tr>
<td>283.</td>
<td>Taking a walk</td>
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<td>284.</td>
<td>Collecting things</td>
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<td>285.</td>
<td>Playing handball, paddleball, squash, etc.</td>
<td></td>
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<td>286.</td>
<td>Sewing</td>
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<td>287.</td>
<td>Suffering for a good cause</td>
<td></td>
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<tr>
<td>288.</td>
<td>Remembering a departed friend or loved one, visiting the cemetery</td>
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<tr>
<td>289.</td>
<td>Doing things with children</td>
<td></td>
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<tr>
<td>290.</td>
<td>Beachcombing</td>
<td></td>
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<td>291.</td>
<td>Being complimented or told I have done well</td>
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<tr>
<td>292.</td>
<td>Being told I am loved</td>
<td></td>
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<tr>
<td>293.</td>
<td>Eating snacks</td>
<td></td>
<td></td>
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<tr>
<td>294.</td>
<td>Staying up late</td>
<td></td>
<td></td>
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<tr>
<td>295.</td>
<td>Having family members or friends do something that makes me proud of them</td>
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<tr>
<td>296.</td>
<td>Being with my children</td>
<td></td>
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<tr>
<td>297.</td>
<td>Going to auctions, garage sales, etc.</td>
<td></td>
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<td>298.</td>
<td>Thinking about an interesting question</td>
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<tr>
<td>299.</td>
<td>Doing volunteer work, working on community service projects</td>
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<td>300.</td>
<td>Water skiing, surfing, scuba diving</td>
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<tr>
<td>301.</td>
<td>Receiving money</td>
<td></td>
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<tr>
<td>302.</td>
<td>Defending or protecting someone; stopping fraud or abuse</td>
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<tr>
<td>303.</td>
<td>Hearing a good sermon</td>
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<td>304.</td>
<td>Picking up a hitchhiker</td>
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<td>305.</td>
<td>Winning a competition</td>
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<td>306.</td>
<td>Making a new friend</td>
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<td>307.</td>
<td>Talking about my job or school</td>
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<tr>
<td>308.</td>
<td>Reading cartoons, comic strips, or comic books</td>
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<tr>
<td>309.</td>
<td>Borrowing something</td>
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<tr>
<td>310.</td>
<td>Traveling with a group</td>
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<tr>
<td>311.</td>
<td>Seeing old friends</td>
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<tr>
<td>312.</td>
<td>Teaching someone</td>
<td></td>
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<tr>
<td>313.</td>
<td>Using my strength</td>
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<tr>
<td>314.</td>
<td>Traveling</td>
<td></td>
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<tr>
<td>315.</td>
<td>Going to office parties or departmental get-togethers</td>
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<tr>
<td>316.</td>
<td>Attending concert, opera, or ballet</td>
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<tr>
<td>317.</td>
<td>Playing with pets</td>
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<tr>
<td>318.</td>
<td>Going to a play</td>
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<tr>
<td>319.</td>
<td>Looking at the stars or moon</td>
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<td></td>
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<tr>
<td>320.</td>
<td>Being coached</td>
<td></td>
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</tbody>
</table>
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
**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.

<table>
<thead>
<tr>
<th>Sentence</th>
<th>Never True</th>
<th>Rarely True</th>
<th>Sometimes True</th>
<th>Often True</th>
<th>Always True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I do things that I care about, even when I feel sad about my diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I play video games or use the internet to take my mind off my health.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. It's OK to feel sad or afraid about having diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I worry a lot about my health.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I push away my sad feelings about diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I try to forget that I have diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. My life can't be good because I have diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I don't do well in school when I worry about my diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I do things that are important to me even though I have diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I take care of my health, even when I feel upset about having diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. My life would be much better if I didn't have diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. It's OK for me to feel upset about having diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. I eat things that I shouldn't so I don't feel different from my family or friends.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td></td>
<td></td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
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<tr>
<td>14.</td>
<td>Diabetes messes up my life.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15.</td>
<td>I can live a good life with diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>16.</td>
<td>I talk about my diabetes even if it makes me feel bad.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>17.</td>
<td>Thoughts about diabetes can really hurt me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18.</td>
<td>I do things to forget about my diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19.</td>
<td>Diabetes keeps me from working on my goals.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>20.</td>
<td>I check my glucose and take insulin even when I've had a rough day.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>21.</td>
<td>I don't try out new things because I'm afraid of having a reaction or getting sick.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>22.</td>
<td>It's not OK to think about what diabetes can do to me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>23.</td>
<td>It's OK to feel scared about my health.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>24.</td>
<td>I block out scary thoughts about having diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>25.</td>
<td>I don't take my medicine because it reminds me I have diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>26.</td>
<td>I wish I could wave a magic wand to make my diabetes go away.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>27.</td>
<td>I do whatever I can to forget that I have diabetes.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>28.</td>
<td>I stay away from people and places that remind me of my diabetes.</td>
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<td></td>
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<tr>
<td>29.</td>
<td>It's OK for me to feel mad or upset about having diabetes.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>30.</td>
<td>I share my feelings about having diabetes with other people.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>31.</td>
<td>I do things that I like to do, even when I feel upset about having diabetes.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>32.</td>
<td>I stopped doing fun things because I have diabetes.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>33.</td>
<td>My diabetes gets in the way of living a good and meaningful life.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>34.</td>
<td>I can't be a good friend because of my diabetes.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>35.</td>
<td>I do worse in school when I think about my diabetes.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>36.</td>
<td>Diabetes stops me from doing what I want to do.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>37.</td>
<td>Diabetes stops me from having fun with my friends.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>38.</td>
<td>Diabetes stops me from doing well in school.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>39.</td>
<td>I try hard to forget the fact that I have diabetes.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>40.</td>
<td>If I think sad thoughts about my diabetes, it will make it worse.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>41.</td>
<td>My thoughts about diabetes mess up my blood sugar levels.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
<tr>
<td>42.</td>
<td>Being afraid about having diabetes will make it get worse.</td>
<td>Never True</td>
<td>Rarely True</td>
<td>Sometimes True</td>
<td>Often True</td>
</tr>
</tbody>
</table>
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:
**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.

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

<table>
<thead>
<tr>
<th></th>
<th>Never True</th>
<th>Rarely True</th>
<th>Sometimes True</th>
<th>Often True</th>
<th>Always True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I notice small changes in my body, like when my breathing slows down or speeds up.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I get upset with myself for having feelings that don't make sense.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I pay attention to my muscles and notice when they feel tight or relaxed.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. At school, I walk from class to class without noticing what I'm doing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I do things without thinking about what I'm doing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I pay close attention to my thoughts.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I try only to think about things that make me feel happy.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I keep myself busy so I don’t notice my thoughts or feelings.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. When I’m doing something, I focus only on what I’m doing and nothing else.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I tell myself that I shouldn’t feel the way I’m feeling.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. When something good happens, I can’t stop thinking about it.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. When I take a shower or bath, I notice how the water feels on my body.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. I notice my thoughts as they come and go.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. When I’m eating, I notice the way it feels to chew my food.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. I push away thoughts that I don’t like.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. It’s hard for me to pay attention to only one thing at a time.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. I think about things that have happened in the past instead of thinking about things that are happening right now.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. I get upset with myself for having certain thoughts.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. I do many things at once.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. I think about the future.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. I think that some of my feelings are bad and that I shouldn’t have them.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>22. I notice when my feelings begin to change.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23. I pay close attention to whatever is happening right now.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. I notice how things around me smell.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25. I stop myself from having feelings that I don’t like.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
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:

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.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never true</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Very rarely true</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Seldom true</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sometimes true</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Often true</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Almost always true</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Always true</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

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 rid 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:
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.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Slightly</td>
<td>Somewhat</td>
<td>Moderately</td>
<td>Very</td>
<td>Extremely</td>
</tr>
<tr>
<td>Important</td>
<td>important</td>
<td>important</td>
<td>important</td>
<td>important</td>
<td>important</td>
</tr>
</tbody>
</table>

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
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).

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all successful</td>
<td>Slightly successful</td>
<td>Somewhat successful</td>
<td>Moderately successful</td>
<td>Very successful</td>
<td>Extremely successful</td>
</tr>
</tbody>
</table>

Consider each area according to your values, the important ways that you most want to live your life in each domain.

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never true</td>
<td>Very rarely true</td>
<td>Seldom true</td>
<td>Sometimes true</td>
<td>Often true</td>
<td>Almost always true</td>
<td>Always true</td>
</tr>
</tbody>
</table>

11. I would do almost anything to get rid of my pain.  
12. To not feel pain, I avoid doing things that really are important to me.  
13. When I am in pain, I withdraw from other people.  
14. It is important that I learn to control my pain.  
15. It is important to understand what causes the pain.  
16. I feel angry about my pain.  
17. I use sentences such as "I don’t have the energy for it", “I am not well enough”, “I don’t have time”, “I don’t dare”, “I’ve too much pain”, “I feel too bad” or “I don’t feel like it”.  
18. I avoid doing things when there is a risk it will hurt or becomes worse.  
20. I put a lot of effort in fighting the pain.  
21. It is the pain that decides in my life, not me.  
22. I need to understand what is wrong in order to move on.  
23. Because of my pain, I no longer plan for the future.  
24. I postpone things because of my pain.  
25. I cancel planned activities the days I am in pain.  
26. I abort activities if it starts to hurt or becomes worse.
ACT daily diary measure

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

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

<table>
<thead>
<tr>
<th>None</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Extreme amount</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>None</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Extreme amount</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Not at all</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Extreme amount</th>
</tr>
</thead>
</table>

**Valued Action**
Rate how effect you were in taking actions that accord with your values today

<table>
<thead>
<tr>
<th>Not at all</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Extreme amount</th>
</tr>
</thead>
</table>
### 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 ...

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

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Andrew Mackinnon
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Acceptance and mindfulness methods that emphasise the acceptance rather than control of symptoms are becoming more central to behavioural and cognitive therapies. Acceptance and Commitment Therapy (ACT) is the most developed of these methods; recent applications of ACT to psychosis suggest it to be a promising therapeutic approach. However, investigation of the mechanisms of therapy within this domain is difficult because there are no acceptance-based measures available specifically for psychotic symptoms. This paper describes the preliminary evaluation of a self-report instrument designed to assess acceptance-based attitudes and actions in relation to auditory and command hallucinations. Following
initial scale development, a 56-item version of the Voices Acceptance and Action Scale (VAAS) was administered to 43 participants with command hallucinations as part of their baseline assessment in a larger trial. Measures of symptoms, quality of life, and depression were also administered. The scale was examined for reliability using corrected item total statistics. Based on this method, 31 items were retained. Internal consistency and test-retest reliability for the 31-item VAAS were acceptable. Subsequent examination of construct validity showed the VAAS to correlate significantly in the expected directions with depression, quality of life, and coping with command hallucinations. It also discriminated compliance from non-compliance with harmful command hallucinations. Although these results are preliminary and subject to a number of limitations, the VAAS shows promise as a useful aid in the assessment of the psychological impact of voices. © 2007 Wiley Periodicals, Inc. J Clin Psychol 63: 593–606, 2007.

Keywords: auditory hallucinations; command hallucinations; psychosis; acceptance and commitment therapy (ACT); instrument

Introduction

Acceptance and mindfulness methods are becoming more central in the behavioral and cognitive therapies in a number of areas (Hayes, Follette, & Linehan, 2004). Recently, attempts have been made to apply these methods to psychotic symptoms (Bach & Hayes, 2002; Chadwick, Newman Taylor, & Abba, 2005; Gaudiano & Herbert, 2006). Rather than effecting change through modification of belief content, these methods aim to change the patient’s relationship to their beliefs and symptoms. Currently, however, no validated measure of this process exists.

The most developed of these new approaches is acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 1999). As the name suggests, ACT has two broad components. In the acceptance component, strategies aimed at controlling symptoms are undermined. Instead, cognitive defusion methods help the individual recognize and dispassionately observe symptoms as mental events, rather than judging their truthfulness and reacting to them. In the commitment component, behavior is linked to articulated personal values and goals rather than to symptoms.

Two limited randomized controlled trials have tested the application of ACT to inpatients with psychosis and reported surprisingly powerful outcomes. Bach and Hayes (2002) assessed the impact of a brief version of ACT on symptoms in a sample of 80 inpatients with positive psychotic symptoms. The authors found that, compared with a treatment-as-usual control group, participants in the ACT group had half the rate of rehospitalization over a follow-up period of 4 months. The ACT participants showed higher reporting of symptoms, but rated them as less believable. This study was replicated in a smaller, better controlled study (Gaudiano & Herbert, 2006). The results were comparable, and were evident across a wider range of measures. These findings and others (Chadwick et al., 2005) suggest acceptance as a promising therapeutic approach.

The concept of acceptance and its potential value in managing auditory hallucinations is not new to the field (e.g., Falloon & Talbot, 1981; Kingdon & Turkington, 1991; Romme & Escher, 1989). The mechanisms of therapy and the role of acceptance in it, however, are unclear because there are no direct acceptance measures yet available in relation to psychosis. In relation to ACT, neither Bach and Hayes (2002) nor Gaudiano and Herbert (2006) directly measured changes in participants’ level of acceptance of...
auditory hallucinations and its effect on behavior. In the former study, willingness to report symptoms was provided as a proxy for acceptance; in the latter, ratings of believability served this function (Gaudiano & Herbert, 2006).

Measures of change processes are more developed in the application of cognitive–behavior therapy (CBT) for psychosis. Cognitive–behaviour therapy (CBT) is based on the central tenet that psychological problems arise from beliefs or appraisals about an event or situation rather than from the event or situation itself. In relation to auditory hallucinations, emotional, and behavioral responses to voices are thought to arise from beliefs about the hallucination, not the hallucination itself (Chadwick, Birchwood, & Trower, 1996). Belief modification is the most common intervention targeted at this process. It aims to reduce distress and dysfunction by modifying unhelpful beliefs about voices, such as those voices have the power to harm the person.

The Beliefs About Voices Questionnaire-Revised (BAVQ-R; Chadwick, Lees, & Birchwood, 2000), is a 35-item self-report questionnaire designed to assess key beliefs and responses people have related to their voice(s). Given the centrality of belief modification in CBT and its application to psychosis, the BAVQ-R has fulfilled a critical role in the assessment of auditory hallucinations. It has proved to be highly fruitful in furthering the understanding and treatment of auditory hallucinations from a CBT perspective (Beck-Sander, Birchwood, & Chadwick, 1997; Birchwood & Chadwick, 1997; Birchwood, Meaden, Trower, Gilbert, & Plaistow, 2000; Favrod, Grasset, Spreng, Grossenbacher, & Hodé, 2004; Fox, Gray, & Lewis, 2004; Lucas & Wade, 2001; Sayer, Ritter, & Gournay, 2000; Soppitt & Birchwood, 1997; van der Gaag, Hageman, & Birchwood, 2003).

The present study sought to develop a similar instrument for the assessment of acceptance-based attitudes and actions in relation to auditory and command hallucinations. This study was part of a randomized controlled trial of a psychological therapy (TORCH: Treatment of Resistant Command Hallucinations) designed to assist people who experience medication-resistant command hallucinations. The TORCH is an integration of acceptance-based approaches with traditional cognitive–behavior therapy.

The BAVQ-R comprises three subscales relating to beliefs about voices including malevolence (e.g., “My voice is evil”), benevolence (e.g., “My voice wants to help me”) and omnipotence (e.g., “My voice is very powerful”). Two additional subscales assess emotional and behavioral responses to voices in terms of resistance (e.g., “My voice frightened me”; “I try and stop it”) and engagement (“My voice made me feel calm”; “I seek the advice of my voice”). Chadwick and Birchwood (1995) noted that auditory hallucinations are generally held to lie on a continuum with normal functioning and proposed “that malevolence, benevolence, engagement and resistance might usefully be thought of as four dimensions of auditory hallucinations that contribute to a position on this continuum” (p. 775).

However, engagement, which is associated with benevolent beliefs, and resistance, which is associated with malevolent beliefs, are associated with poorer adaptation (Shawyer, Farhall, Sims, & Copolov, 2005). This may be because both types of responses entail involvement with voices, whether positive in form or negative. Recent developments in acceptance- and mindfulness-based therapeutic approaches suggest the need to assess two additional dimensions not covered by the BAVQ-R that may be more adaptive alternatives in the context of auditory and command hallucinations. These are acceptance and autonomous action. Acceptance is defined as a willingness on the part of the voice hearer to have voices in his or her life coupled with an effective, nonavoidant disengagement from them. Autonomous action is defined as behavior that is self-directed rather than being a reaction to the voices. Acceptance and autonomous action differ from engagement and resistance because they entail detachment from voices rather than involvement.
This study had two aims: (a) to develop a self-report instrument to assess acceptance-based attitudes and responses to auditory and command hallucinations, and (b) to examine the psychometric properties of the measure, including its reliability and validity. While the development of this instrument was inspired by ACT and the need it highlights, our ultimate definition and operationalization of acceptance and autonomous action extends beyond the acceptance and commitment components of ACT.

Method

Participants and Procedure

Forty-three participants completed the measures included in this study as part of their baseline assessment in the TORCH project. Participants were recruited from private and public mental health services in metropolitan Melbourne as well as regional areas. Selection criteria included having a diagnosis of schizophrenia or other psychosis, aged between 18 to 65 years and having experienced command hallucinations over the past 6 months that caused distress or dysfunction despite treatment with antipsychotic medication at therapeutic doses. The latter criterion was determined based on a screening questionnaire administered to referring clinicians and through initial participant interviews. Exclusion criteria were (a) any neurological disorder that might affect cognitive functioning, (b) insufficient conversational English for meaningful participation, (c) current abuse of alcohol or drugs requiring specific clinical intervention, (d) having a premorbid IQ of less than 70, and (e) inability to give informed consent. Seventeen participants were allocated to a 4-month waiting list control condition prior to treatment allocation. Test-retest reliability was evaluated using data from the second assessment following the waitlist period.

Measures

Diagnosis and premorbid IQ. Diagnoses for psychotic disorders were established using appropriate sections of the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I; First, Spitzer, Gibbon, & Williams, 1997). The National Adult Reading Test-Revised (NART-R; Crawford, 1990) was administered as a test of premorbid IQ.

The Voices Acceptance and Action Scale (VAAS) development. A list of items was generated broadly based on the main theoretical goals of ACT as applied to TORCH, that is (a) acceptance of, and disengagement from, auditory and command hallucinations, and (b) commitment to effective action rather than acting in relation to the voice. Although item generation was informed largely by the ACT literature (Bach & Hayes, 2002; Hayes et al., 1999), it was also influenced by earlier work related to the acceptance of auditory hallucinations (Romme & Escher, 1989), which emphasizes aspects of acceptance such as integrating voices as just one part of life and taking responsibility for one’s own actions. The avoidance mechanisms that maintain auditory hallucinations may be similar to those that maintain intrusive thoughts (García-Montes, Cangas, Pérez-Álvarez, Fidalgo, & Gutiérrez, 2006; García-Montes, Pérez-Álvarez, & Fidalgo, 2003; Morrison, 2001; Morrison & Baker, 2000; Morrison, Haddock, & Tarrier, 1995; Morrison & Wells, 2003). Therefore, the literature relating to the suppression of intrusive thoughts, including viewing them as overly important, was also consulted, particularly as a means of developing reverse-scored items (Freeston, Léger, & Ladouceur, 2001; Whittal & McLean, 1999). Because the VAAS was designed to complement the BAVQ-R as much as possible, we avoided creating similar items.
After generating an initial pool of 61 items, five members of the research team who were not directly involved in the development of the questionnaire were asked to review them for redundancy and clarity. They were invited to contribute additional or alternative items. A description of the constructs being measured was provided. Based on this feedback, unclear or redundant items were altered or removed and additional items included. The scale was then reviewed for content and face validity by two experts in this field to ensure items reflected the underlying constructs of ACT.

A group of voice hearers at a psychiatric day program evaluated the general relevance and clarity of the items and reported favorably on the scale, thus contributing to establishing its face validity. Following this feedback, two people who had experienced commanding auditory hallucinations undertook an in-depth examination of the scale. As a result of their recommendations, the wording of several items was changed to improve clarity.

The resulting scale comprised 56 items divided into two parts. Section A consisted of 27 items including acceptance-based or action-based beliefs about voices and was designed to be a stand-alone scale applicable to general auditory hallucinations. Section B contained items specific to command hallucinations. It included eight action-based beliefs about voices and 21 mixed acceptance and action items describing behavioral and emotional responses to potentially harmful command hallucinations. Responses were rated on a 5-point scale: strongly disagree, disagree, unsure or neutral, or strongly agree.

Validity assessment.

Functional measures. Quality of life was assessed using two subscales from the Quality of Life Enjoyment and Satisfaction Questionnaire (Endicott, Nee, & Harrison, 1993): subjective feelings and general activities. The subjective feelings subscale measures how much of the time participants feel positive (e.g., satisfied with life, happy, content) and how much of the time they feel able to function in society (e.g., able to communicate, travel, take care of appearance, deal with life’s problems). The general activities subscale measures degree of satisfaction with general activities of life such as work, social relationships, and ability to function. Depression was assessed using the Calgary Depression Scale (CDS; Addington, Addington, & Maticka-Tyndale, 1993). The CDS is suitable for use in schizophrenia due to its ability to distinguish symptoms of depression from negative and extrapyramidal symptoms. To assess interrater reliability, intraclass correlations (ICCs) were calculated comparing rater pairs for 13 different participants across each item of the CDS. Intraclass correlations varied from 0.95 to 1.00 indicating high levels of agreement between raters.

Symptom measures. The general severity of auditory hallucinations was assessed using The Psychotic Symptom Rating Scales (PSYRATS: Auditory Hallucinations; Haddock, McCarron, Tarrier, & Faragher, 1999). The PSYRATS measures the severity of auditory hallucinations across a range of dimensions, such as frequency, loudness, and associated distress. Intraclass correlations based on rater pairs for 6 different participants were calculated across for items of the PSYRATS. Agreement between raters were perfect for all items except item 3, which assesses voice location and had an average ICC of 0.90. The BAVQ-R was also administered.

Confidence in coping with command hallucinations and in resisting harmful command hallucinations were assessed using a 0- to 100-point rating scale. The assessment of compliance with command hallucinations was assessed by the presence or absence of partial or full compliance with command hallucinations in the previous 6 months. The
assessment of compliance was restricted to commands inciting harmful actions because these are less likely to engage the intrinsic agreement of the participant.

Results

Participants

Data from two participants were excluded from analysis because a large part of the measure was not completed. One other respondent missed a single item. The item mean for other participants was substituted for this value. The final sample consisted of 41 participants with a mean age of 40 years ($SD = 10.0$, range = 22–64 years) and a mean premorbid IQ of 100 ($SD = 13.4$, range = 70–121). Participants were English-speaking most were born in Australia (81%). Twenty two (54%) participants were men. The most common primary diagnosis was schizophrenia (73%), with the remaining participants having schizoaffective disorder (20%) or a mood disorder with psychotic features (7%). Participants in the study had heard voices for at least 3 years ($M = 15.8$, $SD = 11.0$, range = 3–43 years).

Scale Content and Reliability

The scale psychometrics was examined for the scale as a whole as well as for the two subscales, acceptance and action. After this process, items remaining in Section A were investigated for their reliability separately because this section was designed to be used as a stand-alone scale for general auditory hallucinations.

One item, “I’d like to destroy my voices,” was eliminated as it was not answered by four respondents and was therefore considered unacceptable. Participants may have been fearful to endorse this item given the omnipotence and omniscience often attributed to auditory hallucinations (Chadwick & Birchwood, 1994). Three items: “I feel indifferent,” “I feel calm,” and “I feel upset,” were removed from the original pool on theoretical grounds because the concept of acceptance does not presuppose feeling a certain way but accepting whatever feelings may be present. However, a related item “feeling overwhelmed” was retained as it implied engulfment with voices. With these items removed, Cronbach’s alpha was 0.67 for acceptance (35 items), 0.82 for action (17 items), and 0.83 for the full scale (52 items). Cronbach’s alpha for Section A was 0.64 (26 items).

Corrected item total statistics were examined as an indication of discriminability. Using as a benchmark a corrected item total correlation of <.2, 19 items were excluded. In addition, four items had high mean scores (above 4). Although all four showed some evidence of providing discrimination between high and low scores, two items were eliminated; one was redundant, the other was judged overly general. Based on these methods, 31 items (acceptance = 16, action = 15) were retained in the full scale. Of these, 12 were part of the Section A scale (acceptance = 9, action = 3). It is interesting to note that a cluster of six items intended to tap the overimportance dimension of acceptance were excluded in this process, suggesting that the appraisal of importance is at least partially independent of acceptance. Five of these six items were in Section A. Their removal alone increased the alpha in this section from 0.64 to 0.75 (21 items), and the alpha for the acceptance subscale moved from 0.67 to 0.75 (29 items).

Table 1 shows the items included in the final 31-item scale. Table 2 provides the means, standard deviations, and Cronbach’s alpha for the full scale and each subscale. The correlation between the action and acceptance subscales was $r = 0.66$. The test-retest intraclass correlation coefficient (assessed by absolute agreement) over the 4-month waiting period was 0.73 for the full scale and ranged from 0.72 to 0.82 for the subscales.
Table 1
Means, Standard Deviations, and Corrected Item-Total Correlations for 31-Item Voices Acceptance and Action Scale Items

<table>
<thead>
<tr>
<th>Subscales, item number, and description</th>
<th>M</th>
<th>SD</th>
<th>Corrected item-total correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section A</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acceptance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1 I accept the fact that I hear voices</td>
<td>3.98</td>
<td>1.06</td>
<td>.21</td>
</tr>
<tr>
<td>A2 There are worse things in life than hearing voices</td>
<td>3.22</td>
<td>1.31</td>
<td>.24</td>
</tr>
<tr>
<td>A4 There is no point getting on with my life while I hear voices&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3.00</td>
<td>1.18</td>
<td>.43</td>
</tr>
<tr>
<td>A5 My voices are just one part of my life</td>
<td>3.63</td>
<td>1.07</td>
<td>.24</td>
</tr>
<tr>
<td>A6 I can’t have a good life while I hear voices&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.61</td>
<td>1.28</td>
<td>.44</td>
</tr>
<tr>
<td>A8 Hearing voices has taken over my life&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.27</td>
<td>1.05</td>
<td>.29</td>
</tr>
<tr>
<td>A9 I have learned to live with my voices</td>
<td>3.41</td>
<td>1.05</td>
<td>.39</td>
</tr>
<tr>
<td>A10 I struggle with my voices&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.93</td>
<td>.98</td>
<td>.36</td>
</tr>
<tr>
<td>A11 There is more to me than just my voices</td>
<td>4.10</td>
<td>.94</td>
<td>.53</td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A3 When I disagree with a voice, I simply notice it and move on</td>
<td>2.95</td>
<td>1.16</td>
<td>.48</td>
</tr>
<tr>
<td>A7 My voices stop me doing the things that I want to do&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.24</td>
<td>1.14</td>
<td>.41</td>
</tr>
<tr>
<td>A12 When my voices say things, I accept what is helpful and reject what is not</td>
<td>3.10</td>
<td>1.09</td>
<td>.38</td>
</tr>
<tr>
<td><strong>Section B1 (all action)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B1 I decide what I do, not my voices</td>
<td>3.39</td>
<td>1.12</td>
<td>.50</td>
</tr>
<tr>
<td>B2 Hearing a command from a voice can cause me to do what it says&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.44</td>
<td>1.05</td>
<td>.52</td>
</tr>
<tr>
<td>B3 I have to do what my voices say, even if I don’t agree with it&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3.22</td>
<td>1.26</td>
<td>.45</td>
</tr>
<tr>
<td>B4 Just because a voice tells me to do something, it doesn’t mean I have to do it</td>
<td>3.83</td>
<td>.92</td>
<td>.56</td>
</tr>
<tr>
<td>B5 My voices should take the blame when I obey them, not me&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.73</td>
<td>.95</td>
<td>.30</td>
</tr>
<tr>
<td>B6 Hearing my voices tell me to do something is as bad as doing it&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.61</td>
<td>1.09</td>
<td>.21</td>
</tr>
<tr>
<td>B7 My voices are not responsible for my actions, I am</td>
<td>3.49</td>
<td>1.14</td>
<td>.63</td>
</tr>
<tr>
<td>B8 It is not what my voices say, but what I do, that matters</td>
<td>4.02</td>
<td>.76</td>
<td>.48</td>
</tr>
<tr>
<td><strong>Section B2: When I hear a voice telling me to do something that could result in problems or cause trouble, usually . . .</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acceptance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B9 I feel overwhelmed by it&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.17</td>
<td>1.09</td>
<td>.58</td>
</tr>
<tr>
<td>B11 I notice it, but I don’t react to it</td>
<td>3.22</td>
<td>1.06</td>
<td>.55</td>
</tr>
<tr>
<td>B12 I just accept that the voice is speaking</td>
<td>3.22</td>
<td>1.06</td>
<td>.41</td>
</tr>
<tr>
<td>B15 I try hard to avoid feeling upset&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.15</td>
<td>.96</td>
<td>.33</td>
</tr>
<tr>
<td>B16 I put up with it</td>
<td>3.59</td>
<td>1.00</td>
<td>.41</td>
</tr>
<tr>
<td>B17 I argue with the voice&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.14</td>
<td>.99</td>
<td>.26</td>
</tr>
<tr>
<td>B19 I think what the voice says doesn’t matter</td>
<td>3.20</td>
<td>1.25</td>
<td>.46</td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B10 I have to stop what I’m doing and focus on the voice&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.78</td>
<td>.82</td>
<td>.39</td>
</tr>
<tr>
<td>B13 I worry about what I might do&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.39</td>
<td>1.24</td>
<td>.55</td>
</tr>
<tr>
<td>B14 I listen to the voice but make my own decisions</td>
<td>3.54</td>
<td>1.12</td>
<td>.54</td>
</tr>
<tr>
<td>B18 I keep focused on what I want to do</td>
<td>3.37</td>
<td>1.04</td>
<td>.49</td>
</tr>
</tbody>
</table>

<sup>a</sup>Reverse scored.

**Construct Validity**

Preliminary examination of the construct validity of the 31-item scale was examined using a selection of measures administered concurrently as part of the TORCH baseline...
assessment. Because this assessment was undertaken prior to any intervention, our assessment of validity is in relation to the degree to which participants accepted their voices prior to any therapeutic intervention. While acceptance of symptoms is a theoretically important process for therapeutic change in acceptance-based therapies, it may also occur naturally over time for some (Bach & Hayes, 2002; Corone, Harrow, & Westermeyer, 1991; Romme & Escher, 1989).

Establishing evidence for construct validity in this domain posed some difficulty because of the lack of suitable measures of acceptance or related concepts available during the operation of the project. However, Romme and Escher (1989) described what appeared to be natural stages toward developing an acceptance of voices as part of self and observed that this had positive effects on coping success, adaptation, and responsibility for decisions and actions. Selecting from our baseline measures those that best reflected these three outcomes, our primary predictions were that acceptance scores would be positively related to confidence in coping with command hallucinations, quality of life, and confidence in resisting harmful command hallucinations. They would be inversely related to depression and compliance with harmful command hallucinations.

Table 3 shows correlations between the VAAS scales and all validity measures except compliance with command hallucinations. Because of non-normal distributions and a small number of extreme responses, Spearman rank correlations are reported rather than Pearson correlations.

Our results generally supported the predictions. Level of depression was strongly negatively related to the full scale score, Section A, and both subscales. Quality of life, as assessed by the subjective feelings subscale, was also strongly related to the full scale score and all components. The quality of life general activities subscale was related to Section A and the acceptance subscale. Level of confidence in coping with the voices was significantly correlated with the full scale and all subscales. Confidence in resisting harmful commands was not significantly related to the full scale or subscales scores. However, the action subscale successfully discriminated compliance: those who reported not having complied with harmful commands in the previous 6 months had a higher action score ($M = 48.4, SD = 9.7$) than those who did comply ($M = 40.9, SD = 8.9$), $t(30) = 2.25, p = .03$. Again, no significant difference was found for the full scale score or acceptance scores.

The VAAS was found not to be related to the severity of auditory hallucinations as measured by the PSYRATS. This is important because it establishes that the VAAS is not merely a proxy for symptom severity so that only those with less severe symptoms “accept” their voices.

Finally, evidence was sought for the construct validity of the VAAS in relation to the BAVQ-R to see if the two dimensions of the VAAS add to those already measured in Table 2.

### Table 2

<table>
<thead>
<tr>
<th></th>
<th>$M$</th>
<th>$SD$</th>
<th>Cronbach’s $\alpha$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full scale</td>
<td>93.93</td>
<td>16.65</td>
<td>0.90</td>
</tr>
<tr>
<td>Section A</td>
<td>36.44</td>
<td>7.05</td>
<td>0.76</td>
</tr>
<tr>
<td>Acceptance</td>
<td>47.83</td>
<td>8.73</td>
<td>0.80</td>
</tr>
<tr>
<td>Action</td>
<td>46.10</td>
<td>9.38</td>
<td>0.85</td>
</tr>
</tbody>
</table>

*Journal of Clinical Psychology, June 2007*
### Table 3

*Spearman Correlations Between VAAS and Depression, Symptom Severity (PSYRATS), BAVQ-R, Confidence in Managing Voices, and Quality of Life*

<table>
<thead>
<tr>
<th></th>
<th>VAAS</th>
<th>BAVQ-R</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full scale</td>
<td>Section A</td>
</tr>
<tr>
<td><strong>VAAS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section A</strong></td>
<td>0.79***</td>
<td>—</td>
</tr>
<tr>
<td><strong>Acceptance</strong></td>
<td>0.91***</td>
<td>0.88***</td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td>0.90***</td>
<td>0.55***</td>
</tr>
<tr>
<td><strong>Depression</strong></td>
<td>—0.51**</td>
<td>—0.57***</td>
</tr>
<tr>
<td><strong>PSYRATS</strong></td>
<td>0.02</td>
<td>—0.24</td>
</tr>
<tr>
<td><strong>BAVQ-R</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malevolence</td>
<td>—0.12</td>
<td>—0.16</td>
</tr>
<tr>
<td>Benevolence</td>
<td>0.05</td>
<td>0.26</td>
</tr>
<tr>
<td>Omnipotence</td>
<td>—0.41**</td>
<td>—0.29</td>
</tr>
<tr>
<td>Resistance</td>
<td>0.01</td>
<td>—0.03</td>
</tr>
<tr>
<td>Engagement</td>
<td>—0.17</td>
<td>0.06</td>
</tr>
<tr>
<td>Confidence coping with CHs</td>
<td>0.40*</td>
<td>0.40*</td>
</tr>
<tr>
<td>Confidence resisting harmful CHs</td>
<td>0.22</td>
<td>0.19</td>
</tr>
<tr>
<td>Quality of Life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subjective feelings</td>
<td>0.51**</td>
<td>0.61**</td>
</tr>
<tr>
<td>General activities</td>
<td>0.24</td>
<td>0.47**</td>
</tr>
</tbody>
</table>

*Note.* VAAS = Voices Acceptance and Action Scale; PSYRATS = The Psychotic Symptom Rating Scales; BAVQ-R = The Beliefs About Voices Questionnaire-Revised; MAL = malevolence; BEN = benevolence; OMN = omnipotence; RES = resistance; ENG = engagement.

<sup>a</sup>Calgary Depression Scale. <sup>b</sup>Confidence in coping with command hallucinations. <sup>c</sup>Confidence in resisting harmful command hallucinations. <sup>d</sup>Quality of life: Subjective feelings.

*p < .05. ** p < .01. ***p < .001.
the BA VQ-R. The acceptance subscale essentially measures metacognitive beliefs. Accordingly, we expected this scale to be either orthogonal or, at most, only weakly related to beliefs about voices relating to malevolence and benevolence. For example, those with malevolent or benevolent voices could endorse “I have learned to live with my voices.” Whereas resistance and engagement are two nonaccepting responses to voices that directly oppose each other, the action subscale represents an alternative response to both. Thus, we expected that the action subscale again would be unrelated or weakly negatively related to resistance and engagement. We were particularly concerned that engagement and acceptance would be weakly related at most. These constructs are not infrequently taken to mean the same thing (Birchwood & Chadwick, 1997; Farhall & Gehrke, 1997; Lucas & Wade, 2001; Pembroke, 1998), and it was important to ensure that the VAAS had successfully distinguished them. We predicted a negative relationship between the VAAS scales and the omnipotence scale because it would be more difficult to accept and especially act independently from voices perceived to be powerful. Consistent with these expectations, a significant correlation was found between the power subscale of the BA VQ-R and the full scale score of the VAAS. The action subscale also correlated significantly with power but acceptance did not. With respect to the remaining scales, the only significant correlation was between engagement and the action subscale, which were negatively related. None of the other BAQ-R subscales were related to the scale or its components.

We also examined whether there was any significant variance accounted for by the VAAS subscales after all the variance due to removal of the BAQ-R subscales. Using linear regression, we entered the BAQ-R and VAAS subscales in two steps. The results, shown in Table 4, indicate that the VAAS adds substantially to the prediction of outcome with respect to depression, coping with command hallucinations and quality of life over and above what is already accounted for by the BAQ-R.

Table 4
Results of Two-Step Linear Regression Model (Entering BAQ-R Subscales Followed by VAAS Subscales) for Depression, Confidence in Managing Voices, and Quality of Life

<table>
<thead>
<tr>
<th>Outcome variable</th>
<th>BAQ-R</th>
<th>VAAS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$R^2$ change</td>
<td>$F$ change ($df$)</td>
</tr>
<tr>
<td>Depression</td>
<td>0.06</td>
<td>0.44</td>
</tr>
<tr>
<td>Confidence in coping with command hallucinations</td>
<td>0.13</td>
<td>0.95</td>
</tr>
<tr>
<td>Confidence in resisting harmful command hallucinations</td>
<td>0.18</td>
<td>1.23</td>
</tr>
<tr>
<td>Quality of life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subjective feelings</td>
<td>0.13</td>
<td>0.86</td>
</tr>
<tr>
<td>General activities</td>
<td>0.29</td>
<td>2.34</td>
</tr>
</tbody>
</table>

Note. BAQ-R = The Beliefs About Voices Questionnaire-Revised; VAAS = Voices Acceptance and Action Scale; ns = nonsignificant.
Discussion

Frederick and Killeen (1998) noted that the “development of new instruments for assessing auditory hallucinations is necessary to support and refine . . . the advances in psychotherapy . . . for patients experiencing auditory hallucinations. Progress in these areas is likely to lead to more effective treatment” (p. 263). The recent application of acceptance-based therapies to psychosis has created such a gap in assessment. The aim of this study was to begin to fill this gap by developing an instrument to assess the acceptance of auditory and command hallucinations. In this pilot study, we developed a self-report scale, the VAAS, which has two theoretically derived subscales, Acceptance and Action. Although developed in the context of a treatment trial for command hallucinations, we produced a “general” subscale containing 12 items designed to be applied to anyone with auditory hallucinations. This general subscale comprises nine acceptance items and three action items.

The VAAS has a similar format to the BAVQ-R and so can be used to complement this questionnaire or applied as a stand-alone measure. The BAVQ-R examines response to auditory hallucination in terms of malevolent and benevolent beliefs and resisting or engaged responses. The belief that the voices are malevolent together with resistant responses to auditory hallucinations has been associated with negative affect and depression (Birchwood & Chadwick, 1997; Chadwick et al., 2000; Escher, Delespaull, Romme, Buiks, & van os, 2003; Gilbert et al., 2001). Resistance also appears to be an ineffective coping approach (Falloon & Talbot, 1981; Farhall & Gehrke, 1997; Farhall & Voudouris, 1996; Romme et al., 1992). The belief that the voices are benevolent together with engagement with voices have been linked to poorer social functioning, including antisocial behavior (Favrod et al., 2004) and compliance with harmful command hallucinations (Beck-Sander et al., 1997; Fox et al., 2004).

Our operationalization of acceptance successfully distinguished it from engagement and the severity of auditory hallucinations. Indeed, results showed that those who engage with their voices are less likely to act autonomously, whereas those who accept their voices are more likely to do so. The VAAS was negatively correlated with depression, and positively related to satisfaction with the general activities of life and feeling able to function in society. Correlations between the VAAS subscales and other measures were substantial. Judgments concerning the strength of these associations must also take into account that relationships between the observed scale scores are attenuated relative to correlations between their underlying constructs due to imperfect reliability. In the case of the substantial correlation between acceptance and action, this must raise the question of the distinguishability of these two measures. Ultimately, evidence for this must be sought in other, larger samples and by investigating whether the value can have different trajectories over time or whether they invariably move together. It might be noted that although the correlations between the VAAS and depression and quality of life were strong, the content of the VAAS is quite different to depressive symptomatology and life satisfaction items. This suggests the VAAS is measuring something distinctive that looks, on the face of it, to be acceptance. Moreover, the direction and magnitude of these relationships are similar to those found in relation to the Acceptance and Action Questionnaire (Hayes et al., 2004), a general purpose scale that is now under development. Finally, the action subscale discriminated between those who had complied with harmful command hallucinations in the past 6 months and those who had not. Thus, in contrast and in counterpart to the BAVQ-R, the development of the VAAS provides a method of directly measuring alternative and more adaptive dimensions of beliefs and responses to voices and adds substantially to the prediction of outcome. As well as correlating in the expected directions with our validity
measures, our evaluation of scale shows it be quick and easy to administer, stable over a 4-month period, and internally consistent.

As a pilot study, the results presented here are subject to several limitations. Given the context of recruitment for treatment of hallucinations, the participant group is likely to have experienced more severe auditory hallucinations than average. In addition, the psychometrics of the revised scale has not yet been cross-validated with a new sample; its internal reliability may well be inflated. Our sample is small and carries with it a greater risk of type II errors. Post hoc power calculations indicate that the study has 80% power of detecting correlations of around .40 or greater, assuming two-tailed testing. Power to detect correlations of only .30 was around 50%, once again as a two-tailed test. Of course, even when significant relationships are identified, correlation methods cannot unambiguously determine causality with respect to our validation measures. Although it would have been desirable to conduct a factor analysis to identify or confirm VAAS subscales, the sample size precluded the use of this technique. It might be noted, however, that factor analysis has also not yet been conducted on the BAVQ or BAVQ-R as a whole. Clearly, further studies on the utility of the VAAS using new, larger, and more general samples are needed. Finally, for the purposes of examining convergent validity, it would have been useful to have included the Acceptance and Action Questionnaire (Bond & Bunce, 2003; Hayes et al., 2004). Notwithstanding these limitations, this preliminary evaluation suggests the VAAS to have promise as a useful aid in the assessment of the psychological impact of voices.

References


Outline of ACT Assessment/Case Formulation Process

This outline provides additional information on completing the “ACT Initial Case Conceptualization Form.” Much of the process below is taken verbatim from Chapter 3 of the A Practical Guide to Acceptance and Commitment Therapy (2004), Edited by S. Hayes and K. Strosahl. Please reference that chapter for more detailed information.

The most important principle in an ACT case conceptualization is that you are not just assessing a particular symptom with a particular topography; you are also attempting to understand the functional impact of the presenting complaint. Attempting to understand the function of client behavior involves a focus on the learning history of the client as well as the current context in which events happen. This context involves both the events of the client’s life and the verbal context in which the client experiences these events. How their current and historical context is functionally organized will alter how the client interacts with situational variables in a way that either promotes or defeats the client’s best interests. Conducting a functional analysis that captures these important variables in order to better guide treatment is the goal of an ACT case conceptualization.

1) **Begin your assessment with an analysis of the presenting problem as formulated by the client.** Take what the client would say is their “problem” and reformulate this in ACT consistent terms (if necessary). For example, frequently clients will nominate a set of negative private events (negative feelings, thoughts, memories, sensations, physical symptoms, and so on) as the “problem.” Instead of “eliminating anxiety so that I can start to live” (the client’s view of the presenting problem) you may eventually reformulate “the problem” in other ways (e.g., “warring with anxiety” or more specifically “not getting on about the business of living while needlessly warring with anxiety”). At a deeper level such reformulations must be consistent with the client’s true goals and values.

Avoid buying into or challenging the initial formulation presented by the client. Take an open, data gathering stance in which you assess the client’s learning history, current situational triggers, the domains of avoided private events and specific behavior avoidance patterns. Pay attention to the function of these behaviors in the client’s life, both “positive” and “negative.”

From an ACT model the two most important initial case conceptualization questions are:

2) **What private experiences is the client attempting to avoid?** Assess these and outline them in the space provided.

3) **What avoidance behaviors are being used and how pervasive are they?** Consider:

   - Level of overt behavioral avoidance displayed (e.g., what parts of life has the client dropped out of, what activities/pursuits are not occurring that would occur if the problem was solved? Hint: ask “If a miracle happened and all your problems were solved, what would your life be like then?”)
   - Level of internally based emotional control strategies (e.g., negative distraction, negative self instruction, excessive self monitoring, dissociation)
   - Level of behaviorally focused emotional control strategies (e.g., drinking, drug taking, smoking, self-mutilation, suicide attempting, overeating)
   - In-session avoidance or emotional control behaviors (e.g., topic changes, counterpliance, aggressiveness, dropout risk) – While in-session barriers may not be apparent from the beginning of therapy, it may be possible to predict what could show up later and take proactive steps to address these barriers. For example, you may find out that the client has a tendency to flee relationships when they begin to feel threatened by intimacy. Thus, you might have a conversation at the start of therapy about what the client could do, rather than leave therapy, in the case that they feel they are getting too close to the therapist.

4) **Consider factors related to motivation to change.**

   - Is the "cost" of avoidance behaviors contacted in terms of daily functioning (e.g., lack of life direction, no friends, loss of important goals, addicted person has to spend all day getting his “fix”, etc. If this is low or not properly contacted, consider paradox, exposure, evocative exercises before work that assumes significant personal motivation)
   - Experience of the unworkability of improperly focused change efforts (if this is low, move directly to diary assessment of the workability of struggle, to experiments designed to test that)
   - Clarity and importance of valued ends that are not being achieved due to target behavior and the place of these ends in the client's larger set of values (if this is low, as it often is, consider values clarification. If it is necessary to the process of treatment itself, consider putting values clarification earlier in the treatment. Consider linking work that requires significant motivation to valued activities and/or relationships.)
• Strength and importance of therapeutic relationship (if not positive, attempt to develop, e.g., through use of self
disclosure; if positive, consider integrating ACT change steps with direct support and feedback in session)
• Beliefs about consequences of facing feared events (explore client’s fears and consider teaching defusion skills
and willingness, titrate willingness/exposure exercises to a level client can complete successfully)

5) What environmental factors could be barriers to client’s change? For example, a client may be motivated to not
improve in order to keep their disability payments. A spouse may be unsupportive of change because it is challenging
to them. They may have friends which encourage their drug use.

6) Consider other factors contributing to psychological inflexibility:

| Cognitive entanglement/fusion | Check for fusion with evaluative thoughts and conceptual categories (e.g., domination of “right and
|                             | wrong” even when that is harmful; high levels of reason-giving; overuse of “insight” &
|                             | “understanding,” self-loathing, comparisons with or critical attitudes towards others)
|                             | Is the client overly attached to beliefs, expectations, right & wrong, good-bad evaluations of
|                             | experience? Does the client confuse evaluations and experience?
| Out of contact with the present moment | Does the client exhibit ongoing, fluid tracking of immediate experience? Does the client find ways
to “check out” or get off in their head? Does the client seem pre-occupied with past or future or
engage in lifeless story telling?
| Fused with self-as-content | Can the client see a distinction between provocative and evocative content and self? Is the client’s
|                             | identity defined in simplistic, judgmental terms (even if positive), by problematic content or a
|                             | particular life story?
| Out of contact with values | Can the client describe personal values across a range of domains? Does the client see a
|                             | discrepancy between current behaviors and values? Does the client describe tightly held but
|                             | unexamined goals (e.g., making money) as if they are values?
| Ability to build patterns of committed action | Is the client engaged in actions that promote successful working? Does the client exhibit specific,
|                             | step by step pattern of action? Can the client change course when actions are not working? Are
|                             | there chronic self control problems such as impulsivity, self defeating actions (e.g., procrastination,
|                             | under performing, poor health behaviors, impulsive behavior)?

7) Consider specific treatment implications/foci based on particular patterns of client behavior, e.g.:
• Client has a strong tendency toward rule following and being right
  o Consider confronting reason giving through defusion strategies; pit being right versus cost to vitality;
    consider need for self-as-context and mindfulness work to reduce attachment to the conceptualized self.
• High level of conviction or behavioral entanglement with unworkable strategies
  o This is usually seen as an insistence on doing the same thing even though the client admits it doesn’t seem to
    work. If this is an issue, consider the need to undermine the improperly targeted change agenda, using
    creative hopelessness interventions.
• Belief that change is not possible combined with a strong attachment to a story that promotes this conclusion.
  o This is often seen in chronically distressed clients or clients with history of repeated trauma. If this is an
    issue, consider using defusion strategies, especially attacking the attachment to the story; revisit the cost of
    not trying in terms of valued life goals; arrange behavioral experiments to test whether even small changes
    can occur.
• Fear of the consequences of change.
  o This is often seen in clients that are hiding in unsatisfying relationships or jobs for fear of the unknown. If
    this is an issue, consider working on values clarification and teaching qualities of committed action, choice
    and decision; work on acceptance of feared experiences under conditions of change.
• Domination of a rigid, content-focused self-identity in which changing would pose a threat to a dearly held set of
  self beliefs.
  o This is often seen in “therapy wise” clients or clients with a history of treatment failure. If this is an issue,
    consider undermining the story using various defusion strategies such as the autobiography rewrite; consider
    values work to get the client to make contact with the “cost” of holding to the story.
• Domination of the conceptualized past or future.
  o This is often seen in clients complaining of excessive worry, regret, or anticipatory fear that functions to
    block effective behavior. If this is an issue, consider self-as-process and self-as-context work, including “just
noticing” interventions, and experiential exercises to help make contact with the moment. Link this to defusion work so that temporal thoughts can be caught and observed without belief or disagreement.

- **Short term effect of ultimately unworkable change strategies is evaluated as positive.**
  - This is often seen in addictive behaviors, chronic suicidality, or chronic pain. If this is an issue, consider values clarification and creative hopelessness work tied to what have you tried, how has it worked, what has it cost you?
- **Social support for avoidance and fusion.**
  - This is often seen in trauma victims, “disabled” clients of all kinds and may involve relationships, family, financial or institutional reinforcement. If this is an issue, early values clarification work can be used to highlight the cost of not changing.

8) **Consider factors contributing to psychological flexibility** (i.e., client strengths). If a client has had past experience engaging life problems in ways that are ACT consistent, these experiences can sometimes be harnessed to allow one to move more quickly through the protocol. Current therapy efforts can usefully be linked to these past experiences, allowing these experiences to serve as models for current actions.

- Prior positive experience with mindfulness, spiritual practice or human potential concepts (if they are positive and safe from an ACT perspective, consider linking these experiences to change efforts; if they are weak or unsafe - such as confusing spirituality with dogma - consider building self-as-context and mindfulness skills)
- Episodes in life where “letting go” of urges, self defeating thoughts, uncontrollable feelings led to greater personal efficacy (i.e., Alcoholics Anonymous, smoking cessation, getting through a death)
- Moments in life when the client felt intensely present and in contact with life, even if the experience involved negative affect
- Prior experiences where laughing at oneself, seeing the irony or humor in a situation seemed to decrease the gravity associated with it
- Times in the past when the client took a course of action that was painful but was consistent with their values
- Prior experiences with setting personal goals, taking step by step concrete steps to achieve them
- Prior experiences with starting in one life direction and ending up going in another more positive direction

9) In this section, **describe specific treatment procedures for this particular client**. Consider following a specific, relevant treatment manual that has evidence for its effectiveness. Consider relevant ACT process and outcome measures. Consider modifications to the general, step-wise process of treatment that outlined in the ACT (1999) book. Consider client strengths in this conceptualization and how these might be harnessed to potentially move through the process more quickly. Consider social, financial, and vocational resources available to mobilize in treatment. Consider use of other compatible techniques and theories that may be relevant but not directly theorized about in ACT (e.g., contingency management, skills building). Address life skills deficits (if this is an issue, consider those that may need to be addressed through first order change efforts such as relaxation, social skills, time management, personal problem solving)

Given the functions that have been identified in this assessment consider the relevant contributions of:
1. Generating creative hopelessness (client has not faced the unworkable nature of the current agenda)
2. Understanding that emotional control is the problem (client does not understand experientially the paradoxical effects of control)
3. Developing willingness (client is afraid to change behavior because of beliefs about the consequences of facing feared events)
4. Experiential exposure to the non-toxic nature of private events through acceptance and defusion (client is afraid to change behavior because of beliefs about the consequences of facing feared events)
5. Generate experiences of self-as-context to facilitate experiencing of feared events in the present moment (client is unable to separate self from reactions, memories, unpleasant thoughts; client needs safe place from which to engage in exposure)
6. Make contact with the present moment/mindfulness (client lives in conceptualized future, e.g., worry; client is not contacting reinforcements already present in the environment)
7. Values exploration (client does not have a substantial set of stated values or is out of contact with their values)
8. Engage in committed action based on chosen values (client needs help to rediscover a value based way of living; client’s behavior is not generally productive or well-directed and client could use help in maintaining consistency of life direction; client has little motivation to engage in exposure)
### ACT Initial Case Conceptualization Form

1) Presenting problem(s) in client’s own words:

   Client initial goals (What does he/she want from therapy?):

   ACT reformulation of presenting problem:

2) What core thoughts, emotions, memories, sensations, scenarios is the client is unwilling to experience?

   **Thoughts**

   **Emotions**

   **Memories**

   **Other**

3) What does the client do to avoid these experiences?

   - Overt behavioral avoidance (Activities/situations/people the client has stopped doing or avoids explicitly)

   - Internal and external emotional control strategies (e.g., distraction, self-instruction, dissociation, drugs, self-harm)

   - In-session avoidance or emotional control patterns (e.g., topic changes, argumentativeness, dropout risk)
4) Relevant motivational factors (e.g., what is the cost of this behavior in terms of daily living, client’s experience of unworkability, clarity of values, therapeutic relationship)

5) Environmental barriers to change (e.g., negative contingencies (disability), unsupportive home/social environment, unchangeable circumstances, financial circumstances, costs of changing (social losses etc…)).

6) Factors contributing to psychological inflexibility (e.g., excessive rule governance, being right, reason-giver, self issues (lack of a sense of-unable to describe feelings or wants), extremely low tolerance of emotional experiences, lack of present moment awareness, super-logical (figures things out), excessive attachment to conceptualized self)

7) Given the above, what parts of ACT may need to be emphasized in treatment?

8) Client Strengths:

9) Initial ACT treatment plan:
5-FACET M QUESTIONNAIRE

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.

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<th>3</th>
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<tr>
<td></td>
<td>never or very rarely true</td>
<td>rarely true</td>
<td>sometimes true</td>
<td>often true</td>
<td>very often or always true</td>
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1. When I’m walking, I deliberately notice the sensations of my body moving.
2. I’m good at finding words to describe my feelings.
3. I criticize myself for having irrational or inappropriate emotions.
4. I perceive my feelings and emotions without having to react to them.
5. When I do things, my mind wanders off and I’m easily distracted.
6. When I take a shower or bath, I stay alert to the sensations of water on my body.
7. I can easily put my beliefs, opinions, and expectations into words.
8. I don’t pay attention to what I’m doing because I’m daydreaming, worrying, or otherwise distracted.
9. I watch my feelings without getting lost in them.
10. I tell myself I shouldn’t be feeling the way I’m feeling.
11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
12. It’s hard for me to find the words to describe what I’m thinking.
13. I am easily distracted.
14. I believe some of my thoughts are abnormal or bad and I shouldn’t think that way.
15. I pay attention to sensations, such as the wind in my hair or sun on my face.
16. I have trouble thinking of the right words to express how I feel about things.
17. I make judgments about whether my thoughts are good or bad.
18. I find it difficult to stay focused on what’s happening in the present.
19. When I have distressing thoughts or images, I “step back” and am aware of the thought or image without getting taken over by it.
20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.
21. In difficult situations, I can pause without immediately reacting.
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.
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<td>rarely true</td>
<td>sometimes true</td>
<td>often true</td>
<td>very often or always true</td>
</tr>
</tbody>
</table>

_____ 23. It seems I am “running on automatic” without much awareness of what I’m doing.
_____ 24. When I have distressing thoughts or images, I feel calm soon after.
_____ 25. I tell myself that I shouldn’t be thinking the way I’m thinking.
_____ 26. I notice the smells and aromas of things.
_____ 27. Even when I’m feeling terribly upset, I can find a way to put it into words.
_____ 28. I rush through activities without being really attentive to them.
_____ 29. When I have distressing thoughts or images I am able just to notice them without reacting.
_____ 30. I think some of my emotions are bad or inappropriate and I shouldn’t feel them.
_____ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.
_____ 32. My natural tendency is to put my experiences into words.
_____ 33. When I have distressing thoughts or images, I just notice them and let them go.
_____ 34. I do jobs or tasks automatically without being aware of what I’m doing.
_____ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.
_____ 36. I pay attention to how my emotions affect my thoughts and behavior.
_____ 37. I can usually describe how I feel at the moment in considerable detail.
_____ 38. I find myself doing things without paying attention.
_____ 39. I disapprove of myself when I have irrational ideas.
Scoring the Five Facet Mindfulness Questionnaire
Ruth Baer, University of Kentucky
October 2005

Observe items:
1, 6, 11, 15, 20, 26, 31, 36

Describe items:
2, 7, 12R, 16R, 22R, 27, 32, 37

Act with Awareness items:

Nonjudge items:

Nonreact items:
4, 9, 19, 21, 24, 29, 33

Reference:
Using Self-Report Assessment Methods to Explore Facets of Mindfulness
Ruth A. Baer, Gregory T. Smith, Jaclyn Hopkins, Jennifer Krietemeyer and Leslie Toney
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Using Self-Report Assessment Methods to Explore Facets of Mindfulness

Ruth A. Baer
Gregory T. Smith
Jaclyn Hopkins
Jennifer Krietemeyer
Leslie Toney

University of Kentucky

The authors examine the facet structure of mindfulness using five recently developed mindfulness questionnaires. Two large samples of undergraduate students completed mindfulness questionnaires and measures of other constructs. Psychometric properties of the mindfulness questionnaires were examined, including internal consistency and convergent and discriminant relationships with other variables. Factor analyses of the combined pool of items from the mindfulness questionnaires suggested that collectively they contain five clear, interpretable facets of mindfulness. Hierarchical confirmatory factor analyses suggested that at least four of the identified factors are components of an overall mindfulness construct and that the factor structure of mindfulness may vary with meditation experience. Mindfulness facets were shown to be differentially correlated in expected ways with several other constructs and to have incremental validity in the prediction of psychological symptoms. Findings suggest that conceptualizing mindfulness as a multifaceted construct is helpful in understanding its components and its relationships with other variables.

Keywords: mindfulness; questionnaires; self-report assessment; factor structure; facets; meditation

Mindfulness is usually defined to include bringing one’s complete attention to the experiences occurring in the present moment, in a nonjudgmental or accepting way (Brown & Ryan, 2003; Kabat-Zinn, 1990; Linehan, 1993a; Marlat & Kristeller, 1999). Descriptions of mindfulness and methods for cultivating it originate in eastern spiritual traditions, which suggest that mindfulness can be developed through the regular practice of meditation, and that increases in positive qualities such as awareness, insight, wisdom, compassion, and equanimity are likely to result (Goldstein, 2002; Kabat-Zinn, 2000). In recent decades, traditional mindfulness meditation practices have been adapted for secular use and incorporated into several interventions that are now widely available in medical and mental health settings. These interventions include dialectical behavior therapy (DBT; Linehan, 1993a, 1993b), mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1982, 1990), mindfulness-based cognitive therapy (MBCT; Segal, Williams, & Teasdale, 2002), acceptance and commitment therapy (ACT; S. C. Hayes, Strosahl, & Wilson, 1999), and relapse prevention for substance abuse (Marlatt & Gordon, 1985; Parks, Anderson, & Marlatt, 2001) as well as variations on these approaches. These interventions conceptualize mindfulness as a set of skills that can be learned and practiced in order to reduce psychological symptoms and increase health and well-being. MBSR and MBCT rely heavily on formal meditation practices, in which participants spend up to 45 minutes each day directing their attention in specific ways. In contrast, DBT and ACT rely on a wide variety of shorter exercises in which mindfulness-related skills can be practiced without necessarily engaging in meditation.

The empirical literature increasingly supports the efficacy of mindfulness-based interventions. Reductions in
symptoms have been reported across a wide range of populations and disorders (Baer, 2003; S. C. Hayes, Masuda, Bissett, Luoma, & Guerrero, 2004; Robins & Chapman, 2004). Until very recently, however, the assessment of mindfulness has received much less empirical attention. Dimidjian and Linehan (2003a) noted that psychologically sound measures of mindfulness are necessary for understanding the nature of mindfulness and its components and the mechanisms by which mindfulness training exerts its beneficial effects. Brown and Ryan (2004) and Bishop et al. (2004) made similar points, arguing that operational definitions of mindfulness are essential for the development of valid instruments, which in turn are necessary for investigating the psychological processes involved in mindfulness training.

Within the past few years, self-report questionnaires for the assessment of mindfulness have begun to appear in the literature. The development of these questionnaires is an important advance in the study of mindfulness because it provides new opportunities for empirical investigations of the nature of mindfulness and its relationships with other psychological constructs. As the process of writing items for any self-report questionnaire requires authors to define or conceptualize the construct they are attempting to measure (Clark & Watson, 1995), each available mindfulness questionnaire represents an attempt to operationalize mindfulness by writing self-report items that capture its essence. Empirical examination of these questionnaires could provide important information about how mindfulness should be defined and described.

Among the important questions that can be studied using these instruments is whether mindfulness should be described as a multifaceted construct and, if so, how the facets should be defined. Several current descriptions of mindfulness suggest a multidimensional nature. For example, in DBT (Dimidjian & Linehan, 2003b) mindfulness is conceptualized as having six elements: three related to what one does when being mindful (observing, describing, and participating) and three related to how one does it (nonjudgmentally, one-mindfully, and effectively). Segal et al. (2002) summarized the nature of mindfulness by stating,

In mindfulness practice, the focus of a person’s attention is opened to admit whatever enters experience, while at the same time, a stance of kindly curiosity allows the person to investigate whatever appears, without falling prey to automatic judgments or reactivity. (pp. 322-323)

This description suggests several elements, including observation of present-moment experience, acceptance, nonjudging, and nonreactivity. On the other hand, Brown and Ryan (2004) argued that mindfulness consists of a single factor described as attention to and awareness of what is taking place in the present. They argued that acceptance is important to mindfulness but that it is subsumed within the capacity to pay full attention to the present moment.

The primary purpose of the project described here was to examine the facet structure of the mindfulness construct, because it has been operationalized in several independently developed self-report questionnaires. First, Part 1 examined the psychometric characteristics of the available mindfulness questionnaires, including internal consistency, correlations with each other, and convergent and discriminant relationships with a variety of other constructs. With the psychometric soundness of these questionnaires reasonably well established, Part 2 then combined all items from the available questionnaires into a single data set and used exploratory factor analysis to examine the facet structure of this combined item pool. A five-facet structure was derived. Part 3 used confirmatory factor analysis to examine the validity of this facet structure in an independent sample. In Part 4, differential relationships between identified facets and several measures of conceptually related constructs were explored. In Part 5, incremental validity of mindfulness facets in the prediction of psychological symptoms was examined. Methods and findings are described following a brief overview of the available mindfulness questionnaires.

Available Mindfulness Questionnaires

The Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003) is a 15-item instrument measuring the general tendency to be attentive to and aware of present-moment experience in daily life. It has a single-factor structure and yields a single total score. Using a 6-point Likert-type scale (almost always to almost never), respondents rate how often they have experiences of acting on automatic pilot, being preoccupied, and not paying attention to the present moment. Items include, “I find myself doing things without paying attention,” and “I break or spill things because of carelessness, not paying attention, or thinking of something else.” The authors reported internal consistency (coefficient alpha) of .82 and expected convergent and discriminant validity correlations. For example, the MAAS was significantly positively correlated with openness to experience, emotional intelligence, and well-being; negatively correlated with rumination and social anxiety; and unrelated to self-monitoring. MAAS scores also were significantly higher in mindfulness practitioners than in matched community controls. In a group of cancer patients who completed an MBSR course, increases in MAAS scores were associated with decreases in mood disturbance and symptoms of stress.

The Freiburg Mindfulness Inventory (FMI; Buchheld, Grossman, & Walach, 2001) is a 30-item instrument as-
sessing nonjudgmental present-moment observation and openness to negative experience. It was developed with participants in mindfulness meditation retreats and is designed for use with experienced meditators. Items are rated on a 4-point Likert-type scale (rarely to almost always). Items include, “I watch my feelings without becoming lost in them,” and “I am open to the experience of the present moment.” The authors reported internal consistencies of .93 and .94 in individuals who completed the inventory at the beginning and end of intensive meditation retreats lasting from 3 to 14 days. Mean score increased by about 1 standard deviation from preretreat to postretreat. Correlations with measures of other constructs were not reported. Although exploratory factor analyses suggested a four factor solution, the solution was somewhat unstable from preretreat to postretreat, and many items loaded on more than one factor. The authors suggested that the scale should be interpreted unidimensionally and recommend use of a single total score.

The Kentucky Inventory of Mindfulness Skills (KIMS; Baer, Smith, & Allen, 2004) is a 39-item instrument designed to measure four elements of mindfulness: observing, describing, acting with awareness, and accepting without judgment. Items include, “I notice when my moods begin to change” (observe); “I’m good at finding words to describe my feelings” (describe); “When I do things, my mind wanders off and I’m easily distracted” (act with awareness); and “I tell myself that I shouldn’t be feeling the way I’m feeling” (accept without judgment). Items are rated on a 5-point Likert-type scale (never or very rarely true to always or almost always true). The KIMS is based largely on the DBT conceptualization of mindfulness skills. It measures a general tendency to be mindful in daily life and does not require experience with meditation. Internal consistencies range from .76 to .91 for the four subscales. Exploratory and confirmatory factor analyses clearly support the proposed four-factor structure, and expected correlations with a variety of other constructs were obtained. Scores were found to be significantly lower in a sample of individuals with borderline personality disorder than in a student sample for three of the four scales (Baer et al., 2004).

The Cognitive and Affective Mindfulness Scale (CAMS; Feldman, Hayes, Kumar, & Greeson, 2004; S. C. Hayes & Feldman, 2004) is a 12-item inventory designed to measure attention, awareness, present-focus, and acceptance/nonjudgment with respect to thoughts and feelings in general daily experience. Although it attempts to capture several elements of mindfulness, it does not measure them separately but yields a single total score. Items are rated on a 4-point Likert-type scale (rarely/not at all to almost always). Items include, “I try to notice my thoughts without judging them,” “It is easy for me to concentrate on what I am doing,” and “I am able to accept the thoughts and feelings I have.” The authors reported internal consistencies of .74 to .80; negative correlations with experiential avoidance, thought suppression, rumination, worry, depression, and anxiety; and positive correlations with clarity of feelings, mood repair, cognitive flexibility, and well-being (Feldman et al., 2004; S. C. Hayes & Feldman, 2004). Increases in mindfulness scores were observed in a sample of individuals completing an integrative therapy for depression that includes a mindfulness component (A. M. Hayes & Harris, 2000).

The Mindfulness Questionnaire (MQ; Chadwick, Hember, Mead, Lilley, & Dagnan, 2005) is a 16-item instrument assessing a mindful approach to distressing thoughts and images. All items begin with, “Usually, when I have distressing thoughts or images” and continue with a mindfulness-related response, such as, “I am able just to notice them without reacting” and “I am able to accept the experience.” Items are rated on a 7-point Likert-type scale (agree totally to disagree totally). The authors noted that items represent four aspects of mindfulness: mindful observation, letting go, nonaversion, and nonjudgment, but that a unidimensional factor structure provided the best fit to their data. Thus, the computation of subscale scores is not recommended. The authors reported good internal consistency (alpha = .89), a significant correlation with the MAAS (r = .57), significant differences in the expected direction between meditators and nonmeditators, a significant positive correlation with mood ratings, and a significant increase in scores for participants in an MBSR course.

**PART 1: PSYCHOMETRIC CHARACTERISTICS OF MINDFULNESS QUESTIONNAIRES**

The purpose of Part 1 was to examine whether the available mindfulness questionnaires are internally consistent and correlated with each other, with meditation experience, and with measures of other constructs expected to be related or unrelated to mindfulness.

**Method**

**Participants**

Participants were 613 undergraduate psychology students (Sample 1) who completed the procedures for credit in their classes. Their mean age was 20.5 years (range = 18-57), 70% were female, and 90% were Caucasian.

**Procedures**

Sessions were conducted with 20 to 25 students and lasted about 60 minutes. After signing consent forms, participants completed a packet of questionnaires, beginning
with a short demographic form, which requested their age, gender, year in school, race, and experience with meditation. The latter variable was rated on a 5-point scale ranging from 1 (none) to 5 (a lot). For all participants, the packet also included the five mindfulness questionnaires described earlier (MAAS, FMI, KIMS, CAMS, MQ). The FMI was included in spite of its authors’ concerns that items’ meanings may not be clear to individuals without meditation experience. Close inspection of the items suggested that nonmeditators may be able to respond to them meaningfully. Because its developers did not test the FMI with nonmeditators, its characteristics in this group are unknown. Each participant also completed several measures of psychological constructs predicted to be related or unrelated to mindfulness (described later). After the demographic form, the order of all instruments was randomized.

Measures and Predictions

Each participant completed a subset of the following measures. Time constraints did not allow all participants to complete all measures.

Brief Symptom Inventory (BSI; Derogatis, 1992). The BSI includes 53 items and provides scores for nine psychological symptom scales and a general severity index (GSI). Only the GSI is reported here. Because the empirical literature shows that mindfulness practice is associated with reduced symptoms, negative correlations between the BSI and mindfulness scales were predicted.

NEO-Five Factor Inventory (NEO-FFI; Costa & McCrae, 1992). The NEO-FFI is a 60-item measure of the domains of the five-factor model of personality, including neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. Predictions were made for neuroticism, extraversion, and openness. Because mindfulness is associated with reduced negative affect, negative correlations between neuroticism and mindfulness scales were predicted. Many descriptions of mindfulness include attentiveness and receptivity to inner feelings and observation with interest of environmental stimuli, which seems consistent with the openness domain of the five-factor model. Therefore, positive correlations between Openness and Mindfulness scales were predicted. Last, because level of mindfulness appears to be unrelated to introversion or extraversion, nonsignificant correlations were predicted.

Trait Meta-Mood Scale (TMMS; Salovey, Mayer, Goldman, Turvey, & Paljärvi, 1995). The TMMS measures emotional intelligence, including attention to and clarity of feelings and ability to regulate feelings. Salovey et al. (1995) have shown adequate to good internal consistency for the TMMS, and higher scores are associated with less depression and more life satisfaction (Martinez-Pons, 1997). Because many descriptions of mindfulness include observation and description of feelings, positive correlations between TMMS and mindfulness scores were predicted.

White Bear Suppression Inventory (WBSI; Wegner & Zanakos, 1994). The WBSI measures thought suppression, or deliberate attempts to avoid or get rid of unwanted thoughts. Paradoxically, such attempts have been found to increase the frequency of these thoughts (Wenzlaff & Wegner, 2000). Because mindfulness includes acceptance of all thoughts as they occur and allowing them to come and go, negative correlations between WBSI scores and mindfulness scales were predicted.

Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004). The DERS measures several elements of emotion regulation, including awareness, understanding, and acceptance of emotions as well as ability to act in desired ways regardless of emotional state and access to emotion regulation strategies. Gratz and Roemer (2004) reported internal consistency of .93, test-retest reliability of .88 during a 4- to 8-week interval, and a clear factor structure and predicted significant correlations with several criterion variables, including experiential avoidance and self-harm. Higher scores on the DERS indicate greater difficulties in emotion regulation. Because mindfulness includes awareness and acceptance of emotions, negative correlations between DERS scores and mindfulness scales were predicted.

Toronto Alexithymia Scale (TAS-20; Bagby, Taylor, & Parker, 1993). Alexithymia includes difficulty identifying and describing feelings and a lack of interest in internal experience. The TAS-20 has shown good psychometric properties in student and clinical samples. Because mindfulness includes interest in and observation of feelings, negative correlations between TAS-20 and mindfulness scales were predicted.

Scale of Dissociative Activities (SODAS; Mayer & Farmer, 2003). The SODAS is a recently developed measure whose content includes acting without awareness, lack of perception of inner experience, memory disruptions, and perceptions of unreality. It has shown good internal consistency (alpha = .95) and test-retest stability during a 38-day interval (r = .77) and significant positive correlations with other measures of dissociation, including experience sampling measures in naturalistic environments. Because mindfulness includes awareness of one’s inner experiences and actions, negative correlations between the SODAS and mindfulness scales were predicted.

Acceptance and Action Questionnaire (AAQ; S. C. Hayes et al., in press). The AAQ measures experiential avoid-
ance, which is defined as negative evaluation of and unwillingness to maintain contact with internal experiences, such as bodily sensations, cognitions, emotions, and urges, and efforts to avoid, escape, or terminate these experiences, even when doing so is harmful. It is associated with increased levels of psychopathology and decreased quality of life (S. C. Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Because mindfulness includes observation and nonjudgmental acceptance of internal experiences, negative correlations between AAQ scores and mindfulness scales were predicted.

Cognitive Failures Questionnaire (CFQ; Broadbent, Cooper, Fitzgerald, & Parks, 1982). The CFQ assesses absent-mindedness, or the tendency to make errors on simple tasks due to inattention, such as forgetting what to buy in the store or where one placed one’s keys. It has good internal consistency (alpha = .89) and test-retest stability (.80-.82) and is moderately correlated with boredom proneness, attention deficit hyperactivity disorder in adults (Wallace, Kass, & Stanny, 2002), and symptoms of stress, anxiety, and depression but unrelated to intelligence, educational level, or social desirability. Because mindfulness should help individuals to avoid errors related to absent-mindedness, negative correlations between the CFQ and mindfulness scales were predicted.

Self-Compassion Scale (SCS; Neff, 2003a). Although self-compassion is a central element of the Buddhist psychology from which mindfulness originates, efforts to study it scientifically have emerged only recently. Neff (2003b) suggested that self-compassion consists of several elements, including a kind and nonjudgmental attitude toward oneself when suffering; recognition that one’s experiences are part of the larger, more universal human experience; and the holding of painful thoughts and feelings in balanced awareness, in which they are observed and accepted without judgment, rumination, or self-pity. Neff (2003a) conceptualized self-compassion as distinct from self-esteem in that it is nonevaluative. The SCS has shown internal consistency of .92; test-retest reliability of .93 during a 3-week interval; significant positive correlations with social connectedness, emotional intelligence, and life satisfaction; and significant negative correlations with self-criticism, perfectionism, depression, and anxiety. Because mindfulness includes awareness and acceptance of all experiences, with an attitude of acceptance and nonjudging, positive correlations between SCS scores and mindfulness scales were predicted.

Results and Discussion

The following analyses used total scores for all measures, because their purpose was to examine global relationshipships between mindfulness and other constructs. Facets of mindfulness are examined in later sections.

Internal Consistency and Intercorrelations

The following alpha coefficients were obtained for the five mindfulness questionnaires, suggesting good internal consistency: MAAS = .86, FMI = .84, KIMS = .87, CAMS = .81, MQ = .85 (ns = 595-613). Relations among the mindfulness questionnaires can be seen in Table 1. All are significantly positively correlated with each other, with rs ranging from .31 (MAAS with FMI) to .67 (KIMS with CAMS).

Table 1

<table>
<thead>
<tr>
<th></th>
<th>FMI</th>
<th>KIMS</th>
<th>CAMS</th>
<th>MQ</th>
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<tr>
<td>MAAS</td>
<td>.31**</td>
<td>.51**</td>
<td>.51**</td>
<td>.38**</td>
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<tr>
<td>FMI</td>
<td>—</td>
<td>.57**</td>
<td>.60**</td>
<td>.45**</td>
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<tr>
<td>KIMS</td>
<td>—</td>
<td>—</td>
<td>.67**</td>
<td>.45**</td>
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<tr>
<td>CAMS</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>.55**</td>
</tr>
</tbody>
</table>

NOTE: MAAS = Mindful Attention Awareness Scale; FMI = Freiburg Mindfulness Inventory; KIMS = Kentucky Inventory of Mindfulness Skills; CAMS = Cognitive Affective Mindfulness Scale; MQ = Mindfulness Questionnaire.

**p < .01.

Relationships With Meditation Experience

Most of the sample had little or no meditation experience, with 72% reporting none and 20% reporting a little. To create a subsample with a somewhat more balanced representation of meditation experience, we randomly selected 20 participants who reported “none” and 20 who reported “a little” and combined them with the 42 who reported “a medium amount” and the 6 who reported “quite a bit” or “a lot,” for a subsample size of 88. For this subsample, correlations between meditation experience and mindfulness scales can be seen in the first line of Table 2. Correlations were significant and positive for the FMI and KIMS. Correlations for the CAMS and MQ were nearly significant (ps = .06 and .07, respectively), suggesting that in a sample with better representation of meditation experience, these relationships might also be significant.

Mindfulness Measures and Other Variables: Convergent and Discriminant Correlations

Correlations between mindfulness measures and other constructs are shown in Table 2. All correlations were in...
the expected directions, and all but one (MQ with openness to experience) were statistically significant. Most were moderate to large (except those predicted to be nonsignificant). These findings indicate that all of the mindfulness scales show predicted relationships with other variables.

**PART 2: EXPLORING FACETS OF MINDFULNESS**

Part 1 established that the available mindfulness questionnaires are internally consistent and, to a large extent, correlated with each other, with meditation experience, and in predictable directions with several other variables. The findings also suggest that an examination of facets or components of mindfulness might yield useful information about the nature of mindfulness and its relationships with other constructs. Close examination of Table 2 shows that correlations between mindfulness and other variables vary widely. For example, emotional intelligence is correlated with the KIMS at .61 but with the MAAS at .22. A similar pattern can be seen with alexithymia. Absent-mindedness is correlated with the MAAS at −.54 but with the FMI at −.23, and experiential avoidance is correlated with the MAAS at −.32 but with the MQ at −.60. (Differences between correlations noted here are significant at p < .001). Such differences suggest that these questionnaires may be measuring somewhat different elements or facets of mindfulness. For example, the MAAS appears to emphasize an element of mindfulness related to dissociation and absent-mindedness, whereas the MQ focuses primarily on elements related to thought suppression and experiential avoidance.

Several authors have argued that measurement of complex constructs at the facet level is important for clarifying relationships between these constructs and other variables (Hough & Schneider, 1995; Paunonen & Ashton, 2001; Schneider, Hough, & Dunnette, 1996; Smith, Fischer, & Fister, 2003; Smith & McCarthy, 1995). Use of a single total score for the target construct can obscure these relationships if facets of the target construct are differentially correlated with the other variables. That is, one or more facets of the target construct may be strongly related to a particular variable, whereas other facets are not. Using a total score to examine these relationships effectively averages correlated with uncorrelated facets, providing a distorted view of the relationship. An example of this problem can be seen in the literature on the relationship between impulsivity and binge eating. Until recently, this literature has found inconsistent relationships between these two variables. However, more recent studies (Fischer, Smith & Anderson, 2003; Fischer, Smith, Anderson, & Flory, 2003) examining impulsivity at the facet level have shown that one facet of impulsivity known as urgency (tendency to act rashly when distressed) is strongly correlated with binge eating, whereas other facets of impulsivity (sensation seeking, lack of premeditation) are not. Measures of im-

### TABLE 2
**Correlations Between Mindfulness Questionnaires and Other Variables**

<table>
<thead>
<tr>
<th>Variable</th>
<th>MAAS</th>
<th>FMI</th>
<th>KIMS</th>
<th>CAMS</th>
<th>MQ</th>
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<tr>
<td>Predicted positive correlations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Meditation experience</td>
<td>−.04</td>
<td>.31**</td>
<td>.33**</td>
<td>.20</td>
<td>.20</td>
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<tr>
<td>Openness to experience</td>
<td>.23*</td>
<td>.30*</td>
<td>.47**</td>
<td>.22*</td>
<td>.14</td>
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<tr>
<td>Emotional intelligence</td>
<td>.22*</td>
<td>.54**</td>
<td>.61**</td>
<td>.50**</td>
<td>.27**</td>
</tr>
<tr>
<td>Self-compassion</td>
<td>.36**</td>
<td>.53**</td>
<td>.49**</td>
<td>.59**</td>
<td>.57**</td>
</tr>
<tr>
<td>Predicted negative correlations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological symptoms</td>
<td>−.41**</td>
<td>−.31**</td>
<td>−.42**</td>
<td>−.55**</td>
<td>−.36**</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>−.41**</td>
<td>−.53**</td>
<td>−.37**</td>
<td>−.63**</td>
<td>−.58**</td>
</tr>
<tr>
<td>Thought suppression</td>
<td>−.32**</td>
<td>−.27**</td>
<td>−.42**</td>
<td>−.44**</td>
<td>−.47**</td>
</tr>
<tr>
<td>Difficulties in emotion regulation</td>
<td>−.34**</td>
<td>−.46**</td>
<td>−.56**</td>
<td>−.63**</td>
<td>−.58**</td>
</tr>
<tr>
<td>Alexithymia</td>
<td>−.24**</td>
<td>−.42**</td>
<td>−.61**</td>
<td>−.52**</td>
<td>−.20**</td>
</tr>
<tr>
<td>Dissociation</td>
<td>−.53**</td>
<td>−.30*</td>
<td>−.41**</td>
<td>−.52**</td>
<td>−.32*</td>
</tr>
<tr>
<td>Experiential avoidance</td>
<td>−.32**</td>
<td>−.54**</td>
<td>−.44**</td>
<td>−.51**</td>
<td>−.60**</td>
</tr>
<tr>
<td>Absent-mindedness</td>
<td>−.54**</td>
<td>−.23**</td>
<td>−.37**</td>
<td>−.42**</td>
<td>−.41**</td>
</tr>
<tr>
<td>Predicted nonsignificant correlations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraversion</td>
<td>−.08</td>
<td>.20</td>
<td>.06</td>
<td>.05</td>
<td>.12</td>
</tr>
</tbody>
</table>

**NOTE:** MAAS = Mindful Attention Awareness Scale; FMI = Freiburg Mindfulness Inventory; KIMS = Kentucky Inventory of Mindfulness Skills; CAMS = Cognitive Affective Mindfulness Scale; MQ = Mindfulness Questionnaire.

a. Selected subsample of n = 88.

*p < .05, **p < .01.
pulsivity that include some or all of these facets but do not assess them separately tend to provide ambiguous or distorted information about this relationship. Similarly, it seems likely that clarification and reliable measurement of the facets of mindfulness might provide analogous advances in our understanding of this important construct.

Analysis at the facet level is also important for examining incremental validity in the assessment of mindfulness. According to Haynes and Lench (2003), a measure has incremental validity to the extent that it increases ability to predict other measures of interest. Although incremental validity can be examined at the level of individual instruments (i.e., one could examine the incremental validity of existing mindfulness questionnaires in predicting other measures), this procedure has disadvantages. It is unclear what facets of mindfulness are included in some of the available questionnaires, because they do not provide subscales. For this reason, evidence of incremental validity of one over another may be hard to interpret. Smith et al. (2003) argued that reliable assessment of clearly specified facets within a test is the most informative way of evaluating incremental validity. That is, if facet scores can be entered separately into regression analyses, then facets significantly related to the dependent variable will be included in the equation, whereas nonpredictive facets will be dropped, and the incremental validity of some facets over others in predicting the dependent variable can be examined.

This reasoning suggests that the most useful measures of mindfulness will be those that measure all relevant facets separately and reliably. Among the mindfulness questionnaires described earlier, only the KIMS provides subscales based on an empirically supported factor structure. The MAAS has been shown to be unidimensional (Brown & Ryan, 2003). The CAMS, FMI, and MQ contain content pertaining to more than one facet but provide only total scores, not subscale scores. Overall, it is unclear what facets of mindfulness may be represented in some of these mindfulness questionnaires.

The KIMS provides a clear facet structure with good empirical support (Baer et al., 2004). Given the strong correlations between the KIMS and the other mindfulness measures shown in Table 1, it seems likely that many of the items from the other questionnaires measure facets similar to those of the KIMS. However, it is also possible that some items in the other questionnaires represent facets of mindfulness not included in the KIMS. Therefore, the purpose of Part 2 was to examine the facet structure of the combined item pool (112 items) from all five of the mindfulness questionnaires from Part 1. Combining all items from these questionnaires into a single data set provides the opportunity to examine the facet structure across all of these independently developed operationalizations of mindfulness and should yield a broad-based empirical analysis of current thinking about the elements of mindfulness. To the extent that this analysis yields factors consistent with the KIMS, the validity of the KIMS will be supported. However, the emergence of new facets might suggest ways to expand the assessment of mindfulness to include more of the relevant content.

**Method**

**Participants and Procedures**

Participants were the 613 students from Part 1. Their responses to the items from the five mindfulness questionnaires were combined into a single data set and subjected to the exploratory factor analyses and correlational analyses described in the following sections.

**Results and Discussion**

**Exploratory Factor Analyses**

The combined data set for the five mindfulness questionnaires (MAAS, FMI, KIMS, CAMS, MQ) included 112 items. Using Sample 1 (n = 613), responses to this combined item pool were subjected to exploratory factor analysis (EFA) using principal axis factoring with oblique rotation to allow for correlations among the factors. Results of the initial EFA yielded 26 factors with eigenvalues greater than 1.0 and accounting for 63% of the total variance. However, the scree plot clearly suggested a five-factor solution. Floyd and Widamon (1995) argued that the scree plot is a more useful guide to the number of factors to retain, because use of eigenvalues greater than 1.0 can lead to overestimation of the number of meaningful factors. Therefore, a second factor analysis was conducted, specifying that five factors should be identified. This second factor analysis was conducted, specifying that five factors should be identified and, again, using principal axis factoring with oblique rotation. This analysis yielded a five-factor solution accounting for 33% of the variance after factor extraction. This factor structure is shown in Table 3. Only items with minimum loadings of .40 on one factor and with a difference of at least .20 between the highest and next highest factor loadings are included in the table. For each item, the questionnaire from which it originates and its item number on that questionnaire also are shown.

Table 3 shows that four of the five factors are virtually identical to those identified in the development of the KIMS (Baer et al., 2004) and that most of the KIMS items load on these factors, as do many items from the other measures. An additional factor also emerged, with items from the FMI and MQ that appear to describe a non-reactive stance toward internal experience.
## TABLE 3
Factor Structure of Combined Items From Five Mindfulness Questionnaires in Sample of 613 Students

<table>
<thead>
<tr>
<th>Source of Item and Content</th>
<th>Factor Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Factor 1: Nonreactivity to Inner Experience</strong></td>
<td></td>
</tr>
<tr>
<td>*FMI 18: I perceive my feelings and emotions without having to react to them.</td>
<td>.46</td>
</tr>
<tr>
<td>*FMI 25: I watch my feelings without getting lost in them.</td>
<td>.44</td>
</tr>
<tr>
<td>*FMI 26: In difficult situations, I can pause without immediately reacting.</td>
<td>.43</td>
</tr>
<tr>
<td>*MQ 1: Usually when I have distressing thoughts or images, I am able just to notice them without reacting.</td>
<td>.45</td>
</tr>
<tr>
<td>*MQ 4: Usually when I have distressing thoughts or images, I feel calm soon after.</td>
<td>.41</td>
</tr>
<tr>
<td>*MQ 9: Usually when I have distressing thoughts or images, I &quot;step back&quot; and am aware of the thought or image without getting taken over by it.</td>
<td>.44</td>
</tr>
<tr>
<td>*MQ 10: Usually when I have distressing thoughts or images, I just notice them and let them go.</td>
<td>.44</td>
</tr>
</tbody>
</table>

| **Factor 2: Observing/noticing/attending to sensations/perceptions/thoughts/feelings** |                |
| FMI 3: I sense my body, whether eating, cooking, cleaning, or talking. | .14 | .50 | -.03 | -.03 | -.03 |
| FMI 6: I notice how my emotions express themselves through my body. | .12 | .44 | .00 | -.11 | .02 |
| FMI 7: I remain present with sensations and feelings even when they are unpleasant or painful. | .14 | .41 | .00 | -.07 | .02 |
| FMI 20: I examine pleasant as well as unpleasant sensations and perceptions. | .18 | .42 | .07 | -.16 | .07 |
| KIMS 1: I notice changes in my body, such as whether my breathing slows down or speeds up. | -.11 | .44 | -.02 | -.01 | -.07 |
| KIMS 5: I pay attention to whether my muscles are tense or relaxed. | .05 | .47 | -.19 | .05 | -.08 |
| *KIMS 9: When I'm walking, I deliberately notice the sensations of my body moving. | -.02 | .59 | -.10 | .00 | -.11 |
| *KIMS 13: When I take a shower or a bath, I stay alert to the sensations of water on my body. | .02 | .60 | -.03 | -.02 | -.03 |
| *KIMS 17: I notice how foods and drinks affect my thoughts, bodily sensations, and emotions. | .06 | .50 | -.02 | -.07 | -.08 |
| *KIMS 21: I pay attention to sensations, such as the wind in my hair or sun on my face. | .03 | .66 | -.02 | .02 | -.01 |
| *KIMS 25: I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing. | -.04 | .60 | .00 | -.02 | .02 |
| *KIMS 29: I notice the smells and aromas of things. | -.03 | .56 | .00 | -.05 | .10 |
| KIMS 30: I intentionally stay aware of my feelings. | -.01 | .49 | .00 | -.22 | -.08 |
| *KIMS 33: I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow. | .00 | .52 | .03 | -.11 | .01 |
| *KIMS 37: I pay attention to how my emotions affect my thoughts and behavior. | -.03 | .50 | -.08 | -.13 | -.27 |

| **Factor 3: Acting with awareness/automatic pilot/concentration/nondistraction** |                |
| MAAS 2: I break or spill things because of carelessness, not paying attention, or thinking of something else. | -.02 | .02 | -.48 | -.02 | .07 |
| *MAAS 3: I find it difficult to stay focused on what's happening in the present. | .09 | -.06 | -.66 | -.09 | .03 |
| *MAAS 7: It seems I am “running on automatic” without much awareness of what I’m doing. | -.19 | .27 | -.66 | .07 | .07 |
| *MAAS 8: I rush through activities without being really attentive to them. | -.13 | .24 | -.67 | .00 | .13 |
| MAAS 9: I get so focused on the goal I want to achieve that I lose touch with what I am doing right now to get there. | -.16 | .15 | -.48 | .10 | .17 |
| *MAAS 10: I do jobs or tasks automatically, without being aware of what I’m doing. | -.12 | .25 | -.61 | .14 | .10 |
| MAAS 11: I find myself listening to someone with one ear, doing something else at the same time. | -.08 | .16 | -.45 | .02 | .08 |
| MAAS 12: I drive places on “automatic pilot” and then wonder why I went there. | -.22 | .15 | -.50 | .06 | .10 |
| MAAS 13: I find myself preoccupied with the future or the past. | .17 | -.03 | -.43 | .04 | .21 |
| *MAAS 14: I find myself doing things without paying attention. | -.09 | .08 | -.70 | -.02 | .11 |
| MAAS 15: I snack without being aware that I’m eating. | .05 | .01 | -.40 | -.02 | .13 |
| FMI 9: I easily get lost in my thoughts and feelings. | .17 | -.21 | -.54 | -.02 | .05 |
| KIMS 3: When I do things, my mind wanders off and I’m easily distracted. | .10 | −.14 | −.64 | −.14 | −.12 |
| KIMS 11: I drive on “automatic pilot” without paying attention to what I’m doing. | −.20 | .10 | −.46 | −.03 | .11 |
| KIMS 23: I don’t pay attention to what I’m doing because I’m daydreaming, worrying, or otherwise distracted. | .09 | −.09 | −.58 | −.21 | .03 |
| KIMS 27: When I’m doing chores, such as cleaning or laundry, I tend to daydream or think of other things. | .07 | −.21 | −.44 | .02 | −.06 |
| KIMS 31: I tend to do several things at once rather than focusing on one thing at a time. | −.05 | .02 | −.44 | .00 | .00 |
| KIMS 35: When I’m working on something, part of my mind is occupied with other things, such as what I’ll be doing later or things I’d rather be doing. | .14 | −.14 | −.55 | −.06 | −.09 |
| CAMS 1: It is easy for me to concentrate on what I’m doing. | .31 | −.14 | −.56 | −.22 | −.12 |
| CAMS 6: I am easily distracted. | .18 | −.17 | −.65 | −.19 | −.14 |
| CAMS 12: I am able to pay close attention to one thing for a long period of time. | .30 | −.11 | −.51 | −.23 | −.11 |

Factor 4: Describing/labeling with words

| KIMS 2: I’m good at finding the words to describe my feelings. | −.04 | .05 | .08 | −.80 | −.04 |
| KIMS 6: I can easily put my beliefs, opinions, and expectations into words. | −.02 | −.01 | .00 | −.76 | .00 |
| KIMS 10: I’m good at thinking of words to express my perceptions, such as how things taste, smell, or sound. | −.05 | .20 | .00 | −.65 | .00 |
| KIMS 14: It’s hard for me to find the words to describe what I’m thinking. | −.12 | −.10 | .00 | −.80 | .08 |
| KIMS 18: I have trouble thinking of the right words to express how I feel about things. | −.19 | −.09 | .02 | −.86 | .12 |
| KIMS 22: When I have a sensation in my body, it’s hard for me to describe it because I can’t find the right words. | −.15 | −.02 | −.03 | −.65 | .18 |
| KIMS 26: Even when I’m feeling terribly upset, I can find a way to put it into words. | −.06 | .08 | .06 | −.72 | .03 |
| KIMS 34: My natural tendency is to put my experiences into words. | −.11 | .17 | .05 | −.71 | −.06 |
| CAMS 5: I can usually describe how I feel at the moment in considerable detail. | −.07 | .06 | .01 | −.74 | .00 |
| CAMS 8: It’s easy for me to keep track of my thoughts and feelings. | −.08 | .18 | −.15 | −.43 | .00 |

Factor 5: Nonjudging of experience

| KIMS 4: I criticize myself for having irrational or inappropriate emotions. | .13 | −.09 | −.16 | −.07 | .52 |
| KIMS 8: I tend to evaluate whether my perceptions are right or wrong. | −.15 | −.17 | .02 | .11 | .46 |
| KIMS 12: I tell myself that I shouldn’t be feeling the way I’m feeling. | .09 | −.09 | −.10 | −.12 | .57 |
| KIMS 16: I believe some of my thoughts are abnormal or bad and I shouldn’t think that way. | .00 | −.08 | .00 | −.11 | .67 |
| KIMS 20: I make judgments about whether my thoughts are good or bad. | −.05 | −.11 | .00 | .02 | .69 |
| KIMS 24: I tend to make judgments about how worthwhile or worthless my experiences are. | .02 | −.18 | −.09 | .02 | .47 |
| KIMS 28: I tell myself I shouldn’t be thinking the way I’m thinking. | .12 | −.08 | −.01 | −.15 | .67 |
| KIMS 32: I think some of my emotions are bad or inappropriate and I shouldn’t feel them. | −.03 | −.02 | −.04 | −.15 | .73 |
| KIMS 36: I disapprove of myself when I have irrational ideas. | .08 | .00 | .00 | −.10 | .64 |
| MQ 6: Usually when I have distressing thoughts or images, I get angry that this happens to me. | .21 | .04 | −.06 | −.07 | .41 |
| *MQ 8: Usually when I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about. | .11 | .02 | .11 | −.05 | .58 |

Initial eigenvalues for each factor

| 17.85 | 8.60 | 5.45 | 4.16 | 3.71 |

Percentage of variance accounted for after extraction

| 15.39 | 7.10 | 4.30 | 3.26 | 2.62 |

NOTE: MAAS = Mindful Attention Awareness Scale; FMI = Freiburg Mindfulness Inventory; KIMS = Kentucky Inventory of Mindfulness Skills; CAMS = Cognitive Affective Mindfulness Scale; MQ = Mindfulness Questionnaire.

*Item included in five-factor mindfulness questionnaire in Parts III and V.
A total of 64 of the 112 items analyzed met our strict criteria for inclusion in Table 3. For most of the remaining items, the highest factor loading was between .20 and .39, and many of these items showed similar loadings on more than one factor. Thus, although many of these items probably are reasonable representations of mindfulness, their content appears to incorporate more than one facet. As Smith et al. (2003) have noted, such items may be less useful than those loading on a single factor because they can obscure the facet structure of the instrument, the relationships between facets and other measures, and the incremental validity of some facets over others in predicting relevant variables.

Deriving Mindfulness Facets

To create mindfulness facets with adequate internal consistency and manageable length, the items with the highest loadings on the five factors derived in the EFA were selected for inclusion in facet scales. For the nonreactivity facet, all seven of the items shown in Table 3 were selected. For the other four facets (observing, acting with awareness, nonjudging, describing), the eight items with the highest factor loadings were selected, thus creating a subscale for each mindfulness facet. These items are marked with asterisks in Table 3. Alpha coefficients for each of the subscales then were computed. The following alpha values were obtained: nonreactivity = .75, observing = .83, acting with awareness = .87, describing = .91, and nonjudging = .87. Thus, all five facet scales showed adequate to good internal consistency.

Next, correlations among the five facet scales were computed. Because the facets appear to have distinct content yet were all derived from questionnaires designed to measure mindfulness, correlations were expected to be modest but significant. As shown in Table 4, this pattern was found in most cases. Only one correlation was non-significant (observe with nonjudge). The others ranged from .15 to .34.

To provide additional evidence that the facets have substantial nonoverlapping content, a regression analysis was conducted for each facet in which all four of the remaining facets were entered as predictors. The obtained value for adjusted $R^2$ values for the five facets ranged from .12 to .23. Subtracting each facet’s $R^2$ value from its alpha coefficient yields the systematic variance of the facet that is independent of its relationship with the other four facets. These values ranged from .56 to .75, showing that most of the variance in each facet is distinct from the other four.

Overall, findings of Part 2 suggest that the combined item pool from the existing mindfulness measures includes five identifiable elements that are internally consistent and only modestly correlated with each other. As can be seen in Table 3, four of the five questionnaires examined (all but the MAAS, which is unidimensional) contributed items to two or more of the five facets identified in the EFA, suggesting that most of the existing questionnaires include more than one facet. However, these findings do not clarify whether the five mindfulness facets derived from the EFA can be seen as elements of an overall mindfulness construct or are better understood as five separate constructs. This question is examined in Part 3.

### TABLE 4

<table>
<thead>
<tr>
<th>Facet</th>
<th>Describe</th>
<th>Actaware</th>
<th>Nonjudge</th>
<th>Nonreact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observe</td>
<td>.26**</td>
<td>.15**</td>
<td>-0.07</td>
<td>.16***</td>
</tr>
<tr>
<td>Describe</td>
<td>—</td>
<td>.30**</td>
<td>.21**</td>
<td>.22**</td>
</tr>
<tr>
<td>Actaware</td>
<td>—</td>
<td>—</td>
<td>.34**</td>
<td>.33**</td>
</tr>
<tr>
<td>Nonjudge</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>.34**</td>
</tr>
</tbody>
</table>

**NOTE: Actaware = act with awareness.**

**p < .01.**

The purpose of Part 3 was to use CFA to investigate the replicability of the five-factor structure derived in Part 2 in an independent sample. Several models were tested, including hierarchical models that examine whether the five facets should be viewed as components of an overarching mindfulness construct or are better understood as separate constructs.

### Method

#### Participants and Procedures

A new sample of 268 undergraduate psychology students (Sample 2) participated in Part 3. Their mean age was 18.9 years, 77% were female, and 90% were Caucasian. Like Sample 1, they completed the procedures in exchange for research participation credit in their classes. In 1-hour sessions, they completed a brief demographic form and a mindfulness questionnaire created by combining the 39 items (marked with asterisks in Table 3) that had been assigned to the five facets described in the preceding section. For this instrument, called the Five Facet Mindfulness Questionnaire (FFMQ), the 5-point Likert-type scale from the KIMS was used (1 = never or very rarely true, 5 = very often or always true). This required removing the word usually from the beginning of items from the MQ.
No other changes in the items were made. Items were arranged in an order that roughly alternated among the five facets. Each participant also completed a subset of the criterion measures from Part 1 to increase sample sizes for correlational and regression analyses described later.

CFAs were conducted using the responses from these 268 participants to the 39 items on the FFMQ. In CFA, fit indices indicate the extent to which the covariances among the items are accounted for by the hypothesized factor model. We used four fit indices for these analyses: the comparative fit index (CFI) and the nonnormed fit index (NNFI; Bentler, 1990), the root mean square error of approximation (RMSEA; Marsh, Balla, & Hau, 1996), and a chi-square test for discrepancy between the model and the data. By rule of thumb, CFI and NNFI values greater than .90 are thought to indicate good fit between a model and the data; for the RMSEA, a value of .05 is thought to indicate close fit, .08 a fair fit, and .10 a marginal fit (Browne & Cudeck, 1993). Although the chi-square statistic is generally no longer used to evaluate fit because of its hypersensitivity, we report it here to facilitate comparisons between alternative factor models. We used the maximum likelihood estimation method because of its robust performance in a variety of situations (Hu, Bentler, & Kano, 1992).

For several reasons, we conducted these CFAs using item parcels (groups of items) rather than individual items. Little, Cunningham, Shahar, and Widaman (2002) and Rushton, Brainerd, and Pressley (1983) have described several advantages of item parceling. First, the reliability of a parcel of items is greater than that of a single item, so parcels can serve as more stable indicators of a latent construct. Second, as combinations of items, parcels provide more scale points, thereby more closely approximating continuous measurement of the latent construct. Third, risk of spurious correlations is reduced, both because fewer correlations are being estimated and because each estimate is based on more stable indicators. Fourth, parcels have been shown to provide more efficient estimates of latent parameters than do items. Fifth, the object of investigation is not the performance of specific items but rather the relations among the scales. Before choosing to use item parcels, it is important to determine whether the scale to be parcelled represents a unidimensional construct; if it does not, parcels of items could mask multidimensionality (Hagtvet & Nasser, 2004; Little et al., 2002). Little et al. (2002) recommended conducting an exploratory factor analysis of the measure to evaluate scales' unidimensionality. We did so in Sample 1: Each of the five putative facets of mindfulness emerged as unidimensional in that independent sample.

We took one further step to enhance our confidence in these CFAs: We conducted all analyses twice, using methods recommended by Little et al. (2002). In the first set of analyses, we assigned items within scales to parcels randomly. In the second, items were assigned based on their factor loadings in the EFA. For both methods, we created three parcels for each factor and averaged the item scores with each parcel. Thus, each a priori factor was represented by three indicators. A given factor's indicators were not allowed to correlate with other factors, nor were error terms allowed to correlate.

**Results**

Results of tests of several alternative factor structures are summarized in Table 5 for analyses using random parcel creation. Findings for the other parceling method closely replicated these results. That is, model comparability...
sons produced the same results, and facet loadings for the final model differed, on average, by only two one hundredths (.02).

First, we tested a single-factor model in which all item parcels are indicators of one, overall mindfulness factor. The fit of this model was poor—CFI = .43, NNFI = .34, and RMSEA = .21 (90% confidence interval: .20 to .22)—suggesting that the item parcels as a group do not have a unidimensional factor structure. Next, we tested the five-factor model that was identified via EFA in the previous sample. The five factors were allowed to intercorrelate. This model fit the sample well: CFI = .96, NNFI = .95, and RMSEA = .06 (90% confidence interval: .04 to .07). This finding replicates the results of the EFA on Sample 1. However, it does not demonstrate whether the five factors are components of an overall mindfulness construct. To examine this question, we tested a hierarchical model, in which the five factors were themselves indicators of an overall mindfulness factor. This model fit the data reasonably well: Both CFI and NNFI were greater than .90, and the RMSEA of .07 suggests a fair fit to the data. However, the pattern of loadings suggested that the model was misspecified. The loadings of describe, actaware, nonjudge, and nonreact were all significant at \( p < .001 \), but observe loaded nonsignificantly on the Overall Mindfulness factor. Not surprisingly, chi-square difference tests indicated that this model fit significantly worse than did the five-factor (nonhierarchical) model.

Next, we tested an alternative hierarchical model, in which describe, actaware, nonjudge, and nonreact were defined as facets of an overall mindfulness construct and observe was not included in the model. That model fit much better (CFI = .97, NNFI = .96, RMSEA = .06). There was no loss of fit for this more parsimonious four-factor hierarchical model as compared to a four-factor nonhierarchical model (chi-square difference = 3.08, nonsignificant, all fit indices identical). This finding supports a hierarchical structure to mindfulness, in which describe, actaware, nonjudge, and nonreact can be considered facets of a broad mindfulness construct. This model is depicted in Figure 1.

Failure of the observe facet to fit this model is unexpected, because observing is widely described as a central feature of mindfulness. Lack of fit with the model is probably a function of observe’s differential correlations with the other four facets, particularly its nonsignificant (and negative) correlation with nonjudge. In the development of the KIMS, Baer et al. (2004) reported a significant negative correlation between observe and nonjudge and suggested that in individuals with no meditation experience, attending to experiences might typically be associated with judging them but that people with meditation experience should be expected to show higher levels of both observing and nonjudging and a positive correlation between these two scales. We examined this possibility by first combining Samples 1 and 2 (to increase the number of participants with meditation experience) and then comparing intercorrelations among the facets for participants with and without meditation experience (\( n = 190 \) and 667, respectively). Although most did not differ, the relation between observe and nonjudge was significantly different (and positive) in those with meditation experience, suggesting that the observe facet might fit the hierarchical model described above in samples with more meditation experience.

Testing this possibility in Sample 2 was not feasible because the number of participants with meditation experience was too small for a CFA. Therefore, we tested this model in those participants from our combined sample who reported some degree of meditation experience (\( n = 190 \)) and found that all five facets loaded significantly on the overall mindfulness construct (loadings: observe = .34, describe = .57, actaware = .72, nonjudge = .55, nonreact = .71). Fit indices for this model were CFI = .96, NNFI = .94, and RMSEA = .07, and the chi-square test of the difference between this model and the five-factor nonhierarchical model in this sample was not significant, thus suggesting the plausibility of a hierarchical, five-factor structure to mindfulness among individuals with meditation experience. This model is depicted in Figure 2. This analysis must be interpreted cautiously because it included participants from Sample 1 and therefore is not independent of the EFA conducted in Part 2. However, it does suggest that the hierarchical five-facet structure merits additional study in an independent sample with a larger proportion of experienced meditators.

### PART 4: DIFFERENTIAL RELATIONSHIPS BETWEEN MINDFULNESS FACETS AND OTHER CONSTRUCTS

As noted earlier, measurement of complex constructs at the facet level is useful for understanding their relations with other variables, particularly when one or more facets of a construct are strongly related to a specific variable, whereas other facets are weakly related or unrelated. Therefore, the purpose of Part 4 was to examine whether mindfulness facets are differentially related to the variables described in Part 1 (openness to experience, emotional intelligence, etc.). Based on the item content of the mindfulness facets and the measures of the other constructs, rational predictions were developed about which mindfulness facet(s) should most strongly correlate with each variable. Support for these predictions will provide evidence for the use of a multifaceted conceptualization of mindfulness by showing which elements of mindfulness...
are responsible for the significant relationships shown in Part 1 between global mindfulness and these other constructs. Although the observe facet was not part of the hierarchical factor structure of mindfulness in our largely nonmeditating sample (see Part 3), it is included here because of its potential use in samples of experienced meditators.

Method

Mindfulness facets were correlated with each of the other constructs. For these analyses, data from Samples 1 and 2 were combined. Total \( N \) for this combined sample was 881. However, as each participant had completed only a subset of the other measures, sample sizes for the correlations ranged from 300 to 581.

We made the following predictions about relationships between mindfulness facets and other constructs. First, the facets were expected to correlate with these constructs in the same directions as do the original mindfulness questionnaires (as shown in Table 2). That is, correlations should be positive with constructs that appear to include elements of mindfulness (e.g., emotional intelligence, self-compassion) and negative with constructs that appear to reflect an absence of mindfulness (e.g., dissociation, thought suppression, etc). Second, we made the following predictions about which specific mindfulness facets would be most strongly related to each variable. An important feature of openness to experience is attentiveness to internal and external stimuli. Therefore, we predicted that openness would be most strongly related to the observe facet. For both emotional intelligence and alexithymia, the ability to recognize and label emotional states is a central element. For this reason, these two variables were expected to be most strongly correlated with the describe facet. Dissociation and absent-mindedness both involve
acting without awareness and therefore were expected to be most strongly related (negatively) to the act with awareness facet, which measures attending to one’s current activities and avoiding automatic pilot. Thought suppression and difficulties in emotion regulation both include judgmental or self-critical attitudes about thoughts and/or emotions and therefore were expected to be most strongly related to the nonjudging facet. Similarly, experiential avoidance and self-compassion both include judgmental or self-critical attitudes. In addition, experiential avoidance includes the ability to experience unpleasant inner phenomena without reacting to them with maladaptive, counterproductive behavior, and self-compassion involves awareness of internal experience without maladaptive reactivity when suffering. Thus, experiential avoidance and self-compassion were expected to be strongly and similarly correlated with both the nonjudging and nonreactivity facets. Finally, it was difficult to specify a single mindfulness facet that should be most strongly related to psychological symptoms or neuroticism. Data collected in the development of the KIMS (Baer et al., 2004) showed that describe, act with awareness, and accept without judgment all were significantly and similarly correlated with these variables, whereas observe was not. Similar results were predicted here.

Results and Discussion

Correlations between mindfulness facets and related variables can be seen in Table 6. Because of the large number of correlations presented, only those with $p < .001$ are marked as significant. In each row, the largest correlation is shown in bold, and the correlations that differ significantly ($p < .01$) from the largest one are shown in italics. These findings clearly show that the mindfulness facets are differentially related to the other constructs and that the facets most strongly related to each construct are consistent with our predictions. In each case, although several facets are significantly correlated with the construct, the predicted facet is significantly more strongly correlated than several others. In addition, the most strongly related facet differs across the constructs examined, suggesting that all facets are useful in understanding the relationships between mindfulness and other conceptually related vari-
The purposes of this project were to examine psychometric characteristics of recently developed mindfulness questionnaires, to use these instruments to investigate the facet structure of mindfulness, to examine whether identified facets are differentially correlated with a variety of constructs that are conceptually related to mindfulness, and to test whether facets have incremental validity in the prediction of psychological symptoms. Findings suggest as measured by the BSI. Entry of more than one mindfulness facet into the model will suggest that consideration of multiple facets is helpful in understanding the relationship between mindfulness and symptom level. Results of this analysis can be seen in Table 7. Three of the four facets (actaware, nonjudge, nonreact) were significant predictors, showing that each accounts for a significant portion of the variance not accounted for by the others. That is, it appears that these three facets have incremental validity over the others in the prediction of symptom level.

### GENERAL DISCUSSION

Most theoretical and empirical writings about mindfulness address its use in reducing symptoms or improving well-being. Thus, it is important to examine the extent to which mindfulness facets predict general mental health. For this purpose, we conducted a regression analysis in which the mindfulness facets (excluding observe, which was correlated in the unexpected direction with symptoms) were used to predict psychological symptom level.
several conclusions. First, the available mindfulness questionnaires appear psychometrically promising, showing good internal consistency and expected correlations with several other variables. This was true even for the FMI, which was developed with experienced meditators and whose authors have expressed concern about its use in nonmeditating samples (Buchheld et al., 2001).

Findings also support the conceptualization of mindfulness as a multifaceted construct. Results of EFA suggested that five distinct facets are represented within the currently available mindfulness questionnaires. Correlational analyses showed that four of these facets (describe, act with awareness, nonjudge, and nonreact) are consistently related in expected ways to a variety of other variables, whereas observe showed less expected relationships. CFA suggested that describe, act with awareness, nonjudge, and nonreact are elements of an overarching mindfulness construct, and three of these facets (act with awareness, nonjudge, and nonreact) were shown to have incremental validity in the prediction of psychological symptoms.

Findings for the observe facet were unexpected in two ways. First, observe did not fit the hierarchical model in our full CFA sample, although it fit well with a sample having some exposure to meditation. In addition, observe’s correlations with a few of the other constructs were in the unexpected direction. Reasons for these findings are not entirely clear. It is possible that the content of the observe items used here does not adequately capture the quality of noticing or attending to experience that is characteristic of mindfulness. Several of the items included on the observe facet address external stimuli (sounds, smells, etc.) and bodily sensations, whereas the other facets are concerned primarily with cognitions and emotions or with functioning on automatic pilot. Perhaps observe items with similar content would show more of the expected patterns. It should also be noted that although mindfulness has both state-like and trait-like qualities (Brown & Ryan, 2004; Segal et al., 2004), it has also been described as a skill (or set of skills) that can be developed with practice (Bishop et al., 2004; Linehan, 1993b). Therefore, it is possible that the observe facet is particularly sensitive to changes with meditation experience that alter its relationships with other mindfulness facets and with related variables, such that observe becomes a clear facet of mindfulness and related in expected directions to other variables as mindfulness skills develop. Additional work is required to investigate this possibility, especially in samples with better representation of meditation experience.

Our findings may shed light on the nature of acceptance, which is often discussed as a central component of mindfulness. Several items using acceptance-related terms are available in the item pool examined here (e.g., “I am able to accept the thoughts and feelings I have” from the CAMS, and “I accept unpleasant experience” from the FMI). However, none of these items met our strict criteria for inclusion in Table 3, because they generally had modest and similar loadings on more than one factor. This finding may be consistent with those of Brown and Ryan (2004), who noted that the original form of the MAAS had an acceptance factor but that this factor showed no incremental validity in the prediction of criterion measures. Items using the term accept may be less useful than other items in clarifying the facets of mindfulness, perhaps because some respondents may equate acceptance with approval of undesirable conditions or with passive resignation (Linehan, 1993a; Segal et al., 2002). However, our findings clearly suggest that nonreactivity and nonjudging of inner experience are useful facets. Both may be seen as ways of operationalizing acceptance. That is, to accept an experience, such as feeling anxious, might include refraining from judgments or self-criticism about having this experience (nonjudging) and refraining from impulsive reactions to the experience (nonreactivity). Additional work is needed to clarify the definition and components of acceptance and its relationship to mindfulness.

Several authors have noted the importance of discriminating outcomes of practicing mindfulness from elements of the mindfulness construct. For example, Bishop et al. (2004) suggested that nonreactivity and compassion, although sometimes discussed as components of mindfulness, might be better understood as outcomes of mindfulness practice, and Brown and Ryan (2004) made a similar point about acceptance. The same question might be raised about some of the facets of mindfulness identified in the current project. Although our data do not entirely resolve this question, our hierarchical CFAs and the finding of incremental validity of several facets in predicting psychological symptoms both suggest that the multifaceted conceptualization of mindfulness has merit. In addition, many current descriptions suggest that a mindful approach to experience includes, at a minimum, observing experiences without reactivity or judgment and avoiding automatic pilot. On the other hand, confounding elements of mindfulness with its outcomes will certainly impair our understanding of this important construct. Therefore, additional study of this question appears warranted.

This project relied entirely on student samples. Several authors have argued that mindfulness is a naturally occurring characteristic that shows meaningful variation in nonclinical and nonmeditating samples (Brown & Ryan, 2003; Kabat-Zinn, 2003). The numerous expected relationships reported here support this idea. However, because mindfulness-based interventions are used primarily in clinical samples to address significant mental health issues, the use of the questionnaires and the facet structure examined here must be investigated in clinical samples. In addition, our findings suggest that the factor structure of
mindfulness and its relationships to other variables will be enhanced by study of samples with meditation experience.

In spite of the reliance on student samples, these findings may have implications for clinical practice. Santorelli and Kabat-Zinn (2002) stated that the ability to describe mindfulness in readily accessible language is essential for providers of MBSR. Understanding of empirically supported facets of mindfulness may provide suggestions to clinicians about how to describe it to clients. In addition, correlational and regression analyses showed that four of the mindfulness facets are significantly related to psychological symptoms (in the expected direction) and that three of these contribute independently to the prediction of symptom level, suggesting that these skills are important in teaching mindfulness for purposes of symptom reduction. Research on changes with treatment in these facets might shed additional light on how mindfulness training contributes to reductions in symptoms and improved well-being.

Conducting such research will require multifaceted assessment of mindfulness. The FFMQ derived here requires extensive additional validation in a range of samples. However, our findings suggest that it has reasonable psychometric properties and it is currently the only one that assesses all five of the mindfulness facets identified in this project. Thus, it may be useful in future research. An alternative for multifaceted assessment is the KIMS, which measures four of the five facets identified here (all but nonreactivity).

Future research should expand the assessment of mindfulness to include methods other than self-report questionnaires. Experience sampling methods could be used to examine individuals’ mindful awareness during daily activities (Brown & Ryan, 2003). In addition, a growing literature uses laboratory tasks to study the effects of acceptance and suppression-based methods of coping with stressors, such as upsetting film clips, cold-pressor task, or carbon dioxide challenge. Findings generally suggest that acceptance-based methods lead to increased tolerance of stressful stimuli (e.g., Cioffi & Holloway, 1993; Feldner, Zvolensky, Eifert, & Spira, 2003; S. C. Hayes, Bissett, et al., 1999; Levitt, Brown, Orsillo, & Barlow, 2004). Additional studies could examine whether differences in the mindfulness facets identified here are related to differences in tendencies to use mindfulness-based strategies for coping with such laboratory stressors and whether training in these mindfulness skills increases tolerance for them.

In summary, findings reported here suggest that self-report mindfulness questionnaires have good psychometric properties and that exploration of the facets of mindfulness may be useful in understanding the nature of the construct and its relationships with other variables.

REFERENCES


Ruth A. Baer, PhD, is an associate professor of psychology at the University of Kentucky. Her research interests include mindfulness and acceptance-based interventions, assessment and conceptualization of mindfulness, cognitive-behavioral interventions, and psychological assessment.
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Jennifer Krietemeyer, BA, is a graduate student in the clinical psychology program at the University of Kentucky. Her research interests include mindfulness and acceptance-based interventions, eating disorders and obesity, and psychological assessment.

Leslie Toney, BA, is a graduate student in the clinical psychology program at the University of Kentucky. Her research interests include health psychology and multicultural psychology.
Voices Acceptance and Action Scale (VAAS)

There are many people who hear voices that others cannot hear. It would help us to find out how you are feeling about your voices by completing this questionnaire.

In the last 6 months, have you heard a voice or voices that tell you to do things that could result in problems or cause trouble?
- Yes ☐ please complete all sections of the questionnaire.
- No ☐ please complete Section A only.

Please read each statement and tick the box that best describes the way you have been feeling in the past week. Thank you for your help.

### Section A

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral or Unsure</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>I accept the fact that I hear voices</td>
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<td>2</td>
<td>There are worse things in life than hearing voices</td>
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<tr>
<td>3</td>
<td>When I disagree with a voice, I simply notice it and move on</td>
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<td>4</td>
<td>There is no point getting on with my life while I hear voices</td>
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<td>5</td>
<td>My voices are just one part of my life</td>
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<td>6</td>
<td>I can’t have a good life while I hear voices</td>
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<td>7</td>
<td>My voices stop me doing the things that I want to do</td>
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<td>8</td>
<td>Hearing voices has taken over my life</td>
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<td>9</td>
<td>I have learned to live with my voices</td>
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<td>10</td>
<td>I struggle with my voices</td>
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<td>11</td>
<td>There is more to me than just my voices</td>
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<tr>
<td>12</td>
<td>When my voices say things, I accept what is helpful and reject what is not</td>
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</table>

Please tick ☑ the appropriate box to indicate the last time you heard a voice:
- ☐ 1. Within the past week
- ☐ 2. Between 1 week and 1 month ago
- ☐ 3. Between 1 month and 3 months ago
- ☐ 4. Between 4 to 6 months ago
### Section B1

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral or Unsure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>I decide what I do, not my voices</td>
<td></td>
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<tr>
<td>14</td>
<td>Hearing a command from a voice can cause me to do what it says</td>
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<tr>
<td>15</td>
<td>I have to do what my voices say, even if I don't agree with it</td>
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<tr>
<td>16</td>
<td>Just because a voice tells me to do something, it doesn’t mean I have to do it</td>
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<tr>
<td>17</td>
<td>My voices should take the blame when I obey them, not me</td>
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<tr>
<td>18</td>
<td>Hearing my voices tell me to do something is as bad as doing it</td>
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<tr>
<td>19</td>
<td>My voices are not responsible for my actions, I am</td>
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<tr>
<td>20</td>
<td>It is not what my voices say, but what I do, that matters</td>
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</table>

### Section B2

When I hear a voice telling me to do something that could result in problems or cause trouble, usually.....

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral or Unsure</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>21</td>
<td>I feel overwhelmed by it</td>
<td></td>
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<tr>
<td>22</td>
<td>I have to stop what I’m doing and focus on the voice</td>
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<tr>
<td>23</td>
<td>I notice it, but I don’t react to it</td>
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<tr>
<td>24</td>
<td>I just accept that the voice is speaking</td>
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<tr>
<td>25</td>
<td>I worry about what I might do</td>
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<tr>
<td>26</td>
<td>I listen to the voice but make my own decisions</td>
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<tr>
<td>27</td>
<td>I try hard to avoid feeling upset</td>
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<tr>
<td>28</td>
<td>I put up with it</td>
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<tr>
<td>29</td>
<td>I argue with the voice</td>
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<td>30</td>
<td>I keep focused on what I want to do</td>
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<tr>
<td>31</td>
<td>I think what the voice says doesn’t matter</td>
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</table>

Please tick ☑️ the appropriate box to indicate the last time you heard a voice telling you to do things that could result in problems or cause trouble:

- ☐️ 1. Within the past week
- ☐️ 2. Between 1 week and 1 month ago
- ☐️ 3. Between 1 month and 3 months ago
- ☐️ 4. Between 4 to 6 months ago
**ACT ADVISOR** Psychological Flexibility Measure

In this diagram there are six double-headed arrows, each with contrasting statements at either end. The arrows represent sliding scales, numbered 1-10, between each set of statements. For each scale, choose whereabouts you would place yourself (i.e., at which number), depending on how closely, or otherwise, you feel the statements apply to you. If you feel that the statements apply equally, or that neither statement applies to you, score 5. Enter your scores in the box below, then total them to give a Psychological Flexibility score.

**Scores**
- Acceptance scale
- Commitment & Taking action scale
- Attention to present scale
- Defusion scale
- Values Identification scale
- Self as Observer scale
- Resulting psychological flexibility (TOTAL SCORE)
ACT ADVISOR Psychological Flexibility Measure Charts

Use these charts to keep a record of your scores on the ACT ADVISOR Psychological Flexibility Measure. Each week (or other time period – e.g., month or therapy session) repeat the exercise and mark your scores with an X in the appropriate square in each of the charts below.

Acceptance scale scores

<table>
<thead>
<tr>
<th>Score</th>
<th>10</th>
<th>9</th>
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Commitment & Taking action scale scores

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Attention to present scale scores

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Defusion scale scores

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Values Identification scale scores

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Self as Observer scale scores

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Psychological Flexibility scores

| Score | 60 | 59 | 58 | 57 | 56 | 55 | 54 | 53 | 52 | 51 | 50 | 49 | 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 40 | 39 | 38 | 37 | 36 | 35 | 34 | 33 | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

WEEK / MONTH / THERAPY SESSION

Developed by David Chantry