

**Instructions:** So that we can understand more about you and how you react to different situations, please carefully read and respond to the following statements. Think about how often you have experienced each statement **over the past two weeks**.

Then, circle the number that corresponds to your answer.

**“1” never      “2” sometimes      “3” frequently**

	Statements	Scale		
		Never	Sometimes	Frequently
1.	When I had a problem to solve, I could think of multiple solutions.	1	2	3
2.	When I had a problem, I thought about my past experiences to come up with a solution.	1	2	3
3.	I felt more confident in myself after fixing a problem.	1	2	3
4.	I avoided dealing with my problems.	1	2	3
5.	I made a mistake that I had made before.	1	2	3
6.	When something upset me, I had a hard time letting it go.	1	2	3
7.	When I felt upset, I preferred to be alone.	1	2	3
8.	When I felt upset, I focused on good things that have happened to me.	1	2	3
9.	I ate to feel better when I was upset.	1	2	3
10.	I could not relax when I was upset.	1	2	3
11.	I got mad at myself when something went wrong.	1	2	3
12.	I got mad at myself for being too emotional.	1	2	3
13.	I used strategies in my day to day life.	1	2	3
14.	Other people complained to me about how I acted.	1	2	3
15.	I cared about being clean and how I looked.	1	2	3




Date: \_\_\_ / \_\_\_ / \_\_\_

	Statements	Scale		
		Never	Sometimes	Frequently
16.	I planned ahead.	1	2	3
17.	I held a grudge.	1	2	3
18.	I started conversations with other people.	1	2	3
19.	I was able to pay attention to more than one thing at a time.	1	2	3
20.	I got into disagreements with others.	1	2	3
21.	I followed through on my responsibilities.	1	2	3
22.	I took unnecessary risks.	1	2	3
23.	I finished things that I started.	1	2	3
24.	I apologized when I did something wrong.	1	2	3
25.	I was able to walk away from a fight.	1	2	3
26.	I lied or exaggerated.	1	2	3
27.	I acted rudely.	1	2	3
28.	I thought about how others were feeling.	1	2	3
29.	I made inappropriate sexual comments or jokes.	1	2	3
30.	I did things that made me feel embarrassed.	1	2	3
31.	I interrupted others when they were speaking.	1	2	3
32.	I was organized.	1	2	3
33.	I was able to adapt when things did not go as planned.	1	2	3
34.	I understood how my actions made other people feel.	1	2	3

Date: \_\_\_/\_\_\_/\_\_\_

	Statements	Scale		
		Never	Sometimes	Frequently
35.	I yelled at other people.	1	2	3
36.	I got into physical fights with others.	1	2	3
37.	I acted without thinking.	1	2	3
38.	I felt overwhelmed.	1	2	3
39.	I felt anxious.	1	2	3
40.	I worried about things.	1	2	3
41.	I had trouble sitting still.	1	2	3
42.	I felt depressed or hopeless.	1	2	3
43.	I did not enjoy activities that are usually important to me.	1	2	3
44.	I felt tired.	1	2	3
45.	I had low energy.	1	2	3
46.	I felt guilty about something I had said or done.	1	2	3
47.	I got mad easily.	1	2	3
48.	I was quick to laugh or cry.	1	2	3
49.	I had nightmares.	1	2	3
50.	I reacted without thinking.	1	2	3
51.	I felt lonely.	1	2	3
52.	I made good decisions.	1	2	3
53.	I felt well-supported.	1	2	3

Date: \_\_\_/\_\_\_/\_\_\_

	Statements	Scale		
		Never	Sometimes	Frequently
54.	I did things that were unsafe.	1	2	3
55.	I felt good about myself.	1	2	3
56.	I forgot important things.	1	2	3
57.	I started activities on my own.	1	2	3
58.	I did not start things I knew I needed to do.	1	2	3
59.	I slept well at night.	1	2	3
60.	Thoughts got stuck in my head, and I could not stop thinking about them.	1	2	3
61.	I felt stressed.	1	2	3
<p><b>If 1 = Stop Here    If 2 or 3 = Continue</b></p>				
62.	When I was stressed, I asked people I trust for help.	1	2	3
63.	When I was stressed, I bought things I did not need.	1	2	3
64.	When I was stressed, I took my emotions out on other people.	1	2	3
65.	When I was stressed, I was unable to make decisions.	1	2	3
66.	When I was stressed, I went for a walk or exercised.	1	2	3
67.	I went to sleep when I felt stressed.	1	2	3

**You have reached the end of part one of this survey.**

**Please continue on the next page.**

**Date:** \_\_\_ / \_\_\_ / \_\_\_

## Environmental Context Questions

Instructions: Please answer the following questions to give us a better understanding of the current stresses or problems you have experienced.

1. Have **you** experienced any of the following in the past 6 months?

Check all that apply.

- Change in drug/alcohol intake
- Loss of employment
- Promotion in employment
- Change in occupation
- Retirement
- Change in residence
- Foreclosure on mortgage or loan
- Son/daughter/other family member leaving home
- Break-up, separation, or divorce from a significant other
- Marriage or marital reconciliation
- Pregnancy
- Birth or adoption of a child
- Change in parental rights
- Increase in financial stresses
- Death of a family member or close friend
- Major personal injury/illness
- Injury/illness of family member or close friend
- Suicide of a family member or close friend
- Arrest or jail time
- Minor violations of the law
- Transportation accident
- Other transportation problems
- Natural disaster directly affecting you

**Date:** \_\_\_ / \_\_\_ / \_\_\_

2. Is there anything else that has recently affected you?

- Yes  
 No

**If yes, please explain.**

3. Are you being treated by a doctor, counselor, rehabilitation therapist, or other professional or do you feel you need additional support?

- Yes  
 No

**If yes, please explain.**

4. What was your greatest problem or need over the past 2 weeks?

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**You have reached the end of this survey.  
Thank you!**

**Date:** \_\_\_ / \_\_\_ / \_\_\_