

Emotional Style Questionnaire

Please indicate your agreement with the following statements using the scale below.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

1. When something good happens to me, the positive mood does not last long.
2. I find it hard to regain my calm after experiencing something negative.
3. When I am talking with people, I am always attuned to their emotional state.
4. There can be long periods of time when I am not conscious of my own bodily and emotional states.
5. I have sometimes been told that I behaved in a socially inappropriate way.
6. I have good concentration skills.
7. I am very good at seeing the positive side of things.
8. When I experience a setback, I do not stay upset for very long.
9. I am not particularly good at reading people’s emotions.
10. I am typically very aware of my feelings, both in my mind and my body.
11. I have suffered setbacks at work or had falling outs with friends, because the way I acted was apparently not acceptable.
12. I do not get distracted easily, even in situations where a lot is going on.
13. I find it easy to be hopeful about the future.
14. When I’m in a bad mood, it tends to last a long time.
15. I am sensitive to other people’s emotions.
16. I am not good at identifying my own feelings.
17. I have sometimes done things others thought of as tactless or embarrassing.
18. I sometimes feel like I have little control over where my attention goes.
19. When things are bad, I have a hard time believing that eventually they will work out.
20. I recover quickly when things don’t go the way I want them to.
21. I can feel when something is bothering a person by just looking at them.
22. Usually, I am not attentive to what is going on in my body.
23. Oftentimes, when other people think something is inappropriate, I disagree.
24. If I get distracted by something, it takes me a long time to refocus.

Scoring:

Items marked with “r” are to be reverse-coded.

Outlook: 1r, 7, 13, 19r

Resilience: 2r, 8, 14r, 20

Social Intuition: 3, 9r, 15, 21

Self-Awareness: 4r, 10, 16r, 22r

Sensitivity to Context: 5r, 11r, 17r, 23r

Attention: 6, 12, 18r, 24r

Kesebir, P., Gasiorowska, A., Goldman, R., Hirshberg, M. J., & Davidson, R. J. (2019). Emotional Style Questionnaire: A multidimensional measure of healthy emotionality. *Psychological Assessment*. doi: 10.1037/pas0000745.

PANAS-GEN

About: This scale is a self-report measure of affect.

Items: 20

Positive affect: questions 1, 3, 5, 9, 10, 12, 14, 16, 17, & 19

Negative affect: questions 2, 4, 6, 7, 8, 11, 13, 15, 18, & 20

Reliability:

Watson, Clark, & Tellegen (1988) demonstrated internal consistency for the PANAS ranged between .86 - .90 for positive affect and .84 - .87 for negative affect.

Test-retest reliability for the PANAS (1 week) were reported as .79 for positive affect and .81 for negative affect (Watson et al., 1988).

Validity:

Correlation of the PANAS to HSCL = .74 for negative affect and -.19 for positive affect.

Correlation of PANAS to BDI = .65 for negative affect and -.29 for positive affect.

Scoring:

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
All questions	1	2	3	4	5

The total score is calculated by finding the sum of the 10 positive items, and then the 10 negative items. Scores range from 10 – 50 for both sets of items. For the total positive score, a higher score indicates more of a positive affect. For the total negative score, a lower score indicates less of a negative affect.

References:

Watson, D., Clark, L. A., Tellegen, A. (1988). [Development and validation of brief measures of positive and negative affect: The PANAS scales.](#) *Journal of Personality and Social Psychology*, (54), 1063-1070.

PANAS-GEN

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you **GENERALLY** feel this way, that is how you feel **ON AVERAGE**.

Use the following scale to record your answers.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashamed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jittery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Difficulties in Emotion Regulation Scale (DERS)

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item.

1-----2-----3-----4-----5
 almost never sometimes about half the time most of the time almost always
 (0-10%) (11-35%) (36-65%) (66-90%) (91-100%)

- _____ 1) I am clear about my feelings.
- _____ 2) I pay attention to how I feel.
- _____ 3) I experience my emotions as overwhelming and out of control.
- _____ 4) I have no idea how I am feeling.
- _____ 5) I have difficulty making sense out of my feelings.
- _____ 6) I am attentive to my feelings.
- _____ 7) I know exactly how I am feeling.
- _____ 8) I care about what I am feeling.
- _____ 9) I am confused about how I feel.
- _____ 10) When I'm upset, I acknowledge my emotions.
- _____ 11) When I'm upset, I become angry with myself for feeling that way.
- _____ 12) When I'm upset, I become embarrassed for feeling that way.
- _____ 13) When I'm upset, I have difficulty getting work done.
- _____ 14) When I'm upset, I become out of control.
- _____ 15) When I'm upset, I believe that I will remain that way for a long time.
- _____ 16) When I'm upset, I believe that I will end up feeling very depressed.
- _____ 17) When I'm upset, I believe that my feelings are valid and important.
- _____ 18) When I'm upset, I have difficulty focusing on other things.
- _____ 19) When I'm upset, I feel out of control.
- _____ 20) When I'm upset, I can still get things done.
- _____ 21) When I'm upset, I feel ashamed at myself for feeling that way.
- _____ 22) When I'm upset, I know that I can find a way to eventually feel better.
- _____ 23) When I'm upset, I feel like I am weak.
- _____ 24) When I'm upset, I feel like I can remain in control of my behaviors.
- _____ 25) When I'm upset, I feel guilty for feeling that way.
- _____ 26) When I'm upset, I have difficulty concentrating.
- _____ 27) When I'm upset, I have difficulty controlling my behaviors.
- _____ 28) When I'm upset, I believe there is nothing I can do to make myself feel better.
- _____ 29) When I'm upset, I become irritated at myself for feeling that way.
- _____ 30) When I'm upset, I start to feel very bad about myself.
- _____ 31) When I'm upset, I believe that wallowing in it is all I can do.
- _____ 32) When I'm upset, I lose control over my behavior.
- _____ 33) When I'm upset, I have difficulty thinking about anything else.
- _____ 34) When I'm upset I take time to figure out what I'm really feeling.
- _____ 35) When I'm upset, it takes me a long time to feel better.
- _____ 36) When I'm upset, my emotions feel overwhelming.

Reverse-scored items (place a subtraction sign in front of them) are numbered 1, 2, 6, 7, 8, 10, 17, 20, 22, 24 and 34.

Calculate total score by adding everything up. Higher scores suggest greater problems with emotion regulation.

SUBSCALE SCORING:** The measure yields a total score (SUM) as well as scores on six sub-scales:

1. Nonacceptance of emotional responses (NONACCEPT): 11, 12, 21, 23, 25, 29
2. Difficulty engaging in Goal-directed behavior (GOALS): 13, 18, 20R, 26, 33
3. Impulse control difficulties (IMPULSE): 3, 14, 19, 24R, 27, 32
4. Lack of emotional awareness (AWARENESS): 2R, 6R, 8R, 10R, 17R, 34R
5. Limited access to emotion regulation strategies (STRATEGIES): 15, 16, 22R, 28, 30, 31, 35, 36
6. Lack of emotional clarity (CLARITY): 1R, 4, 5, 7R, 9

Total score: sum of all subscales

**"R" indicates reverse scored item

REFERENCE:

Gratz, K. L. & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26, 41-54.

WHOQOL - BREF



PROGRAMME ON MENTAL HEALTH
WORLD HEALTH ORGANIZATION
GENEVA

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	Equations for computing domain scores	Raw score	Transformed scores*	
Domain 1	$(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18$ $\square + \square + \square + \square + \square + \square + \square$	=	4-20	0-100
Domain 2	$Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26)$ $\square + \square + \square + \square + \square + \square$	=		
Domain 3	$Q20 + Q21 + Q22$ $\square + \square + \square$	=		
Domain 4	$Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25$ $\square + \square + \square + \square + \square + \square + \square + \square$	=		

* Please see Table 4 on page 10 of the manual, for converting raw scores to transformed scores.

Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.

		Very poor	Poor	Neither poor nor good	Good	Very good
1(G1)	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2 (G4)	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3 (F1.4)	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4(F11.3)	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5(F4.1)	How much do you enjoy life?	1	2	3	4	5
6(F24.2)	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7(F5.3)	How well are you able to concentrate?	1	2	3	4	5
8 (F16.1)	How safe do you feel in your daily life?	1	2	3	4	5
9 (F22.1)	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

		Not at all	A little	Moderately	Mostly	Completely
10 (F2.1)	Do you have enough energy for everyday life?	1	2	3	4	5
11 (F7.1)	Are you able to accept your bodily appearance?	1	2	3	4	5
12 (F18.1)	Have you enough money to meet your needs?	1	2	3	4	5
13 (F20.1)	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14 (F21.1)	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither	Good	Very good
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				poor nor good		
15 (F9.1)	How well are you able to get around?	1	2	3	4	5

The following questions ask you to say how **good or satisfied** you have felt about various aspects of your life over the last two weeks.

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16 (F3.3)	How satisfied are you with your sleep?	1	2	3	4	5
17 (F10.3)	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18(F12.4)	How satisfied are you with your capacity for work?	1	2	3	4	5
19 (F6.3)	How satisfied are you with yourself?	1	2	3	4	5
20(F13.3)	How satisfied are you with your personal relationships?	1	2	3	4	5
21(F15.3)	How satisfied are you with your sex life?	1	2	3	4	5
22(F14.4)	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23(F17.3)	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24(F19.3)	How satisfied are you with your access to health services?	1	2	3	4	5
25(F23.3)	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

		Never	Seldom	Quite often	Very often	Always
26 (F8.1)	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Did someone help you to fill out this form?.....

How long did it take to fill this form out?.....

Do you have any comments about the assessment?

.....
.....

THANK YOU FOR YOUR HELP

Overall Anxiety Severity and Impairment Scale (OASIS)

The following items ask about anxiety and fear. For each item, select the number for the answer that best describes your experience over the past week.

1. In the past week, how often have you felt anxious?
 - 0 = No anxiety in the past week.
 - 1 = Infrequent anxiety. Felt anxious a few times.
 - 2 = Occasional anxiety. Felt anxious as much of the time as not. It was hard to relax.
 - 3 = Frequent anxiety. Felt anxious most of the time. It was very difficult to relax.
 - 4 = Constant anxiety. Felt anxious all of the time and never really relaxed.

2. In the past week, when you have felt anxious, how intense or severe was your anxiety?
 - 0 = Little or None: Anxiety was absent or barely noticeable.
 - 1 = Mild: Anxiety was at a low level. It was possible to relax when I tried. Physical symptoms were only slightly uncomfortable.
 - 2 = Moderate: Anxiety was distressing at times. It was hard to relax or concentrate, but I could do it if I tried. Physical symptoms were uncomfortable.
 - 3 = Severe: Anxiety was intense much of the time. It was very difficult to relax or focus on anything else. Physical symptoms were extremely uncomfortable.
 - 4 = Extreme: Anxiety was overwhelming. It was impossible to relax at all. Physical symptoms were unbearable.

3. In the past week, how often did you avoid situations, places, objects, or activities because of anxiety or fear?
 - 0 = None: I do not avoid places, situations, activities, or things because of fear.
 - 1 = Infrequent: I avoid something once in a while, but will usually face the situation or confront the object. My lifestyle is not affected.
 - 2 = Occasional: I have some fear of certain situations, places, or objects, but it is still manageable. My lifestyle has only changed in minor ways. I always or almost always avoid the things I fear when I'm alone, but can handle them if someone comes with me.
 - 3 = Frequent: I have considerable fear and really try to avoid the things that frighten me. I have made significant changes in my lifestyle to avoid the object, situation, activity, or place.
 - 4 = All the Time: Avoiding objects, situations, activities, or places has taken over my life. My lifestyle has been extensively affected and I no longer do things that I used to enjoy.

4. In the past week, how much did your anxiety interfere with your ability to do the things you needed to do at work, at school, or at home?
 - 0 = None: No interference at work/home/school from anxiety
 - 1 = Mild: My anxiety has caused some interference at work/home/school. Things are more difficult, but everything that needs to be done is still getting done.
 - 2 = Moderate: My anxiety definitely interferes with tasks. Most things are still getting done, but few things are being done as well as in the past.
 - 3 = Severe: My anxiety has really changed my ability to get things done. Some tasks are still being done, but many things are not. My performance has definitely suffered.
 - 4 = Extreme: My anxiety has become incapacitating. I am unable to complete tasks and have had to leave school, have quit or been fired from my job, or have been unable to complete tasks at home and have faced consequences like bill collectors, eviction, etc.

5. In the past week, how much has anxiety interfered with your social life and relationships?

0 = None: My anxiety doesn't affect my relationships.

1 = Mild: My anxiety slightly interferes with my relationships. Some of my friendships and other relationships have suffered, but, overall, my social life is still fulfilling.

2 = Moderate: I have experienced some interference with my social life, but I still have a few close relationships. I don't spend as much time with others as in the past, but I still socialize sometimes.

3 = Severe: My friendships and other relationships have suffered a lot because of anxiety. I do not enjoy social activities. I socialize very little.

4 = Extreme: My anxiety has completely disrupted my social activities. All of my relationships have suffered or ended. My family life is extremely strained.

TOTAL: _____