

Agency Name: _____

Subject ID# _____

Date: _____

Assessment Packet for the Co-Occurring Disorders Study

Demographics

Gender

- Male
- Female
- non-binary/third gender
- Transgender
- Other (Specify) _____

What is your current age:

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65 and up

What is the primary issue for which you are receiving treatment (please choose one)?

1. Sexual Addiction
2. Hypersexual Disorder
3. Paraphilic Disorder (e.g., frotteurism, exhibitionism, etc.)
4. Compulsive sexual behavior disorder
5. Criminal Sexual Behavior (e.g., pedophilia, sexual sadism, child pornography)

How many times have you been treated for this (not counting this episode)?

1. 1
2. 2
3. 3
4. 4
5. 5 or more

What level of treatment are you currently in?

1. Inpatient/Residential
2. Intensive Outpatient/Day Treatment
3. Outpatient/Community Based
4. Psychiatric/Hospital Based

What race do you consider yourself?

1. Caucasian American/White
2. African American/Black
3. Indigenous/Native American
4. Alaskan Native
5. Asian/Asian American
6. Asian/Pacific Islander

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7. Hispanic/Mexican
8. Hispanic/Puerto Rican
9. Hispanic/Cuban
10. American Arab/Middle Eastern/N. African
11. Biracial
12. Other

What ethnicity do you consider yourself?

1. Hispanic
2. Non-Hispanic

What is your religious preference/background?

1. Protestant
2. Catholic
3. Jewish
4. Islamic
5. Other
6. None

How much education have you completed?

(GED= 12 years, include formal education only)

1. Less than high school
2. High school graduate/GED
3. Some college
4. 2 year degree
5. 4 year degree
6. Masters degree
7. Doctorate degree

Usual employment pattern (*past 3 years*)?

1. Full Time (35 hours plus)
2. Part Time (regular hours)
3. Part Time (irregular hours)
4. Student
5. Military Service
6. Retired
7. Disability
8. Unemployment
9. In a Controlled Environment

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Alcohol/Drugs

How old were you when you first started using substances? _____

How old were you when your substance use become problematic?

1. 9-10 years
2. 11-12 years
3. 13-14 years
4. 15-16 years
5. 17-19 years
6. 20-22 years
7. 23-25 years
8. Older than 25 years
9. NA – Substance use is not a problem for me.

How many years in your lifetime have you used the following?

#	Substance	Lifetime (Years)
	Alcohol (any use at all)	
	Alcohol (to intoxication)	
	Heroin	
	Methadone	
	Other Opiates/Analgesics	
	Barbiturates	
	Other Sedative/Hypnotics/Tranquilizers	
	Cocaine/Crack	
	Amphetamines	
	Cannabis	
	Hallucinogens	
	Inhalants	
	More than one substance per day	

What was your age of first use of any pornography? _____

What age did your use of pornography become problematic?

1. 9-10 years
2. 11-12 years
3. 13-14 years
4. 15-17 years
5. 18-19 years
6. 20-22 years
7. 23-25 years
8. Older than 25 years
9. NA Pornography is not a problem for me

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How many years in your lifetime have you used/engaged in the following?

#	Sexual Behavior	Lifetime (Years)
	Used Pornography (adult only) (Looked at, downloaded, saved, disseminated)	
	Used Pornography depicting minors (looked at, downloaded, saved, disseminated)	
	Touched or rubbed an unsuspecting person for sexual gratification	
	Exposed yourself (genitals) for sexual gratification	
	Used an escort/prostitute or other sexual service	
	Engaged in infidelity (unfaithful to a partner)	
	Engaged in sexual activity (cooperative) with a minor	
	Engaged in sexual activity (forced) with a minor	
	Used force to obtain sex	
	Looked at or watched someone without their knowledge for sexual gratification	
	Used violence for sexual gratification	
	Inflicted harm on another person for sexual gratification	
	Engaged in sexual acts or behavior with an object	
	Masturbates alone (no person however may use internet or other materials)	
	Engaged in sexual acts with an animal	

LEGAL STATUS

Are you on probation or parole?

1. No
2. Yes

How many times in your life have you been arrested and charged with the following?

#	Act	# of times in life
	Shoplifting/Vandalism	
	Parole/Probation Violations	
	Drug Charges	
	Disorderly Conduct/Vagrancy/Public Intoxication	
	Driving While Intoxicated	
	Forgery	
	Weapons Offenses	
	Burglary/Larceny/Breaking & Entering	
	Robbery	

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	Assault	
	Arson	
	Rape	
	Homicide/Manslaughter	
	Prostitution	
	Other Criminal Sexual Misconduct (not rape)	
	Contempt of Court	
	Major Driving Violations (moving violations, speeding, reckless driving, no license etc)	

How many years in your life have you been incarcerated?

1. I have never been incarcerated.
2. Less than 1 year
3. 1-5 years
4. 6-10 years
5. 11-15 years
6. 16 or more years

Do you currently have unresolved legal issues?

1. No
2. Yes

FAMILY/SOCIAL RELATIONSHIPS

Marital Status

1. Married
2. Remarried
3. Widowed
4. Separated
5. Never Married
6. Remarried
7. In a relationship but not married

Has anyone ever abused you?

1. No
2. Yes

Please choose which experience applies to you. Check all that apply.

Abuse	Past 30 days	In your lifetime?
Emotionally		
Physically		
Sexually		

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Generally, I feel good about myself given my ethnic and cultural identity.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree

Being a person from my ethnicity/cultural group generally stresses me out.

1. Strongly disagree
2. Disagree
3. Agree
4. Strongly agree

How often have any of the things listed ever happened to you because of your ethnicity and/or race:

Have you been treated unfairly by staff, counselors, or other members of the clinical team?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have others thought you couldn't do things or handle a job?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have others threatened to hurt you (*e.g. said they would hit you*)?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have other actually hurt you or tried to hurt you (*e.g. kicked or hit you*)?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have policeman or security offices been unfair to you?

1. Never happened

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2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have others threatened to damage your property?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have others actually damaged your property?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have others made you feel like an outsider who doesn't fit in because of your dress, speech, or other characteristics related to your ethnicity?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have you been treated unfairly by co-workers, classmates, or peers in treatment?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have others hinted that you are dishonest or can't be trusted?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have people been nice to your face, but said bad things about you behind your back?

1. Never happened
2. 2
3. 3 Sometimes

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4. 4
5. Happened very often

Have people who speak a different language made you feel like an outsider?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have others ignored you or not paid attention to you?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Has your supervisor, counselor, or other person in a position of power been unfair to you?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have others hinted that you must not be clean?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Have people not trusted you?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

Has it been hinted that you must be lazy?

1. Never happened
2. 2
3. 3 Sometimes
4. 4
5. Happened very often

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How often have you had trouble controlling your sexual urges?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

Have you felt unable to control your sexual behavior?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have you used sex to deal with worries or problems in your life?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have you felt guilty or shameful about aspects of your sexual behavior?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have you concealed or hidden your sexual behaviors from others?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have you been unable to control your sexual feelings?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have you made pledges or promises to change or alter your sexual behavior?

1. Very frequently

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2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have your sexual thoughts or behaviors interfered with the formation of friendships?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have you developed excuses and reasons to justify your sexual behavior?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have you missed opportunities for productive and enhancing activities because of your sexual activity?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have your sexual activities caused financial problems for you?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have you felt emotionally distant when you were engaging in sex with others?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have you had sex or masturbated more than you wanted to?

1. Very frequently
2. Frequently
3. Infrequently

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4. Very infrequently
5. Never

Were you sexually abused as a child?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

Were you physically abused as a child?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

Other than parents or siblings, did you experience sexual activity as a child with someone more than 4-6 years older than you?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

Did you have sexual experiences with any of your siblings?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

Have you been forced to have sex with a stranger, casual acquaintance or friend?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

How often have you been arrested or legally apprehended for your sexual behavior?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

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Have you forced anyone against his or her will?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

Did you have sexual experiences with either of your parents?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

Have you ever hit, kicked, punched, slapped, thrown, choked, restrained, or beaten any of your sexual partners?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

Have you given others physical pain for sexual pleasure?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

In fighting, have you been hit, kicked, punched, slapped, thrown, choked, restrained, or beaten by your current or most recent partner?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

Have you received physical pain for sexual pleasure?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

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Have you received money to have sex?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

Have you been forced to have sex with your husband, wife or lover?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

Have you been watched masturbating or having sex without giving permission?

1. Very frequently
2. Frequently
3. Infrequently
4. Very infrequently
5. Never

I use sex to forget about the worries of daily life.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

Even though I promised myself I would not repeat a sexual behavior, I find myself returning to it over and over again.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

Doing something sexual helps me feel less lonely.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

I engage in sexual activities that I know I will later regret.

1. Never

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2. Rarely
3. Sometimes
4. Often
5. Very often

I sacrifice things I really want in life in order to be sexual.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

I turn to sexual activities when I experience unpleasant feelings (e.g., frustration, sadness, anger)

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

My attempts to change my sexual behavior fail.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

When I feel restless, I turn to sex in order to soothe myself.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

My sexual thoughts and fantasies distract me from accomplishing important tasks.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

I do things sexually that are against my values and beliefs.

1. Never
2. Rarely
3. Sometimes
4. Often

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5. Very often

Even though my sexual behavior is irresponsible or reckless, I find it difficult to stop.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

I feel like my sexual behavior is taking me in a direction I don't want to go.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

Doing something sexual helps me cope with stress.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

My sexual behavior controls my life.

- 1- Never
- 2- Rarely
- 3- Sometimes
- 4- Often
- 5- Very often

My sexual cravings and desires feel stronger than my self-discipline.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

Sex provides a way for me to deal with emotional pain I feel.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

Sexually, I behave in ways I think are wrong.

1. Never

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2. Rarely
3. Sometimes
4. Often
5. Very often

I use sex as a way to try and help myself deal with my problems.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

My sexual activities interfere with aspects of my life such as work or school.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very often

Were you sexually abused as a child?	Yes	No
Did your parents have trouble with sexual behavior?	Yes	No
Do you often find yourself preoccupied with sexual thoughts?	Yes	No
Do you feel that your sexual behavior is not normal?	Yes	No
Do you ever feel bad about your sexual behavior?	Yes	No
Has your sexual behavior ever created problems for you and your family?	Yes	No
Have you ever sought help for sexual behavior you did not like?	Yes	No
Has anyone ever been hurt emotionally because of your sexual behavior?	Yes	No
Are any of your sexual behaviors against the law?	Yes	No
Have you made efforts to quit a type of sexual activity and failed?	Yes	No
Do you hide some of your sexual behaviors from others?	Yes	No
Have you attempted to stop some parts of your sexual activity?	Yes	No
Have you felt degraded by your sexual behaviors?	Yes	No
When you have sex, do you feel depressed afterwards?	Yes	No
Do you feel controlled by your sexual desire?	Yes	No
Have important parts of your life (such as job, family, friends, leisure activities) been neglected because you were spending too much time on sex?	Yes	No
Do you ever think your sexual desire is stronger than you are?	Yes	No
Is sex almost all you think about?	Yes	No
Has sex (or romantic fantasies) been a way for you to escape your problems?	Yes	No
Has sex become the most important thing in your life?	Yes	No
Are you in crisis over sexual matters?	Yes	No
The internet has created sexual problems for me.	Yes	No
I spend too much time online for sexual purposes.	Yes	No
I have purchased services online for erotic purposes (sites for dating).	Yes	No

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I have used the internet to make romantic or erotic connections with people online.	Yes	No
People in my life have been upset about my sexual activities online.	Yes	No
I have attempted to stop my online sexual behaviors.	Yes	No
I have subscribed to or regularly purchased or rented sexually explicit materials (magazines, videos, books, or online pornography).	Yes	No
I have been sexual with minors.	Yes	No
I have spent considerable time and money on strip clubs, adult bookstores, and movie houses.	Yes	No
I have engaged in prostitutes and escorts to satisfy my sexual needs.	Yes	No
I have spent considerable time surfing pornography online.	Yes	No
I have used magazines, videos, or online pornography even when there was considerable risk of being caught by family members who would be upset by my behavior.	Yes	No
I have regularly purchased romantic novels or sexually explicit magazines.	Yes	No
I have stayed in romantic relationships after they became emotionally abusive.	Yes	No
I have traded sex for money or gifts.	Yes	No
I have maintained multiple romantic or sexual relationships at the same time.	Yes	No
After sexually acting out, I sometimes refrain from all sex for a significant period of time.	Yes	No
I have regularly engaged in sadomasochistic behavior.	Yes	No
I visit bathhouses, sex clubs or video/bookstores as part of my regular sexual activity.	Yes	No
I have engaged in unsafe or "risky" sex even though I knew it could cause me harm.	Yes	No
I have cruised public restrooms, rest areas or parks looking for sex with strangers.	Yes	No
I believe casual or anonymous sex has kept me from having more long-term intimate relationships.	Yes	No
My sexual behavior has put me at risk for arrest for lewd conduct or public indecency.	Yes	No
I have been paid for sex.	Yes	No

Indicate how much you engage in these activities when you are stressed or upset

Fantasize about having sex with a consenting adult

1= not at all

2

3

4

5= very much

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Fantasize about having sex with a child

1= not at all

2

3

4

5= very much

Fantasize about forcing an adult to have sex

1= not at all

2

3

4

5= very much

Have sex with my regular partner

1= not at all

2

3

4

5= very much

Have sex with a child

1= not at all

2

3

4

5= very much

Go out and “score” with a stranger

1= not at all

2

3

4

5= very much

Masturbate while fantasizing about a consenting adult

1= not at all

2

3

4

5= very much

Masturbate while fantasizing about raping an adult

1= not at all

2

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3
4
5= very much

Masturbate while fantasizing about a child.

1= not at all
2
3
4
5= very much

Masturbate while fantasizing about hurting someone.

1= not at all
2
3
4
5= very much

Use pornography depicting consenting adults

1= not at all
2
3
4
5= very much

Use violent pornography

1= not at all
2
3
4
5= very much

Use pornography depicting children

1= not at all
2
3
4
5= very much

Masturbate while using pornography

1= not at all
2
3
4
5= very much

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Go out and rape someone

1= not at all

2

3

4

5= very much

Force my regular partner to have sex

1= not at all

2

3

4

5= very much

Indicate if you have ever experienced a terrible event in your life such as an accident, abuse, rape, or natural disaster.

Yes No (skip the questions asking about response to this event).

Indicate how much you have been bothered in the PAST MONTH by each problem.

Having upsetting dreams that replay part of the experience or are clearly related to the experience.

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

Avoiding internal reminders of the experience (for example, thoughts, feelings or physical sensations)?

1= not at all

2= a little bit

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3= moderately

4= quite a bit

5= extremely

Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

Being 'super alert', watchful or on guard?

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

Feeling jumpy or easily startled?

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

In the past month, have the above problems affected your relationships or social life?

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

Affected your ability to work?

1= not at all

2= a little bit

3= moderately

4= quite a bit

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5= extremely

Affected any other important part of your life such as parenting, or school or college work or other important activities?

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

Below are problems that people who have had stressful or traumatic events sometimes experience. The questions refer to the ways you TYPICALLY think about yourself and ways you TYPICALLY relate to others. Answer the following thinking about how true each statement is of you.

When I am upset, it takes me a long time to calm down

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

I feel numb or emotionally shut down.

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

I feel like a failure.

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

I feel worthless.

1= not at all

2= a little bit

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3= moderately

4= quite a bit

5= extremely

I feel distant or cut off from people.

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

I find it hard to stay emotionally close to people.

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

In the past month, have the above problems in emotions, beliefs about yourself and in relationships:

Created concern or distress about your relationships or social life?

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

In the past month, have the above problems affected your work or your ability to work?

1= not at all

2= a little bit

3= moderately

4= quite a bit

5= extremely

In the past month, have the above problems affected any other important parts of your life such as parenting, or school, or college work, or other important activities?

1= not at all

2= a little bit

3= moderately

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4= quite a bit

5= extremely

EVENT QUESTIONS END HERE. (if you skipped- please resume here)

This set of questions asks about ways you may feel right now, at this moment.

I feel calm.

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel secure.

1= not at all

2= somewhat

3= moderately so

4= very much so

I am tense.

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel strained.

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel at ease.

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel upset.

1= not at all

2= somewhat

3= moderately so

4= very much so

I am presently worrying over possible misfortunes.

1= not at all

2= somewhat

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3= moderately so

4= very much so

I feel satisfied.

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel frightened.

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel comfortable.

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel self-confident.

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel nervous.

1= not at all

2= somewhat

3= moderately so

4= very much so

I am jittery.

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel indecisive.

1= not at all

2= somewhat

3= moderately so

4= very much so

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I am relaxed.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I feel content.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I am worried.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I feel confused.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I feel steady.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I feel pleasant.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I feel nervous and restless.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I feel satisfied with myself.

- 1= not at all
- 2= somewhat

Agency Name: _____

Subject ID# _____

Date: _____

3= moderately so

4= very much so

I wish I could be as happy as others seem to be.

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel like a failure.

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel rested.

1= not at all

2= somewhat

3= moderately so

4= very much so

I am "calm, cool and collected."

1= not at all

2= somewhat

3= moderately so

4= very much so

I feel that difficulties are piling up so that I cannot overcome them.

1= not at all

2= somewhat

3= moderately so

4= very much so

I worry too much over something that really does not matter.

1= not at all

2= somewhat

3= moderately so

4= very much so

I am happy.

1= not at all

2= somewhat

3= moderately so

4= very much so

Agency Name: _____

Subject ID# _____

Date: _____

I have disturbing thoughts.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I lack self-confidence.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I feel secure.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I make decisions easily.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I feel inadequate.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I am content.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

Some unimportant thought runs through my mind and bothers me.

- 1= not at all
- 2= somewhat
- 3= moderately so
- 4= very much so

I take disappointments so keenly that I can't put them out of my mind.

- 1= not at all
- 2= somewhat

Agency Name: _____

Subject ID# _____

Date: _____

3= moderately so

4= very much so

I am a steady person.

1= not at all

2= somewhat

3= moderately so

4= very much so

I get in a state of tension or turmoil as I think over my recent concerns and interests.

1= not at all

2= somewhat

3= moderately so

4= very much so

END OF SURVEY

THANK YOU FOR YOUR TIME!!!

If any element of this survey caused significant distress, reach out to your primary counselor and/or a crisis line in your local area provided to you by the program for which you are engaged.

Please enter your email address for a chance to win a \$25 gift card.

Email your your survey packet to:
brenda.frye@tamucc.edu or mail it to:

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