



This is an emergency back-up for your online diary. If you have trouble accessing the online diary (and this happens very infrequently), please use this paper diary instead.

Also, please send us an email telling us what time you tried to access your diary, what error message you received, and what kind of computer (PC, Mac, tablet, phone, etc.) and internet browser (Explorer, Firefox, Chrome, etc.) you were using. We pass this information on to the technical staff so that they can troubleshoot problems.

**Date of this diary:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Time you are starting this diary:**\_\_\_\_\_

### **Goals and Strivings**

On this page we would like you to list today's "goals", that is, objectives that you worked towards today. This could be something that you were trying to do (e.g., "trying to be physically attractive") or something that you were trying to avoid (e.g., "trying to avoid being noticed by others"). Make your list by thinking about your behavior; that is, things you actually did today. Do not think about whether you were successful or not, but only about things you were trying to do. You may list as many or as few strivings and goals as you were trying to accomplish or attain today.

Make ratings for each of your goals.

Use the following scale:

- 1**                      **2**                      **3**                      **4**                      **5**  
*very little or*            *some or*                *a lot or*  
*not at all*                *somewhat*             *very much*

| List your goals from the previous page here: | How much do you pursue this goal because |   |   |  |                                     |  |  | How many minutes did you spend pursuing this goal today? |
|--|--|---|---|--|-------------------------------------|--|--|--|
|  | How committed are you to this goal?      | How important is this goal to you in your life? | How much does this goal compete for the same resources (e.g., time and energy) as your other goals? | of the enjoyment or stimulation that this goal provides you? | you really identify with this goal? | you would feel ashamed, guilty, or anxious if you did not? | someone else wants to you or the situation compels it? |  |
| 1.   |  |   |   |  |                                     |  |  |  |
| 2.   |  |   |   |  |                                     |  |  |  |
| 3.   |  |   |   |  |                                     |  |  |  |
| 4.   |  |   |   |  |                                     |  |  |  |
| 5.   |  |   |   |  |                                     |  |  |  |
| 6.   |  |   |   |  |                                     |  |  |  |
| 7.   |  |   |   |  |                                     |  |  |  |
| 8.   |  |   |   |  |                                     |  |  |  |
| 9.   |  |   |   |  |                                     |  |  |  |
| 10.  |  |   |   |  |                                     |  |  |  |
| 11.  |  |   |   |  |                                     |  |  |  |
| 12.  |  |   |   |  |                                     |  |  |  |

## **Physical Activities**

Please list physical activities (both occupational and recreational) that you performed today that increased your heart rate and/or caused you to sweat.

Make ratings for each of your activities.

Use the following scale:

- |                                      |          |                             |          |                               |
|--------------------------------------|----------|-----------------------------|----------|-------------------------------|
| <b>1</b>                             | <b>2</b> | <b>3</b>                    | <b>4</b> | <b>5</b>                      |
| <i>very little or<br/>not at all</i> |          | <i>some or<br/>somewhat</i> |          | <i>a lot or<br/>very much</i> |

| <b>How much did you engage in this activity because</b>           |  |   |  |  |   |
|---|--|---|--|--|---|
| <b>List your physical activities from the previous page here.</b> | of the enjoyment or stimulation that this activity provides you? | you really identify with this activity? | you would feel ashamed, guilty, or anxious if you did not? | someone else wants to you or the situation compels it? | How many <b>minutes</b> did you spend pursuing this activity today? |
| 1.  |  |   |  |  |   |
| 2.  |  |   |  |  |   |
| 3.  |  |   |  |  |   |
| 4.  |  |   |  |  |   |
| 5.  |  |   |  |  |   |
| 6.  |  |   |  |  |   |
| 7.  |  |   |  |  |   |
| 8.  |  |   |  |  |   |
| 9.  |  |   |  |  |   |
| 10.   |  |   |  |  |   |
| 11.   |  |   |  |  |   |
| 12.   |  |   |  |  |   |

**Mark or circle the responses that best reflect how you felt today.**

**Today I felt . . .**

1. Free to decide for myself

| Not at all               | A little bit             | Somewhat                 | Quite a bit              | Very much                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |

2. Competent and capable in my activities

| Not at all               | A little bit             | Somewhat                 | Quite a bit              | Very much                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |

3. Close and connected to others

| Not at all               | A little bit             | Somewhat                 | Quite a bit              | Very much                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |

**Today . . .**

1. I am content with the amount and type of things I did.

Not at all 1 2 3 4 5 6 7 Completely

2. I made good decisions about what type of activities and/or situations I put myself in.

Not at all 1 2 3 4 5 6 7 Completely

3. I was an active person and accomplished the goals I set out to do

Not at all 1 2 3 4 5 6 7 Completely

4. I did things even though they were hard because they fit in with my long-term goals for myself

Not at all 1 2 3 4 5 6 7 Completely

5. I did something that was hard to do but it was worth it.

Not at all 1 2 3 4 5 6 7 Completely

6. I structured my day's activities

Not at all 1 2 3 4 5 6 7 Completely

**Today,**

How would you rate your pain on average?.....

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| No pain                  |                          |                          |                          |                          |                          |                          |                          |                          |                          | Worst imaginable pain    |

|   | <b>Not at all</b>             | <b>A little bit</b>           | <b>Somewhat</b>               | <b>Quite a bit</b>            | <b>Very much</b>              |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| How much did pain interfere with your enjoyment of life?..... | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |

|  |                               |                               |                               |                               |                               |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| How much did pain interfere with your ability to concentrate?..... | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

|   |                               |                               |                               |                               |                               |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| How much did pain interfere with your day to day activities?..... | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

|  |                               |                               |                               |                               |                               |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| How much did pain interfere with your enjoyment of recreational activities?..... | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

|   |                               |                               |                               |                               |                               |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| How much did pain interfere with doing your tasks away from home (e.g., getting groceries, running errands)?..... | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|

|  | <b>Never</b>                  | <b>Rarely</b>                 | <b>Sometimes</b>              | <b>Often</b>                  | <b>Always</b>                 |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| How often did pain keep you from socializing with others?..... | <input type="checkbox"/><br>1 | <input type="checkbox"/><br>2 | <input type="checkbox"/><br>3 | <input type="checkbox"/><br>4 | <input type="checkbox"/><br>5 |

**Today,**

I felt fearful.

| Never                    | Rarely                   | Sometimes                | Often                    | Always                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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I found it hard to focus on anything other than my anxiety.

| Never                    | Rarely                   | Sometimes                | Often                    | Always                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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My worries overwhelmed me.

| Never                    | Rarely                   | Sometimes                | Often                    | Always                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

I felt uneasy.

| Never                    | Rarely                   | Sometimes                | Often                    | Always                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

I felt worthless.

| Never                    | Rarely                   | Sometimes                | Often                    | Always                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

I felt helpless.

| Never                    | Rarely                   | Sometimes                | Often                    | Always                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

I felt depressed.

| Never                    | Rarely                   | Sometimes                | Often                    | Always                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

I felt hopeless.

| Never                    | Rarely                   | Sometimes                | Often                    | Always                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---

I felt uneasy.

| Never                    | Rarely                   | Sometimes                | Often                    | Always                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**Today,**

I felt fatigued.

| Not at all               | A little bit             | Somewhat                 | Quite a bit              | Very much                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |

I had trouble starting things because I was tired.

| Not at all               | A little bit             | Somewhat                 | Quite a bit              | Very much                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |

How run-down did you feel on average?

| Not at all               | A little bit             | Somewhat                 | Quite a bit              | Very much                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |

How fatigued were you on average?

| Not at all               | A little bit             | Somewhat                 | Quite a bit              | Very much                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |

My mind was as sharp as usual.

| Not at all               | A little bit             | Somewhat                 | Quite a bit              | Very much                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |

My memory was as good as usual.

| Not at all               | A little bit             | Somewhat                 | Quite a bit              | Very much                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |

My thinking was as fast as usual.

| Not at all               | A little bit             | Somewhat                 | Quite a bit              | Very much                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |

I was able to keep track of what I was doing, even if I was interrupted.

| Not at all               | A little bit             | Somewhat                 | Quite a bit              | Very much                |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 5                        |

**Last night . . .**

|                                       | <b>Very poor</b>         | <b>Poor</b>              | <b>Fair</b>              | <b>Good</b>              | <b>Very good</b>         |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| My sleep quality was .....            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                       | <b>Not at all</b>        | <b>A little bit</b>      | <b>Somewhat</b>          | <b>Quite a bit</b>       | <b>Very much</b>         |
| My sleep was refreshing. ....         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I had a problem with my sleep .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I had difficulty falling asleep ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How many hours did you sleep last night? \_\_\_\_\_

Did you nap today, if so for how many hours and/or minutes? \_\_\_\_\_ hours \_\_\_\_\_ minutes

**Time you finished this diary: \_\_\_\_\_**

**Complete only on Diary Days 1, 7, 14**

**The following set of questions deals with how you feel about yourself and your life. Please remember that there are no right or wrong answers.**

| <i>Choose the number that best describes your present agreement or disagreement with each statement.</i>       | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|--|-------------------|-------------------|-------------------|----------------|----------------|----------------|
| 1. Most people see me as loving and affectionate.  | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 2. In general, I feel I am in charge of the situation in which I live.   | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 3. I feel good when I think of what I've done in the past and what I hope to do in the future.                 | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 4. When I look at the story of my life, I am pleased with how things have turned out.                          | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 5. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.      | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 6. In general, I feel that I continue to learn more about myself as time goes by.                              | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 7. In general, I feel confident and positive about myself.   | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 8. My decisions are not usually influenced by what everyone else is doing.                                     | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 9. I enjoy personal and mutual conversations with family members or friends.                                   | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 10. I am quite good at managing the many responsibilities of my daily life.                                    | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 11. I have a sense of direction and purpose in life.   | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 12. It is important to me to be a good listener when close friends talk to me about their problems.            | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 13. Being happy with myself is more important to me than having others approve of me.                          | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 14. I think it is important to have new experiences that challenge how you think about yourself and the world. | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 15. I like most aspects of my personality.   | 1                 | 2                 | 3                 | 4              | 5              | 6              |

| <i>Choose the number that best describes your present agreement or disagreement with each statement.</i> | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|--|-------------------|-------------------|-------------------|----------------|----------------|----------------|
| 16. If I were unhappy with my living situation, I would take effective steps to change it.               | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 17. I feel like I get a lot out of my friendships.   | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 18. People rarely talk to me into doing things I don't want to do.                                       | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 19. I enjoy making plans for the future and working to make them a reality.                              | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 20. For the most part, I am proud of who I am and the life I lead.                                       | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 21. People would describe me as a giving person, willing to share my time with others.                   | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 22. I have confidence in my opinions, even if they are contrary to the general consensus.                | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 23. I have a sense that I have developed a lot as a person over time.                                    | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 24. I am an active person in carrying out the plans I set for myself.                                    | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 25. For me, life has been a continuous process of learning, changing, and growth.                        | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 26. I know that I can trust my friends, and they know they can trust me.                                 | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 27. I am not the kind of person who gives in to social pressures to think or act in certain ways.        | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 28. My aims in life have been more a source of satisfaction than frustration to me.                      | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 29. My friends and I sympathize with each other's problems.  | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 30. I judge myself by what I think is important, not by the values of what others think is important.    | 1                 | 2                 | 3                 | 4              | 5              | 6              |
| 31. I have been able to build a home and a lifestyle for myself that is much to my liking.               | 1                 | 2                 | 3                 | 4              | 5              | 6              |

**Complete only on Diary Days 1, 7, 14**

- |   |     |    |
|---|-----|----|
| 1. Are you basically satisfied with your life?                                    | Yes | No |
| 2. Have you dropped many of your activities and interests?                        | Yes | No |
| 3. Do you feel that your life is empty?   | Yes | No |
| 4. Do you often get bored?  | Yes | No |
| 5. Are you hopeful about the future?  | Yes | No |
| 6. Are you bothered by thoughts you can't get out of your head?                   | Yes | No |
| 7. Are you in good spirits most of the time?                                      | Yes | No |
| 8. Are you afraid that something bad is going to happen to you?                   | Yes | No |
| 9. Do you feel happy most of the time?  | Yes | No |
| 10. Do you often feel helpless?   | Yes | No |
| 11. Do you often get restless and fidgety?  | Yes | No |
| 12. Do you prefer to stay at home, rather than going out<br>and doing new things? | Yes | No |
| 13. Do you frequently worry about the future?                                     | Yes | No |
| 14. Do you feel you have more problems with memory than most?                     | Yes | No |
| 15. Do you think it is wonderful to be alive now?                                 | Yes | No |
| 16. Do you often feel downhearted and blue?                                       | Yes | No |
| 17. Do you feel pretty worthless the way you are now?                             | Yes | No |
| 18. Do you worry a lot about the past?  | Yes | No |
| 19. Do you find life very exciting?   | Yes | No |
| 20. Is it hard for you to get started on new projects?                            | Yes | No |
| 21. Do you feel full of energy?   | Yes | No |
| 22. Do you feel that your situation is hopeless?                                  | Yes | No |
| 23. Do you think that most people are better off than you are?                    | Yes | No |
| 24. Do you frequently get upset over little things?                               | Yes | No |
| 25. Do you frequently feel like crying?   | Yes | No |
| 26. Do you have trouble concentrating?  | Yes | No |
| 27. Do you enjoy getting up in the morning?                                       | Yes | No |
| 28. Do you prefer to avoid social gatherings?                                     | Yes | No |
| 29. Is it easy for you to make decisions?   | Yes | No |
| 30. Is your mind as clear as it used to be?                                       | Yes | No |

Indicate how much you agree with each of the following statements, using the following scale:

|  | <b>1</b>                 | <b>2</b> | <b>3</b> | <b>4</b>              | <b>5</b> |  |
|--|--------------------------|----------|----------|-----------------------|----------|--|
|  | <b>strongly disagree</b> |          |          | <b>strongly agree</b> |          |  |
| 1. In uncertain times, I usually expect the best.                | 1                        | 2        | 3        | 4                     | 5        |  |
| 2. It is easy for me to relax.                                   | 1                        | 2        | 3        | 4                     | 5        |  |
| 3. If something can go wrong for me, it will.                    | 1                        | 2        | 3        | 4                     | 5        |  |
| 4. I'm always optimistic about my future.                        | 1                        | 2        | 3        | 4                     | 5        |  |
| 5. I enjoy my friends a lot.                                     | 1                        | 2        | 3        | 4                     | 5        |  |
| 6. It's important for me to keep busy.                           | 1                        | 2        | 3        | 4                     | 5        |  |
| 7. I hardly ever expect things to go my way.                     | 1                        | 2        | 3        | 4                     | 5        |  |
| 8. I don't get upset too easily.                                 | 1                        | 2        | 3        | 4                     | 5        |  |
| 9. I rarely count on good things happening to me.                | 1                        | 2        | 3        | 4                     | 5        |  |
| 10. Overall, I expect more good things to happen to me than bad. | 1                        | 2        | 3        | 4                     | 5        |  |

Using this scale, please indicate how much each of the following statements reflects how you typically are:

|   | <i>Not at all</i> | 1 | 2 | 3 | 4 | 5 | <i>Very much</i> |
|---|-------------------|---|---|---|---|---|------------------|
| 1. I am good at resisting temptation.                 | 1                 | 2 | 3 | 4 | 5 |   |                  |
| 2. I never allow myself to lose control.              | 1                 | 2 | 3 | 4 | 5 |   |                  |
| 3. People can count on me to keep on schedule.        | 1                 | 2 | 3 | 4 | 5 |   |                  |
| 4. I eat healthy foods.                               | 1                 | 2 | 3 | 4 | 5 |   |                  |
| 5. I refuse things that are bad for me.               | 1                 | 2 | 3 | 4 | 5 |   |                  |
| 6. I keep everything neat.                            | 1                 | 2 | 3 | 4 | 5 |   |                  |
| 7. I am reliable.                                     | 1                 | 2 | 3 | 4 | 5 |   |                  |
| 8. People would say that I have iron self-discipline. | 1                 | 2 | 3 | 4 | 5 |   |                  |
| 9. I'm not easily discouraged.                        | 1                 | 2 | 3 | 4 | 5 |   |                  |
| 10. I engage in healthy practices.                    | 1                 | 2 | 3 | 4 | 5 |   |                  |