

Client ID# _____ Date _____

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 ...

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