

Name \_\_\_\_\_

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

### VALUING QUESTIONNAIRE

Please read each statement carefully and then circle the number which best describes how much the statement was true for you DURING THE PAST WEEK, INCLUDING TODAY.

	0	1	2	3	4	5	6	
	Not at all true							Completely true
1) I spent a lot of time thinking about the past or future, rather than being engaged in activities that mattered to me	0	1	2	3	4	5	6	_____
2) I was basically on "auto-pilot" most of the time	0	1	2	3	4	5	6	_____
3) I worked toward my goals even if I didn't feel motivated to	0	1	2	3	4	5	6	_____
4) I was proud about how I lived my life	0	1	2	3	4	5	6	_____
5) I made progress in the areas of my life I care most about	0	1	2	3	4	5	6	_____
6) Difficult thoughts, feelings or memories got in the way of what I really wanted to do	0	1	2	3	4	5	6	_____
7) I continued to get better at being the kind of person I want to be	0	1	2	3	4	5	6	_____
8) When things didn't go according to plan, I gave up easily	0	1	2	3	4	5	6	_____
9) I felt like I had a purpose in life	0	1	2	3	4	5	6	_____
10) It seemed like I was just 'going through the motions', rather than focusing on what was important to me	0	1	2	3	4	5	6	_____

Progress: \_\_\_\_\_  
Obstruction: \_\_\_\_\_