

Center for Mindfulness in Medicine, Health Care and Society UMASS Medical School Baseline Questionnaire

Please complete the survey below.

Thank you!

Email

What class are you taking?

- ☐ (MBSR) Mindfulness Based Stress Reduction
- ☐ (MBCT) Mindfulness Based Cognitive Therapy
- ☐ Cooper Beach
- ☐ Mass Mutual

First Name

Middle Initial

Last Name

What is your home address?

House Number and Street

Apt #

City

State

Zip code

Today's date (Hit the "today" button)

What is your birth date?

What is your sex?

- ☐ Male
☐ Female

What is your race? If you are of more than one race,
you may fill in more than one.

- ☐ White
☐ Black or African American
☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander
☐ Other

Other: Please specify

Are you of Hispanic, Latino or Spanish origin?

- ☐ Yes
☐ No

What is your marital status?

- ☐ Living with a partner
☐ Married
☐ Never Married
☐ Separated
☐ Divorced
☐ Widowed

What is the highest level of education you have
completed?

- ☐ Never attended school or only attended kindergarten
☐ Grades 1 through 8 (Elementary)
☐ Grades 9 through 11 (Some high school)
☐ Grades 12 or GED (High school graduate)
☐ College 1 year to 3 years (Some college or
technical school)
☐ College 4 years or more (College graduate)
☐ Master's degree (MBA or equivalent)
☐ ABD option (all but dissertation)
☐ Doctoral Degree (e.g PhD or equivalent)

What is your employment status?

- ☐ Full-time (35 or more hours per week)
☐ Part-time (less than 35 hours per week)
☐ Unemployed less than one month
☐ Unemployed greater than one month
☐ Never employed
☐ Not in labor force (student, housewife, retired,
disabled)

What is your (approximate) total household income?

- ☐ Less than \$25,000
☐ \$25,000 - \$45,000
☐ \$45,001 - \$70,000
☐ \$70,001 - \$100,000
☐ \$100,001 - \$125,000
☐ Greater than \$125,000
☐ Don't know
☐ Prefer not to answer

Do you currently own or rent your primary residence?

- ☐ Own
- ☐ Rent
- ☐ Other arrangement

Do you currently live with anyone? Please check all that apply.

- ☐ None
- ☐ Spouse
- ☐ Domestic Partner
- ☐ Children
- ☐ Parents
- ☐ Friends
- ☐ Other Relatives

How many years have you lived in your current neighborhood?

In the last 6 months have you moved or relocated?

- ☐ Yes
- ☐ No

13. How do you usually travel to work most often? (Check one only)

- ☐ Driving by yourself
- ☐ Driving/riding in a car with another person (not including taxi)
- ☐ Using public transportation (bus, subway, shuttles)
- ☐ Taking a cab or taxi
- ☐ Riding shuttles for senior citizens or disabled
- ☐ Biking
- ☐ Walking
- ☐ Work from home
- ☐ Other, please explain

Other, please explain

When traveling to work with your usual mode of transportation, how many minutes does it take for you to travel one way from your home to work? (Check one only)

- ☐ < 5 minutes
- ☐ 5-10 minutes
- ☐ 11-20 minutes
- ☐ 21-30 minutes
- ☐ > 30 minutes

What is your main reason for participating in the Stress Reduction Program? (Check ONLY ONE)

- ☐ Reduce Stress
- ☐ Improve Quality of Life
- ☐ Become More Mindful
- ☐ Reduce Anxiety
- ☐ Professional Interest
- ☐ Improve a Physical Health Problem
- ☐ Reduce Depression
- ☐ Improve Concentration and Focus
- ☐ Improve Sleep
- ☐ Adjust to Life Changes
- ☐ Cope with Pain
- ☐ Other

You chose [reason_for_participating] as your main reason for participating in the Stress Reduction Program. How much does this affect your life right now?

- ☐ Not at all
- ☐ Not much
- ☐ Neutral
- ☐ Somewhat
- ☐ Very Much

Other, Specify

What are your other reasons for participating in the Stress Reduction Program? (Check all that apply)

- ☐ Reduce Stress
- ☐ Improve Quality of Life
- ☐ Become More Mindful
- ☐ Reduce Anxiety
- ☐ Professional Interest
- ☐ Improve a Physical Health Problem
- ☐ Reduce Depression
- ☐ Improve Concentration and Focus
- ☐ Improve Sleep
- ☐ Adjust to Life Changes
- ☐ Cope with Pain
- ☐ Other

Other, Specify

SMOKING

Do you smoke cigarettes now?

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

How many cigarettes per day do you smoke (One pack equals 20 cigarettes)

- ☐ Number of cigarettes (please answer next question)
- ☐ I do not know
- ☐ I prefer not to answer

Number of cigarettes

Height and Weight (BODY MASS INDEX)

About how much do you weigh in pounds without shoes?

About how tall are you without shoes in inches?

BLOOD PRESSURE

Have you EVER been told by a doctor or other health professional that you had high blood pressure (also called hypertension)?

- ☐ No
- ☐ Yes
- ☐ I do not know
- ☐ I prefer not to answer

Were you told that you had high blood pressure ONLY during pregnancy?

- ☐ No
- ☐ Yes
- ☐ I do not know
- ☐ I prefer not to answer

Have you been told on two or more DIFFERENT visits to a doctor or other health professional that you had high blood pressure (also called hypertension)?

- ☐ No
- ☐ Yes
- ☐ I do not know
- ☐ I prefer not to answer

Blood cholesterol is a fatty substance found in the blood. Have you EVER been told by a doctor or other health professional that your cholesterol level was high?

- ☐ No
- ☐ Yes
- ☐ I do not know
- ☐ I prefer not to answer

DIABETES

Have you EVER been told by a doctor or health professional that you have diabetes?

- ☐ No
- ☐ Yes
- ☐ I do not know
- ☐ I prefer not to answer

Were you told that you have diabetes ONLY during pregnancy (known as "gestational diabetes")?

- ☐ No
- ☐ Yes
- ☐ I do not know
- ☐ I prefer not to answer

The next set of questions ask about foods you usually eat or drink. For each food, please place an X in the box (e.g. ?) for the answer that best matches how often you eat or drink it. Remember to count fruit or vegetables that were part of another dish, like a banana on cereal or vegetables in a stew. Also, please pay attention to the serving sizes. Please Include all foods you eat, both at home and away from home.

	Never or less than 1 per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	More than 5 per day	I don't know	I prefer not to answe r
Fruit (not including fruit juice. A serving = 1 piece, or 1/2 grapefruit, or 1/2 cup berries)	<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"/>
Vegetables - raw and cooked (1/2 cup), including mixed dishes such as soups, casseroles and lasagna. Do not include potatoes	<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"/>
Regular soft drinks (including caffeine free, but NOT including diet colas) (consider the serving size as 1 glass, bottle or can)	<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"/>

PHYSICAL ACTIVITY

Please answer the following questions even if you do not consider yourself to be an active person.

In the following questions:

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal.

Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal

During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? Think about only those physical activities that you did for at least 10 minutes at a time

- ☐ Number of days per week (please answer the next question)
☐ None
☐ I do not know
☐ I prefer not to answer

Number of days during the last 7 days doing vigorous physical activity

How much time on average did you usually spend on one of those days doing vigorous physical activities?

- ☐ Number of minutes (please answer the next question)
☐ I do not know
☐ I prefer not to answer

Number of minutes on average did you usually spend on one of those days doing vigorous physical activities

Again, think only about those physical activities that you did for at least 10 minutes at a time. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

- ☐ Number of days per week (please answer the next question)
☐ None
☐ I do not know
☐ I prefer not to answer

Number of days during the last 7 days doing moderate physical activity

How much time in total did you usually spend on one of those days doing moderate physical activity

- ☐ Number of minutes (please answer the next question)
☐ I do not know
☐ I prefer not to answer

Number of minutes in total did you usually spend on one of those day doing moderate physical activity

During the last 7 days, on how many days did you walk for at least 10 minutes at a time? This includes walking at work and at home, walking to travel from place to place, and any other walking that you did solely for recreation, sport, exercise or leisure

- ☐ Number of days (please answer the next question)
☐ None
☐ I do not know
☐ I prefer not to answer

Number of days walking during the last 7 days for at least 10 minutes at a time

How much time on average did you usually spend walking on one of those days

- ☐ Number of minutes (please answer the next question)
☐ I do not know
☐ I prefer not to answer

Number of minutes spent walking on average on one of those days

This question is about the time you spent sitting on weekdays while at work, at home, while doing course work and during leisure time. This includes time spent sitting at a desk, visiting friends, reading traveling on a bus or sitting or lying down to watch television. During the last 7 days, how much time in total did you usually spend sitting on a weekday?

Number of minutes during the last 7 days in TOTAL did you spend sitting on a weekday

In general, how satisfied are you with your life?

- ☐ Number of minutes (please answer the next question)
- ☐ None
- ☐ I do not know
- ☐ I prefer not to answer

-
- ☐ Very dissatisfied
 - ☐ Dissatisfied
 - ☐ Satisfied
 - ☐ Very Satisfied

Please read each statement carefully before answering. Then, indicate how often you behave in the stated manner.

	Almost never 1	2	3	4	Almost always 5
When I fail at something important to me, I become consumed by feelings of inadequacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to be understanding and patient towards those aspects of my personality I don't like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When something painful happens, I try to take a balanced view of the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I'm feeling down, I tend to feel like most other people are probably happier than I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to see my failings as part of the human condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I'm going through a very hard time, I give myself the caring and tenderness I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When something upsets me, I try to keep my emotions in balance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I fail at something that's important to me, I tend to feel alone in my failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I'm feeling down, I tend to obsess and fixate on everything that's wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm disapproving and judgmental about my own flaws and inadequacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm intolerant and impatient towards those aspects of my personality I don't like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a collection of statements about your everyday experience. Using the scale below, please indicate, in the box to the right of each statement, how frequently or infrequently you have had each experience in the last WEEK. Please answer according to what really reflects your experience rather than what you think your experience should be

	never or very rarely true	not often true	sometimes true sometimes not true	often true	very often or always true
I'm good at finding the words to describe my feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily put my beliefs, opinions, and expectations into words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I watch my feelings without getting carried away by them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tell myself that I shouldn't be feeling the way I'm feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's hard for me to find the words to describe what I'm thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I pay attention to physical experiences, such as the wind in my hair or sun on my face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make judgments about whether my thoughts are good or bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to stay focused on what's happening in the present moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I have distressing thoughts or images, I don't let myself be carried away by them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally, I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I feel something in my body, it's hard for me to find the right words to describe it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a collection of statements about your everyday experience. Please indicate how frequently or infrequently you have had each experience in the last WEEK. Please answer according to what really reflects your experience rather than what you think your experience should be

	never or very rarely true	not often true	sometimes true sometimes not true	often true	very often or always true
It seems I am "running on automatic" without much awareness of what I'm doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I have distressing thoughts or images, I feel calm soon after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I tell myself I shouldn't be thinking the way I'm thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I notice the smells and aromas of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even when I'm feeling terribly upset, I can find a way to put it into words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I rush through activities without being really attentive to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Usually when I have distressing thoughts or images I can just notice them without reacting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think some of my emotions are bad or inappropriate and I shouldn't feel them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When I have distressing thoughts or images, I just notice them and let them go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do jobs or tasks automatically without being aware of what I am doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find myself doing things without paying attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I disapprove of myself when I have illogical ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The questions in this scale ask you about your feelings and thoughts during the last WEEK. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
In the last week, how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last week, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last week, how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last week, how often have you felt difficulties were piling up so high you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please respond to each question or statement by marking one box per row.

PHYSICAL FUNCTION

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
Are you able to do chores such as vacuuming or yard work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to go up and down stairs at a normal pace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to go for a walk of at least 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to run errands and shop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anxiety**In the past 7 days...**

	Never	Rarely	Sometimes	Often	Always
I felt fearful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found it hard to focus on anything other than my anxiety.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My worries overwhelmed me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt uneasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Depression**In the past 7 days ...**

	Never	Rarely	Sometimes	Often	Always
I felt worthless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt helpless...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt hopeless...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fatigue**In the past 7 days....**

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I feel fatigued....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had trouble starting things because I was tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How run-down did you feel on average?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How fatigued were you on average?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sleep Disturbance
In the past 7 days....

	Very poor	Poor	Fair	Good	Very Good
My sleep quality was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past 7 days

	Not at all	A little bit	Somewhat	Quite a bit	Very much
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"/>

Satisfaction with Social Role**In the past 7 days ...**

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I am satisfied with how much work I can do (include work at home)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my ability to work (include work at home)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my ability to do regular personal and household responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with my ability to perform my daily routine ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pain impact

	Not at all	A little bit	Somewhat	Quite a bit	Very much
How much did pain interfere with your day to day activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much did pain interfere with work around the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much did pain interfere with your ability to participate in social activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much did pain interfere with your enjoyment of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pain Intensity
In the past 7 days....

	0 (no pain)	1	2	3	4	5	6	7	8	9	10 (worst imagin able pain)
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"/>

Please answer the questions below.

	True	False
When I feel anxious, I find myself eating.	<input type="checkbox"/>	<input type="checkbox"/>
Since my weight goes up and down, I have gone on reducing diets more than once.	<input type="checkbox"/>	<input type="checkbox"/>
When I feel blue, I often overeat.	<input type="checkbox"/>	<input type="checkbox"/>
When I feel lonely, I console myself by eating.	<input type="checkbox"/>	<input type="checkbox"/>
While on a diet, if I eat a food that is not allowed, I often then splurge and eat other high calorie foods	<input type="checkbox"/>	<input type="checkbox"/>
Do you eat sensibly in front of others and splurge alone?	<input type="checkbox"/>	<input type="checkbox"/>
Do you go on eating binges even though you are not hungry?	<input type="checkbox"/>	<input type="checkbox"/>

To what extent does the following statement describe your eating behavior? "I start dieting in the morning, but because of any number of things that happen during the day, by evening I have given up and eat what I want, promising myself to start dieting again tomorrow."

- ☐ rarely
- ☐ sometimes
- ☐ usually
- ☐ always

We are interested in your recent experiences. Below is a list of things that people sometimes experience. Next to each item are five choices: "never", "rarely", "sometimes", "often", and "all the time". Please fill in one of these to indicate how much you currently have experiences similar to those described. Please do not spend too long on each item-it is your first response that we are interested in.

	Never	Rarely	Sometimes	Often	All the time
I can actually see that I am not my thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can separate myself from my thoughts and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can slow my thinking at times of stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I notice that I don't take difficulties so personally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am consciously aware of a sense of my body as a whole.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I view things from a wider perspective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can take time to respond to difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can observe unpleasant feelings without being drawn into them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the sense that I am fully aware of what is going on around me and inside me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can treat myself kindly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am better able to accept myself as I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The last 13 questions have statements about tendencies that people have. For each item, there is a particular statement, followed by 3 response options.

We would like for you to choose one statement that is most true for you

AND

one statement that is least true for you

The first question is on the next page.

If I were to plan a party ...

	Most true for you	Least true for you
I would want it to be high energy with lots of people.	<input type="checkbox"/>	<input type="checkbox"/>
I would only want certain people there.	<input type="checkbox"/>	<input type="checkbox"/>
it would be last minute and freeform.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

When it comes to cleaning my room, I ...

	Most true for you	Least true for you
take pride in making things look great.	<input type="checkbox"/>	<input type="checkbox"/>
quickly notice problems, imperfections or untidiness.	<input type="checkbox"/>	<input type="checkbox"/>
don't tend to notice or get bothered by clutter.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

I prefer to make my living space...

	Most true for you	Least true for you
organized.	<input type="checkbox"/>	<input type="checkbox"/>
creative chaos.	<input type="checkbox"/>	<input type="checkbox"/>
beautiful.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

When doing my job I like to...

	Most true for you	Least true for you
consider future possibilities/wonder about the best way forward.	<input type="checkbox"/>	<input type="checkbox"/>
be passionate and energetic.	<input type="checkbox"/>	<input type="checkbox"/>
make sure everything is accurate.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

When talking to other people, I might come across as ...

	Most true for you	Least true for you
affectionate.	<input type="checkbox"/>	<input type="checkbox"/>
philosophical.	<input type="checkbox"/>	<input type="checkbox"/>
realistic	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

The disadvantage of my clothing style is that it may be ...

	Most true for you	Least true for you
unimaginative.	<input type="checkbox"/>	<input type="checkbox"/>
mismatched or uncoordinated.	<input type="checkbox"/>	<input type="checkbox"/>
decadent.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

In general, I carry myself ...

	Most true for you	Least true for you
aimlessly.	<input type="checkbox"/>	<input type="checkbox"/>
briskly.	<input type="checkbox"/>	<input type="checkbox"/>
buoyantly.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

My room is ...

	Most true for you	Least true for you
neatly arranged.	<input type="checkbox"/>	<input type="checkbox"/>
messy.	<input type="checkbox"/>	<input type="checkbox"/>
richly decorated.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

Generally, I tend to ...

	Most true for you	Least true for you
be in my own world.	<input type="checkbox"/>	<input type="checkbox"/>
have a strong desire for things.	<input type="checkbox"/>	<input type="checkbox"/>
be critical but clear thinking.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

At school, I might have been known for ...

	Most true for you	Least true for you
having lots of friends.	<input type="checkbox"/>	<input type="checkbox"/>
being intellectual.	<input type="checkbox"/>	<input type="checkbox"/>
day-dreaming.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

I usually wear clothes in a way that is ...

	Most true for you	Least true for you
carefree.	<input type="checkbox"/>	<input type="checkbox"/>
fashionable and attractive.	<input type="checkbox"/>	<input type="checkbox"/>
neat and orderly.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

I come across as ...

	Most true for you	Least true for you
thoughtful.	<input type="checkbox"/>	<input type="checkbox"/>
absent-minded.	<input type="checkbox"/>	<input type="checkbox"/>
affectionate.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select TWO unique responses. (Push reset to clear one of the values)

When other people are enthusiastic about something, I ...

	Most true for you	Least true for you
jump on board and want to get involved.	<input type="checkbox"/>	<input type="checkbox"/>
might be skeptical of it.	<input type="checkbox"/>	<input type="checkbox"/>
go off on tangents.	<input type="checkbox"/>	<input type="checkbox"/>

It appears that you have answered all three of the questions or given the same response twice. Please only select **TWO** unique responses. (Push reset to clear one of the values)