

## Mindful Attention Awareness Scale Day-to-Day Experiences

**Instructions:** Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what *really reflects* your experience rather than what you think your experience should be. Please treat each item separately from every other item.

1	2	3	4	5	6
Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	Almost Never

I could be experiencing some emotion and not be conscious of it until some time later.	1	2	3	4	5	6
	insert answer in box provided					
I break or spill things because of carelessness, not paying attention, or thinking of something else.	1	2	3	4	5	6
I find it difficult to stay focused on what's happening in the present.	1	2	3	4	5	6
I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.	1	2	3	4	5	6
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	1	2	3	4	5	6
I forget a person's name almost as soon as I've been told it for the first time.	1	2	3	4	5	6
It seems I am "running on automatic," without much awareness of what I'm doing.	1	2	3	4	5	6
I rush through activities without being really attentive to them.	1	2	3	4	5	6
I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.	1	2	3	4	5	6
I do jobs or tasks automatically, without being aware of what I'm doing.	1	2	3	4	5	6
I find myself listening to someone with one ear, doing something else at the same time.	1	2	3	4	5	6

1	2	3	4	5	6
Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	Almost Never

	insert answer in box provided					
I drive places on 'automatic pilot' and then wonder why I went there.	1	2	3	4	5	6
I find myself preoccupied with the future or the past.	1	2	3	4	5	6
I find myself doing things without paying attention.	1	2	3	4	5	6
I snack without being aware that I'm eating.	1	2	3	4	5	6

### MAAS Scoring

To score the scale, simply compute a mean of the 15 items. Higher scores reflect higher levels of dispositional mindfulness.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### The Self Evaluation of Breathing Questionnaire

Scoring: (0) never/not true at all; (1) occasionally/a bit true; (2) frequently-mostly true; and, (3) very frequently/very true:

		0	1	2	3
1.	I get easily breathless out of proportion to my fitness				
2.	I notice myself breathing shallowly				
3.	I get short of breath reading and talking				
4.	I notice myself sighing				
5.	I noticing myself yawning				
6.	I feel I cannot get a deep or satisfying breath				
7.	I notice that I am breathing irregularly				
8.	My breathing feels stuck or restricted				
9.	My ribcage feels tight and cannot expand				
10.	I notice myself breathing quickly				
11.	I get breathless when I'm anxious				
12.	I find myself holding my breath				
13.	I feel breathless in association with other physical symptoms				
14.	I have trouble coordinating my breathing when I am speaking				
15.	I can't catch my breath				
16.	I feel that the air is stuffy, as if not enough air in the room				
17.	I get breathless even when I am resting				
18.	My breath feels like it does not go in all the way				
19.	My breath feels like it does not go out all the way				
20.	My breathing is heavy				
21.	I feel that I am breathing more				
22.	My breathing requires work				
23.	My breathing requires effort				
24.	I find myself breathing through my mouth during the day				
25.	I breathe through my mouth at night while I sleep				
<b>TOTAL</b>					

Clinician's Name: \_\_\_\_\_ Supervising Physician: \_\_\_\_\_

Clinician's Signature: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

## Almost Perfect Scale-Revised Instructions

The following statements are designed to measure people's attitudes toward themselves, their performance, and others. There is no right or wrong answer to any.

Respond to each with your first impression using the scale below to describe your degree of agreement with each.

Don't spend too much time on individual statements when responding.

When completed, refer to the scoring instructions on the sheet that follows.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Agree Slightly	Agree	Strongly Agree

1. I have high standards for my performance at work or at school.
2. I am an orderly person.
3. I often feel frustrated because I can't meet my goals.
4. Neatness is important to me.
5. If you don't expect much out of yourself, you will never succeed.
6. My best just never seems to be good enough for me.
7. I think things should be put away in their place.
8. I have high expectations of myself.
9. I rarely live up to my high standards.
10. I like to always be organized and disciplined.
11. Doing my best never seems to be enough.
12. I set very high standards for myself.
13. I am never satisfied with my accomplishments.
14. I expect the best from myself.
15. I often worry about not measuring up to my own expectations.
16. My performance rarely measures up to my standards.
17. I am not satisfied even when I know I have done my best.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Slightly Disagree	Neutral	Agree Slightly	Agree	Strongly Agree

18. I try to do my best at everything I do.

19. I am seldom able to meet my own high standards of performance.

20. I am hardly ever satisfied with my performance.

21. I hardly ever feel that what I've done is good enough.

22. I have a strong need to strive for excellence.

23. I often feel disappointment after completing a task because I know I could have done better.

(based on Slaney, Mobley, Trippi, Ashby, & Johnson, 1996, 2001)

## Scoring - APS-R

1. Total your response scores for items numbered 1, 5, 8, 12, 14, 18, 22.  
Max score is 49.
2. Total your response scores for items numbered = 2, 4, 7, 10.  
Max score is 28.
3. Total your response scores for items numbered =3, 6, 9, 11, 13, 15, 16, 17, 19, 20, 21, 23. Max score is 84.

If total score for #1 is 25 - 49 your responses are in the high end of the Standards Scale and indicates perfectionism.

If total score for #2 is 14 – 28 your responses are in the high end of the Order Scale, which indicates perfectionism.

If total score for #3 is 42 - 84 your responses are in the high end on the Discrepancy Scale  
A high rating for both #1 and #3, suggests your responses are in the maladaptive perfectionism range.

This is a guide only, as with all surveys there are variations to possible outcomes.

For ways to deal with problem perfectionism, see [A Perfectionist Guide to Freedom from 'not good enough'](#), an article from Heart of Substance at [imajnearth.com](http://imajnearth.com).

## About APS-R

The designers of APS-R (Slaney et al., 2001) consider Standards and Discrepancy as defining elements of perfectionism. High scores in Standards mean high expectations being set with a high need for excellence. This defines perfectionists, whether they are 'maladaptive' or 'adaptive'. A high score on the Discrepancy Scale combined with a high score in Standards is what indicates a maladaptive type of perfectionism. Maladaptive basically means less flexible to the point of frustration and inability to reach goals or just the continual 'not good enough'.

Slaney, R. B., Rice, K. G., Mobley, M., Trippi, J., & Ashby, J. S. (2001). The Revised Almost Perfect Scale. *Measurement and Evaluation in Counseling And Development*, 34(3), 130-145.

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### Nijmegen Questionnaire

Hyperventilation syndrome, reportedly affects between 4 – 10% of the general population. Some medical authorities suggest that this estimate is significantly low and under reported, possibly because it is greatly misunderstood. This is a simple questionnaire that can be used to determine your likelihood of hyperventilation syndrome. Simply check the appropriate box that best represents the frequency with which you experience the symptoms listed.

	<b>Never 0</b>	<b>Rare 1</b>	<b>Sometimes 2</b>	<b>Often 3</b>	<b>Very Often 4</b>
Chest pain					
Feeling tense					
Blurred vision					
Dizzy spells					
Feeling confused					
Faster or deeper breathing					
Short of breath					
Tight feeling in stomach					
Bloated feeling in stomach					
Tingling in fingers					
Unable to breathe deeply					
Tight feeling around the mouth					
Cold hands and feet					
Palpitations					
Feelings of anxiety					

Total Points: \_\_\_\_\_

Student Clinician: \_\_\_\_\_

Supervising Physician: \_\_\_\_\_

Clinician's Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

# PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING   0   +        +        +         
=Total Score:       

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

## Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
<b>Total Score (add your column scores) =</b>				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_

Somewhat difficult \_\_\_\_\_

Very difficult \_\_\_\_\_

Extremely difficult \_\_\_\_\_

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.