

ACT Self Evaluation Form

Clinic Use Only

ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NEWID	Acrostic <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date Distributed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> VISIT	Date Returned <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

Date form completed / /

1. A number of statements which people have used to describe themselves are given below. Please read each statement and put a check in the appropriate column to indicate how you *generally* feel. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer which seems to describe how you *generally* feel.

		Almost never	Sometimes	Often	Almost always
a.	I feel pleasant PLEASANT				
b.	I feel nervous and restless NERVOUS				
c.	I feel satisfied with myself SATISFY				
d.	I wish I could be as happy as others seem to be ASHAPPY				
e.	I feel like a failure FAILURE				
f.	I feel rested RESTED				
g.	I am "calm, cool, and collected" CALM				
h.	I feel that difficulties are piling up so that I cannot overcome them DIFFICUL				
i.	I worry too much over something that really doesn't matter WORRY				
j.	I am happy HAPPY				
k.	I have disturbing thoughts DISTURB				
l.	I lack self-confidence SELFCOND				
m.	I feel secure SECURE				
n.	I make decisions easily DECISION				
o.	I feel inadequate INADEQ				
p.	I am content CONTENT				
q.	Some unimportant thought run through my mind and bother me UNIMPORT				
r.	I take disappointments so keenly that I can't put them out of my mind DISAPP				
s.	I am a steady person STEADY				
t.	I get in a state of tension or turmoil as I think over my recent concerns and interests TENSION				

Acrostic

2. The following items are activities you might do during a typical day. In general during the past 4 weeks, did your health limit you in these activities? (Check the appropriate column for each activity).

		No, not limited <u>at all</u>	Yes, limited <u>a little</u>	Yes, limited <u>a lot</u>
a.	<u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports VIGOROUS			
b.	<u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf MODERATE			
c.	Lifting or carrying groceries LIFTING			
d.	Climbing <u>several</u> flights of stairs CLIMBSEV			
e.	Climbing <u>one</u> flight of stairs CLIMBONE			
f.	Bending, kneeling, or stooping BENDING			
g.	Walking <u>more than a mile</u> WALKMILE			
h.	Walking <u>several blocks</u> WALKSEV			
i.	Walking <u>one block</u> WALKONE			
j.	Bathing or dressing yourself BATHING			