APPENDIX

Positive and Negative Affect Scale for Children (PANAS-C)

This scale consists of a number of words that describe different feelings and emotions. Read each item and then circle the appropriate answer next to that word. Indicate to what extent you have felt this way during the past week.

1 = Very slightly  2 = A little  3 = Moderately  4 = Quite a bit  5 = Extremely

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Emotion Regulation Questionnaire

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:

1------------2------------3------------4------------5------------6------------7------------8
Strongly Agree Neutral Strongly Disagree

1. ____ When I want to feel more positive emotion (such as joy or amusement), I change what I’m thinking about.

2. ____ I keep my emotions to myself.

3. ____ When I want to feel less negative emotion (such as sadness or anger), I change what I’m thinking about.

4. ____ When I am feeling positive emotions, I am careful not to express them.

5. ____ When I am faced with a stressful situation, I make myself about it in a way that helps me stay calm.

6. ____ I control my emotions by not expressing them.

7. ____ When I want to feel more positive emotion, I change the way I’m thinking about the situation.

8. ____ I control my emotions by changing the way I think about the situation I’m in.

9. ____ When I am feeling negative emotions, I make sure not to express them.

10. ____ When I want to feel less negative emotion, I change the way I’m thinking about the situation.
Rosenberg Self-Esteem Scale

For the following statements, please circle the number which indicates how much you agree or disagree with the statement.

1. I feel that I am a person of worth, at least on an equal basis with others.
   1 – Strongly agree  2 – Agree  3 – Disagree  4 – Strongly Disagree

2. I feel that I have a number of good qualities.
   1 – Strongly agree  2 – Agree  3 – Disagree  4 – Strongly Disagree

3. All in all, I am inclined to feel that I am a failure.
   1 – Strongly agree  2 – Agree  3 – Disagree  4 – Strongly Disagree

4. I am able to do things as well as most other people.
   1 – Strongly agree  2 – Agree  3 – Disagree  4 – Strongly Disagree

5. I feel I do not have much to be proud of.
   1 – Strongly agree  2 – Agree  3 – Disagree  4 – Strongly Disagree

6. I take a positive attitude toward myself.
   1 – Strongly agree  2 – Agree  3 – Disagree  4 – Strongly Disagree

7. On the whole, I am satisfied with myself.
   1 – Strongly agree  2 – Agree  3 – Disagree  4 – Strongly Disagree

8. I wish I could have more respect for myself.
   1 – Strongly agree  2 – Agree  3 – Disagree  4 – Strongly Disagree

9. I certainly feel useless as times.
   1 – Strongly agree  2 – Agree  3 – Disagree  4 – Strongly Disagree

10. At times I think I am no good at all.
    1 – Strongly agree  2 – Agree  3 – Disagree  4 – Strongly Disagree
Adult ADHD Self-Report Scale (ASRS)

Please answer the questions below by circling the number that best reflects how you have felt and conducted yourself during the past week.

1 = Never  2 = Rarely  3 = Sometimes  4 = Often  5 = Very often

1) How often did you make careless mistakes while working on a boring or difficult project?

2) How often did you have difficulty keeping your attention while you were doing boring or repetitive work?

3) How often did you have difficulty concentrating on what people said to you, even when they were speaking to you directly?

4) How often did you have trouble wrapping up the fine details of a project, once the challenging parts were done?

5) How often did you have difficulty getting things in order when you had to do a task that required organization?

6) How often did you avoid or delay getting started when you had a task that required a lot of thought?

7) How often did you misplace or have difficulty finding things at home or at school?

8) How often were you distracted by noise around you?

9) How often did you have problems remembering appointments or obligations?
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