

Scale of Success

Developed by: Dr. Laurie Little, Clinical Psychologist



CLIENT:

DATE:

Please Circle how you have felt in the last 2 weeks.

1. I feel tired.

Strongly Disagree Disagree Neutral Agree Strongly Agree

2. I often eat even though I am not hungry.

Strongly Disagree Disagree Neutral Agree Strongly Agree

3. I find a way to make time for myself each week no matter what.

Strongly Disagree Disagree Neutral Agree Strongly Agree

4. I get a pretty good night's sleep most nights.

Strongly Disagree Disagree Neutral Agree Strongly Agree

5. I feel good most of the time about the choices I am making with my beverages.

Strongly Disagree Disagree Neutral Agree Strongly Agree

6. I have been getting annoyed with myself.

Strongly Disagree Disagree Neutral Agree Strongly Agree

7. I am a physically active person.

Strongly Disagree Disagree Neutral Agree Strongly Agree

8. I often feel like I could take a nap at anytime.

Strongly Disagree Disagree Neutral Agree Strongly Agree

9. On most days my mood is pretty good.

Strongly Disagree Disagree Neutral Agree Strongly Agree

10. I make it a point to create time just for myself each week.

Strongly Disagree Disagree Neutral Agree Strongly Agree