

OUT-OF-CONTROL SITUATIONS

SITUATIONS WHERE I FEEL "OUT OF CONTROL"*	INTENSITY RATING**	HOW I KNOW I FEEL OUT OF CONTROL	HOW I ACT WHEN I FEEL OUT OF CONTROL	HOW I WOULD LIKE TO ACT WHEN I FEEL OUT OF CONTROL***
1)				
2)				
3)				
4)				

*Induced by Construct 3 or Construct 4; i.e., what is the cause?

**Please rate the intensity of your feelings on a scale from 1 to 8: 1 = Extremely Low; 2 = Very Low; 3 = Moderately Low; 4 = Slightly Low; 5 = Slightly High; 6 = Moderately High; 7 = Very High; 8 = Extremely High.

***Choose from Scale 1 or Scale 2.

CONTROL PROFILE SPECIFIC - PART I BODY AND MIND

Below you will find several questions related to control of your body and your mind. Please rate your responses in general to each of the questions along each of the dimensions on the following ten-point scale.

- | | |
|-------------------|--------------------|
| 1. Extremely low | 6. Slightly high |
| 2. Very low | 7. Somewhat high |
| 3. Moderately low | 8. Moderately high |
| 4. Somewhat low | 9. Very high |
| 5. Slightly low | 10. Extremely high |

	1. Need for feeling in control.	2. Evidence of control; i.e., how much in control you are of this area.	3. How desirable or how important is it for you to be in control at this level?	3a. What would your ideal be here?	4. How vulnerable do you feel with respect to this level?	5. What is your hope for the possibility of being in control at this level?	6. What is your belief in the possibility of being in control; i.e., from real to ideal?
1. Body							
Eating							
Exercise							
Stress Mgt.							
Body sensations							
Muscular							
Tension							
Behavior:actions							
How you act							
Aging							
Illness							
Death							
2. Mind							
Thoughts: general							
Positive thoughts							
Negative thoughts							
Goal oriented							
Content Filled							
Happy							
Evil							
Feelings							
Positive emotions							
Negative emotions							
Happiness							
Anger							
Image							
Attention							
Holistic							
Precise							
3. Self or Ego							
High self-esteem							
Low self-esteem							

CONTROL PROFILE SPECIFIC - PART II: INTERPERSONAL PHYSICAL ENVIRONMENT

Below you will find several questions related to control of your interpersonal physical environment. Please rate your responses in general to each of the questions along each of the dimensions of the following ten-point scale.

- | | |
|-------------------|--------------------|
| 1. Extremely low | 6. Slightly high |
| 2. Very low | 7. Somewhat high |
| 3. Moderately low | 8. Moderately high |
| 4. Somewhat low | 9. Very high |
| 5. Slightly low | 10. Extremely high |

	1. Need for feeling in control.	2. Evidence of control; i.e., how much in control you are of this area.	3. How desirable or how important is it for you to be in control at this level?	3a. What would your ideal be here?	4. How vulnerable do you feel with respect to this level?	5. What is your hope for the possibility of being in control at this level?	6. What is your belief in the possibility of being in control; i.e. from real to ideal?
4. Professional Issues							
Job Maintenance							
Career Goals							
Status & Prestige							
Money							
5. Interpersonal Relationships							
Sexuality							
Intimacy w/a committed other							
With friends of the same sex							
With friends/opposite sex							
With children							
With family							
6. Political/Economic Events							
Inflation							
Nuclear proliferation							
Wars							
Disarmament							
7. Natural Disasters/Cosmic Events							
Earthquakes							
Meteors							
Earth Rotation							
8. Religious/Spiritual Issues							
Meaning in the World							
God							

