

Subject ID:

Roux, G.

Time: :

Inner Strength Form

Date: / /

Inner Strength Questionnaire

Instructions:

Circle one of the choices (5, 4, 3, 2, or 1) that corresponds with strongly agree, agree, slightly agree, disagree or strongly disagree.

Answer how you feel TODAY about YOUR HEALTH....

	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree
1. I tell myself I can do this.	5	4	3	2	1
2. I can change my attitude when I need to.	5	4	3	2	1
3. I believe I am a strong person.	5	4	3	2	1
4. I am determined to get well.	5	4	3	2	1
5. I believe I have inner strength.	5	4	3	2	1
6. I can decide what to do.	5	4	3	2	1
7. I have at least one person close to me.	5	4	3	2	1
8. I feel the presence of God or a Greater Source of Strength.	5	4	3	2	1
9. I put control of my life in God's or a Greater Power's hand.	5	4	3	2	1
10. I feel close to God or a Greater Source of Strength.	5	4	3	2	1
11. I pray for strength.	5	4	3	2	1
12. I express my fears to my God or a Greater Source of Strength.	5	4	3	2	1
13. I pray for others.	5	4	3	2	1
14. I worry about my health.	5	4	3	2	1
15. I am scared about the future.	5	4	3	2	1

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	Strongly Agree	Agree	Slightly Agree	Disagree	Strongly Disagree
16. When I first learned about my health problem, I was afraid of dying.	5	4	3	2	1
17. There are many times when I am afraid of dying.	5	4	3	2	1
18. I feel my situation is out of control.	5	4	3	2	1
19. I dwell on my illness.	5	4	3	2	1
20. When I first learned about my health problem, I felt afraid.	5	4	3	2	1
21. I can live with my physical limitations.	5	4	3	2	1
22. I stay active.	5	4	3	2	1
23. I spend time with my friends or family.	5	4	3	2	1
24. I try to balance work and play.	5	4	3	2	1
25. I take time for myself.	5	4	3	2	1
26. I try to rest my mind periodically.	5	4	3	2	1
27. I set aside time to relax.	5	4	3	2	1

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