Arizona Integrative Outcomes Scale

Please reflect on your **sense of well-being**, taking into account your physical, mental, emotional, social, and spiritual condition over the past month.

Use an **X** on the line to mark your answer to the question.

Mark the line below with an **X** at the point that summarizes your **overall sense of well-being** for the past month.



 Worst you have Best you have

 ever been ever been

**Brief Inventory of Thriving (BIT)**

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Su, R., Tay, L., & Diener, E. (in press). The development and validation of Comprehensive Inventory of Thriving (CIT) and Brief Inventory of Thriving (BIT). *Applied Psychology: Health and Well-being*.

**Please indicate your agreement or disagreement with each of the following statements using the scale below.**

1. **1  Strongly Disagree**
2. **2  Disagree**
3. **3  Neither Agree nor Disagree**
4. **4  Agree**
5. **5  Strongly Agree**
	1. My life has a clear sense of purpose
	2. I am optimistic about my future
	3. My life is going well
	4. I feel good most of the time
	5. What I do in life is valuable and worthwhile
	6. I can succeed if I put my mind to it
	7. I am achieving most of my goals
	8. In most activities I do, I feel energized
	9. There are people who appreciate me as a person
	10. I feel a sense of belonging in my community

**Rate your stress level for the past month on a scale of 0-10.** (0 = no stress;10 = most stress possible) \_\_\_\_\_\_

*This section is to be completed by the coach.*

Date Completed: \_\_\_\_\_\_\_\_\_\_\_

* Completed by client
* Completed by coach

Session # ­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_ (Prior to/during the 1st session & Prior to/during 8th session)