## \*\*\*\*\*\* CIS20R \*\*\*\*\*\*

## **Checklist Individual Strength**

Do not skip any statement and select only one answer per statement.

1.	I feel tired	yes, that is true	no, that is not true
2.	I feel very active	yes, that is true	no, that is
3.	Thinking requires effort	yes, that is true	no, that is
4.	Physically, I feel exhausted	yes, that is true	no, that is
5.	I feel like doing all kinds of nice things	yes, that is true	no, that is
6.	I feel fit	yes, that is true	no, that is
7.	I think I do a lot in a day	yes, that is true	no, that is not true
8.	When I am doing something, I can keep my thoughts on it	yes, that is true	no, that is
9.	I feel weak	yes, that is true	no, that is
10.	I think I do very little in a day	yes, that is true	no, that is
11.	I find it easy to concentrate	yes, that is true	no, that is
12.	I feel rested	yes, that is true	no, that is
13.	It takes a lot of effort to concentrate on things	yes, that is true	no, that is
14.	Physically I am in bad shape	yes, that is true	no, that is
15.	I have a lot of plans	yes, that is true	no, that is
16.	I tire easily	yes, that is true	no, that is
17.	I get little done	yes, that is true	no, that is
18.	I don't feel like doing anything	yes, that is true	no, that is
19.	My thoughts easily wander	yes, that is true	no, that is
20.	Physically I feel I am in good shape	yes, that	no, that is