

Iberville Parish Substance Abuse Center
Outpatient Treatment

Last Name, First Name	Date	Client Number

BELIEFS SURVEY

The following are statements you may or may not believe. Please rate them in the following manner:

5 = I believe this to **always be true.**

4 = I believe this to **true most of the time.**

3 = I believe this to **true some of the time.**

2 = I believe this to **almost never be true.**

1 = I believe this to **never be true.**

CIRCLE THE NUMBER THAT MOST ACCURATELY REFLECTS WHAT YOU BELIEVE.

1. [5 4 3 2 1] People will take advantage of me if I give them the chance.
2. [5 4 3 2 1] I should avoid unpleasant situations at all costs.
3. [5 4 3 2 1] I must not offend my supporter or someone who cares for me.
4. [5 4 3 2 1] It is important to do a perfect job on everything.
5. [5 4 3 2 1] I need to be in complete control of my emotions.
6. [5 4 3 2 1] If I want something I should do whatever is necessary to get it.
7. [5 4 3 2 1] Being controlled or dominated by others is intolerable.
8. [5 4 3 2 1] People often say one thing and mean something else.
9. [5 4 3 2 1] I cannot tolerate boredom.
10. [5 4 3 2 1] Other people are often too demanding.