

The flow state scale for occupational tasks

Please recall your experience of the task or activity you just completed and answer the following questions. There are no right or wrong answers, so please answer intuitively. For each question, circle the number (1-7) that best matches your experience.

Name _____

task/activity _____

Strongly disagree

Undecided

Strongly agree

1	I had a meaningful time.	1	2	3	4	5	6	7
2	I knew clearly what I wanted to do or what I should do at every moment.	1	2	3	4	5	6	7
3	I really enjoyed what I was doing.	1	2	3	4	5	6	7
4	My abilities matched the challenge of what I was doing.	1	2	3	4	5	6	7
5	I felt that I could deal with whatever might happen next.	1	2	3	4	5	6	7
6	It felt like time passed quickly.	1	2	3	4	5	6	7
7	It was easy to concentrate on what I was doing.	1	2	3	4	5	6	7
8	I was aware of how well the task was going.	1	2	3	4	5	6	7
9	The task was really boring.	1	2	3	4	5	6	7
10	I had a sense of great control over everything I was doing.	1	2	3	4	5	6	7
11	I lost track of time while doing the task.	1	2	3	4	5	6	7
12	I lost myself in doing the task.	1	2	3	4	5	6	7
13	I wanted to do it again.	1	2	3	4	5	6	7
14	I knew how well I was dealing with the task.	1	2	3	4	5	6	7