



Depression-Anxiety Assessment

Instructions: Read the following descriptive statements. Mark the answer that best fits how you respond:

(N) almost never, (R) rarely, (S) sometimes, (F) frequently, or (A) almost always.

For the most accurate results, ask one person from each major sphere of your life (i.e. home, work, social, church small group, etc...) to complete this survey on your behalf and compare results. If you are willing this is another effective way to begin to enlist those who know and love you to be part of your community of support.

A self-scoring on-line version of this evaluation can be found at: bradhambrick.com/depression.

1. Worry interferes with my job, activities, and social life.	N	R	S	F	A
2. When I begin to worry I have a difficult time changing my thoughts and mood.	N	R	S	F	A
3. When I begin to worry I reach stress levels that are significantly upsetting.	N	R	S	F	A
4. I worry about many different and unrelated things and usually expect the worst.	N	R	S	F	A
5. My anxiety has persisted almost daily for at least the last six months.	N	R	S	F	A
6. Uncertainty bothers me to the point it is hard to engage with daily activities.	N	R	S	F	A
7. I avoid important tasks or relationships because of a pervasive sense of worry.	N	R	S	F	A
8. My level of anxiety frequently results in body tension and / or headaches.	N	R	S	F	A
9. My level of anxiety frequently results in stomach problems, nausea, or diarrhea.	N	R	S	F	A
10. I have difficulty focusing or concentrating on others once I begin to worry.	N	R	S	F	A
11. My sense of down mood is generally proportional to negative life events.	N	R	S	F	A
12. My sense of down mood rebounds in a reasonable time frame after negative events.	N	R	S	F	A
13. I can adapt to major life transitions within a reasonable time of disoriented mood.	N	R	S	F	A
14. My sense of down mood does not cause me to pull away from friends or activities.	N	R	S	F	A
15. I can be discouraged about a failure or disappointment without feeling defined by it.	N	R	S	F	A
16. I have felt sad or empty most of the day, most every day for weeks.	N	R	S	F	A
17. I have lost the ability to enjoy things I would normally enjoy.	N	R	S	F	A
18. My sleep cycle is significantly disrupted; either over sleeping or insomnia.	N	R	S	F	A
19. When trying to do an activity I either feel fidgety or lethargic most of the time.	N	R	S	F	A
20. I feel tired and exhausted most of the time, even after I've slept.	N	R	S	F	A
21. I feel worthless and guilty even when I cannot identify a particular sin.	N	R	S	F	A
22. My thinking feels cloudy and distracted most of the day.	N	R	S	F	A
23. I have had thoughts of suicide or wishing I was dead.	N	R	S	F	A
24. My friends and family frequently comment that I seem down or not myself.	N	R	S	F	A
25. I notice myself avoiding people because conversation seems like a burden.	N	R	S	F	A
26. When my surroundings are dark and / or cold more than normal I experience a down mood.	N	R	S	F	A
27. I find my mood is considerably influenced by how much I am exposed to sunlight.	N	R	S	F	A
28. My down mood during winter months is not associated with unpleasant holiday associations.	N	R	S	F	A
29. My down mood during winter months is not associated with chronic pain exacerbation.	N	R	S	F	A
30. My down mood has proven to be significantly better during the Spring and Summer seasons.	N	R	S	F	A
31. I can identify a particular object, place, or activity that spikes my anxiety level.	N	R	S	F	A
32. My anxiety rapidly rises when I only think about this person, place, or activity.	N	R	S	F	A
33. I organize my life to ensure I avoid this person, place, or activity.	N	R	S	F	A
34. I recognize my fear of this person, place, or activity is excessive or unrealistic.	N	R	S	F	A
35. Recognizing that my fear is excessive or unrealistic does not diminish my fear.	N	R	S	F	A
36. I experience significant distress before or during meeting new people.	N	R	S	F	A
37. I experience significant distress in the hours and days before a social event.	N	R	S	F	A
38. I usually feel watched or judged when I am in a group of people.	N	R	S	F	A
39. When other people notice or joke with me I feel more than a little embarrassed.	N	R	S	F	A
40. I avoid social engagements to my own professional, emotional, or social detriment.	N	R	S	F	A
41. Sometimes my sense of happiness and hopefulness are excessive to my life circumstances.	N	R	S	F	A
42. I sometimes need very little sleep for days on end but still have elevated energy levels.	N	R	S	F	A

43. My sense of importance-ability sometimes become grandiose; my plans become unattainable.	N	R	S	F	A
44. There are times when I spend money, take risks, have sex, or use drugs erratically.	N	R	S	F	A
45. My speech patterns sometimes become very rapid and / or erratic as my thoughts race.	N	R	S	F	A
46. During an experience of anxiety my heart begins to beat rapidly and I experience chest pain.	N	R	S	F	A
47. During an experience of anxiety I have cold sweats and chills.	N	R	S	F	A
48. During an experience of anxiety I get shortness of breath and can hyperventilate.	N	R	S	F	A
49. During an experience of anxiety I have a sense of impending doom or death.	N	R	S	F	A
50. During an experience of anxiety I lose any sense of control over my thoughts or emotions.	N	R	S	F	A
51. When I remember a stressful event it feels like reliving more than remembering the event.	N	R	S	F	A
52. Things in my environment trigger intense memories of a stressful event.	N	R	S	F	A
53. I experience nightmares or flashbacks involving a particular stressful event.	N	R	S	F	A
54. I am unable to remember important aspects of a stressful event.	N	R	S	F	A
55. After a stressful event, I feel emotionally numb and detached from events or people.	N	R	S	F	A
56. After a stressful event, I have a limited sense of the future (i.e., loss of hope or success).	N	R	S	F	A
57. After a stressful event, I persistently scan my surroundings expecting a problem-threat.	N	R	S	F	A
58. After a stressful event, I notice my anger response is more easily triggered and more intense.	N	R	S	F	A
59. After a stressful event, I find it more difficult to fall or stay asleep.	N	R	S	F	A
60. After a stressful event, I am unable to enjoy things I normally enjoyed.	N	R	S	F	A
61. I have fears I know are irrational but still struggle to accept are untrue.	N	R	S	F	A
62. I obsessively feel dirty, contaminated, rejected by God, or like I may sin publicly.	N	R	S	F	A
63. I have fears rooted in superstition or an irrational "need" for symmetry.	N	R	S	F	A
64. I spend a great deal of time on compulsive habits to alleviate my obsessive fears.	N	R	S	F	A
65. I have begun to organize my day around my obsessive fears and compulsive habits.	N	R	S	F	A
66. I have a constant and nagging fear of losing my salvation.	N	R	S	F	A
67. I have a persistent fear that I have or will commit the unpardonable sin.	N	R	S	F	A
68. I restart my prayers if they are not 100% genuine or I have a bad thought while praying.	N	R	S	F	A
69. The thought of Hell torments me even though I understand and try to accept the gospel.	N	R	S	F	A
70. Even when I seek good pastoral counsel on salvation I cannot find rest.	N	R	S	F	A
71. My depression-anxiety is so great I wonder if life is worth living.	N	R	S	F	A
72. I have begun to think my family and friends would be better off without me.	N	R	S	F	A
73. I have begun to make a plan about how I would end my life.	N	R	S	F	A
74. I fantasize about my suicide plan when my depression-anxiety gets intense.	N	R	S	F	A
75. I have begun to say good-bye to friends and set my "affairs in order."	N	R	S	F	A

Key to Survey Scoring: Give yourself one point for an "S" response, two points for an "F" response, and three points for an "A" response. If your total score matches the total number of questions in a given subset, that is an area of concern. If your total score comes close to doubling the total number of questions, it is a significant concern. If your total score more than doubles the total number of questions, it should be considered a life-dominating struggle.

➤ Questions 1-10: (Total: _____ in 5 questions)

This set of questions describes anxiety-depression in the form of **generalized anxiety**. This is anxiety that has migrated from "a normal upset response to unpleasant events" to "a way of life." With generalized anxiety, peace and contentment have become the exception rather than the "normal" of day-to-day living. You are able to function in daily tasks and relationships, but the presence of anxiety is a consistent emotional drain, energy consumer, and a relational distraction.

➤ Questions 11-15: (Total: _____ in 5 questions)

This set of questions describes anxiety-depression in the form of **situational depression**. Often a down mood and temporary decrease in interest to enjoyed activities is a healthy and normal response to an adverse circumstance. Simply put, it is frequently okay, even good, to be sad. Situational depression is those seasons of down mood that are proportional, in intensity and duration, to the events that triggered them.

➤ Questions 16-25: (Total: _____ in 10 questions)

This set of questions describes anxiety-depression in the form of a **major depressive episode**. When the impact of depression begins to disrupt life to a degree that is greater than the triggering event, or there is the absence of a triggering event, it can be called a “major depressive episode.” When depression reaches this level of intensity it is unwise to rely upon the mere passing of time for relief. Beginning to assess the belief, behavior, and health issues feeding the depressed mood is the advised course of action; consulting a friend, pastor, counselor, or physician.

➤ Questions 26-30: (Total: _____ in 5 questions)

This set of questions describes anxiety-depression in the form of a **seasonal affective** struggle. Some people’s moods are highly affected by the change of season; most often with depression-anxiety being elevated during the winter months. It is unclear whether this is due to exposure to sunlight, circadian rhythms, or changes in activity level, but consulting a physician for this struggle is wise. Also, confide this in your friends for additional encouragement and support during a time you can anticipate to be particularly difficult.

➤ Questions 31-35: (Total: _____ in 5 questions)

This set of questions describes anxiety-depression in the form of a **specific phobia**. Sometimes fear can attach intensely to specific things or activities. If the cause of the fear is clearly identifiable, then it is likely to be a symptom of post-traumatic stress. If the fear is less rational, lacking an obvious explanation, then it would be a particular phobia. Confiding in friends and seeking the aid of a counselor is advisable.

➤ Questions 36-40: (Total: _____ in 5 questions)

This set of questions describes anxiety-depression in the form of **social anxiety**. More than being self-conscious, shy, or reticent about public speaking, social anxiety results in managing one’s life in order to avoid people and an impaired ability to enjoy life in the presence of strangers. As with other types of anxiety-depression, many different motives may produce this struggle and a wise friend, pastor, or counselor can be helpful in sorting through the source of this fear.

➤ Questions 41-45: (Total: _____ in 5 questions)

This set of questions describes anxiety-depression in the form of **mania**. Depression that is interspersed with these types of manic symptoms is referred to as Bipolar – “bi” meaning two and “polar” referring to different ends or “poles” of the emotional spectrum. When this is the case consulting a physician, counselor, and seeking accountability from friends is needed. Manic episodes can, initially, be very pleasant (i.e., creative and energetic) but become destructive. Learning how to manage these mood and energy fluctuations is essential to a healthy life and relationships.

➤ Questions 46-50: (Total: _____ in 5 questions)

This set of questions describes anxiety-depression in the form of **panic attacks**. Fear can spike to such a degree that it arrests the cognitive and respiratory systems. During a panic attack these effects can be so severe an individual wonders if he / she is having a heart attack. Panic attacks can be the pinnacle expression of intense generalized anxiety or a symptom of post-traumatic stress. Seeking the assistance of a counselor and physician while allowing friends to encourage you is an effective holistic approach.

➤ Questions 51-60: (Total: _____ in 10 questions)

This set of questions describes anxiety-depression in the form of **post-traumatic stress**. Trauma is the result of facing a stressor that is larger than your capacity to cope with at the time you go through it. What is traumatic to a six year old child may not be so for a thirty year old adult. Similarly, what is traumatic in the context of other stressful events might not be so if faced by itself. Trauma changes the way memory imprints, moods regulate, and the significance of otherwise less significant triggers.



- Questions 61-65: (Total: _____ in 5 questions)

This set of questions describes anxiety-depression in the form of **obsessive-compulsive disorder**. When life becomes marked by irrational fears (obsessions) and repeated rituals to relieve those fears (compulsions) this is referred to as obsessive-compulsive disorder. The individual experiencing this struggle must understand that the obsessive-compulsive pattern is the real problem; not the particular fear. A combination of counseling, medication, and support from friends are important for this struggle.

- Questions 66-70: (Total: _____ in 5 questions)

This set of questions describes anxiety-depression in the form of **religious scrupulosity**. The experience of OCD has a uniquely religious expression referred to as scrupulosity. In this case the obsessive fears have to do with sin, guilt, and damnation; while the compulsions center on religious practices to feel clean, pure, or acceptable. Similarly, the individual experiencing this struggle must understand that the obsessive-compulsive pattern is the real problem; not the religious fear. A combination of counseling, medication, and support from friends are important for this struggle.

- Questions 71-75: (Total: _____ in 5 questions)

This set of questions describes anxiety-depression in the form of **suicidal consideration**. The weight of depression-anxiety can begin to feel unbearable. When this happens the “logical” conclusion is to seek relief by ending life. This is not a real solution, and there is hope. But if your depression-anxiety has reached this level, seek counseling help immediately and tell family or friends who will be supportive. If you have a friend in this condition who will not commit to receiving help, then calling 911 to ensure their safety is the next, loving step.

Does alcohol, drug, steroid, or prescription medicine usage ever affect the frequency, intensity, or type of depression-anxiety with which you struggle?

____ Yes ____ No

These are mind-mood altering substances that both directly and indirectly exacerbate the experience of depression-anxiety. If you have a substance abuse problem, then this struggle will have to be overcome before you will find consistent relief from depression-anxiety. Regardless, consuming a depressant, stimulant, or other mind-mood altering substance while trying to gain emotional regulation is counter-productive and inadvisable.