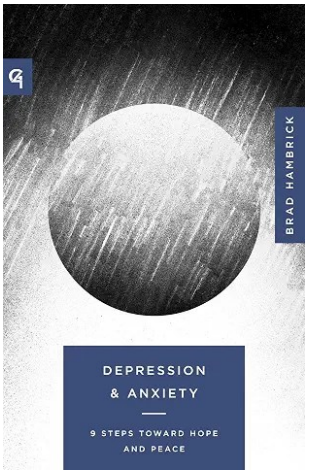
Depression and Anxiety Assessment

This assessment will help you name and understand the common experiences of depression and anxiety. It can be helpful to have words to name your experiences. That will help you realize you are not the only one who experiences these things, and it will help you invite others to support you.



Note: This assessment tool is not a scientific or diagnostic instrument. It is only a descriptive tool. If professional counseling is beneficial in addition to this study and the support of members in a G4 group, this tool should help you communicate more clearly with your counselor.

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

1. Worry interferes with my job, casual activities, and social life.	**N**	**R**	**S**	**F**	**A**
2. Anxiety has persisted almost daily for at least the last six months.	**N**	**R**	**S**	**F**	**A**
3. I avoid important tasks or relationships because of a consistent sense of worry.	**N**	**R**	**S**	**F**	**A**
4. My level of anxiety frequently results in bodily tension, headaches, or an upset stomach.	**N**	**R**	**S**	**F**	**A**
5. I have difficulty focusing or concentrating once I begin to worry.	**N**	**R**	**S**	**F**	**A**
6. My depressed mood is often not proportional to negative life events.	**N**	**R**	**S**	**F**	**A**
7. My depressed mood doesn't rebound in a reasonable time frame after negative events.	**N**	**R**	**S**	**F**	**A**
8. Significant life transitions often result in a longer than necessary depressed mood.	**N**	**R**	**S**	**F**	**A**
9. I tend to pull away from friends or activities because of my depressed mood.	**N**	**R**	**S**	**F**	**A**
10. After a perceived failure or disappointment, I struggle to come out of my depressed mood.	**N**	**R**	**S**	**F**	**A**
11. I have felt sad or empty most of the day, almost every day for weeks.	**N**	**R**	**S**	**F**	**A**
12. I have lost the ability to enjoy things I would normally enjoy.	**N**	**R**	**S**	**F**	**A**
13. My sleep cycle is disrupted by either oversleeping or insomnia.	**N**	**R**	**S**	**F**	**A**
14. I feel worthless and guilty even when I cannot identify a particular sin.	**N**	**R**	**S**	**F**	**A**
15. My friends and family frequently comment that I seem down or not myself.	**N**	**R**	**S**	**F**	**A**
16. When my surroundings are dark or cold more than normal, I experience a depressed mood.	**N**	**R**	**S**	**F**	**A**
17. I find my mood is considerably influenced by how much I am exposed to sunlight.	**N**	**R**	**S**	**F**	**A**
18. During winter months, my depressed mood is not caused by unpleasant holiday associations.	**N**	**R**	**S**	**F**	**A**
19. During winter my depressed mood is not caused by chronic pain made worse by the cold.	**N**	**R**	**S**	**F**	**A**
20. My depressed mood is significantly better during the spring and summer seasons.	**N**	**R**	**S**	**F**	**A**
21. I can identify a particular object, place, or activity that spikes my anxiety level.	**N**	**R**	**S**	**F**	**A**
22. My anxiety rapidly rises when I only think about this (question 21) person, place, or activity.	**N**	**R**	**S**	**F**	**A**
23. I organize my life to ensure I avoid this (question 21) person, place, or activity.	**N**	**R**	**S**	**F**	**A**
24. I recognize my fear of this (question 21) person, place, or activity is excessive or unrealistic.	**N**	**R**	**S**	**F**	**A**
25. Recognizing that my fear is excessive or unrealistic does not diminish my fear.	**N**	**R**	**S**	**F**	**A**

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Taken from: *Depression and Anxiety* (New Growth Press)

26. I experience significant distress before or while meeting new people.	**N**	**R**	**S**	**F**	**A**
27. I experience significant distress in the hours and days before a social event.	**N**	**R**	**S**	**F**	**A**
28. I often feel judged or highly self-conscious when I am in a group of people.	**N**	**R**	**S**	**F**	**A**
29. When other people notice or joke with me, I feel an exaggerated level of embarrassment.	**N**	**R**	**S**	**F**	**A**
30. I avoid social engagements to my own professional, emotional, or social detriment.	**N**	**R**	**S**	**F**	**A**
31. Sometimes my sense of happiness and hopefulness is excessive.	**N**	**R**	**S**	**F**	**A**
32. Sometimes I need very little sleep for days on end but do not feel tired.	**N**	**R**	**S**	**F**	**A**
33. My sense of importance or ability sometimes becomes grandiose.	**N**	**R**	**S**	**F**	**A**
34. There are times when I spend money, take risks, have sex, or use drugs erratically.	**N**	**R**	**S**	**F**	**A**
35. My speech patterns sometimes become very rapid or erratic as my thoughts race.	**N**	**R**	**S**	**F**	**A**
36. During an experience of anxiety, my heart beats rapidly or I experience chest pain.	**N**	**R**	**S**	**F**	**A**
37. During an experience of anxiety, I have cold sweats and chills.	**N**	**R**	**S**	**F**	**A**
38. During an experience of anxiety, I get shortness of breath and hyperventilate.	**N**	**R**	**S**	**F**	**A**
39. During an experience of anxiety, I have a sense of impending doom or death.	**N**	**R**	**S**	**F**	**A**
40. During an experience of anxiety, I lose any sense of control over my thoughts or emotions.	**N**	**R**	**S**	**F**	**A**
41. When I remember a stressful event, it feels like reliving more than remembering the event.	**N**	**R**	**S**	**F**	**A**
42. I experience nightmares or flashbacks involving a particular stressful event.	**N**	**R**	**S**	**F**	**A**
43. After a stressful event, I feel emotionally numb and detached from events or people.	**N**	**R**	**S**	**F**	**A**
44. After a stressful event, I persistently scan my surroundings expecting a problem or threat.	**N**	**R**	**S**	**F**	**A**
45. After a stressful event, I notice my anger response is more easily triggered and more intense.	**N**	**R**	**S**	**F**	**A**
46. I have fears I know are irrational but still struggle to accept that they are untrue.	**N**	**R**	**S**	**F**	**A**
47. I obsessively feel dirty, contaminated, rejected by God, or like I may sin publicly.	**N**	**R**	**S**	**F**	**A**
48. I have fears rooted in superstition or an irrational "need" for symmetry or order.	**N**	**R**	**S**	**F**	**A**
49. I spend significant time on compulsive habits to alleviate my obsessive fears.	**N**	**R**	**S**	**F**	**A**
50. I have begun to organize my day around my obsessive fears and compulsive habits.	**N**	**R**	**S**	**F**	**A**
51. I have a constant and nagging fear of losing my salvation.	**N**	**R**	**S**	**F**	**A**
52. I have a persistent fear that I have or will commit the unpardonable sin.	**N**	**R**	**S**	**F**	**A**
53. I restart my prayers if they are not 100% genuine or I have a bad thought while praying.	**N**	**R**	**S**	**F**	**A**
54. The thought of hell torments me even though I understand and try to accept the gospel.	**N**	**R**	**S**	**F**	**A**
55. Even when I seek good pastoral counsel on salvation, I cannot find rest.	**N**	**R**	**S**	**F**	**A**
56. My depression-anxiety is so great I wonder if life is worth living.	**N**	**R**	**S**	**F**	**A**
57. I have begun to think my family and friends would be better off without me.	**N**	**R**	**S**	**F**	**A**
58. I have begun to make plans about how I would end my life.	**N**	**R**	**S**	**F**	**A**
59. I fantasize about my suicide plan when my depression-anxiety gets intense.	**N**	**R**	**S**	**F**	**A**
60. I have begun to say goodbye to friends and set my affairs in order.	**N**	**R**	**S**	**F**	**A**

Scoring Key: Each criterion is assessed with five questions and should be scored as indicated below:

"N" and "R" response = 0 points
"S" response = 1 point
"F" response = 2 points
"A" response = 3 points

If your total score is 5 to 9, it presents a significant concern.
If your total score is 10 or higher, it presents a life-dominating struggle.

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Taken from: *Depression and Anxiety* (New Growth Press)

Below we will name and describe what each set of questions identifies. Your goal is to find words to describe your struggle, differentiate your struggle from other types of depression-anxiety, and begin to determine when to pursue additional help beyond *Depression and Anxiety* and a G4 group.

- Questions 1–5: (Total: _____ in 5 questions)

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

- Questions 6–10: (Total: _____ in 5 questions)

  This set of questions describes depression-anxiety in the form of **situational depression**. A down mood and temporary decrease in interest toward enjoyable activities can be a normal response to adverse circumstances. Simply put, it is appropriate to be sad sometimes. However, with situational depression, a persistent down mood or lack of motivation starts to interfere with daily tasks and relationships. But the down mood relents as your circumstances improve.

- Questions 11–15: (Total: _____ in 10 questions)

  This set of questions describes depression-anxiety in the form of a **major depressive episode**. When the impact of depression lasts longer and is more intense than is proportional to the adverse circumstance, or there is no adverse circumstance to prompt the prolonged down mood, 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. Consulting a pastor, G4 group, counselor, psychiatrist, or physician is wise.

Note: *Depression and Anxiety* focuses primarily on the experiences above. For the experiences of depression-anxiety discussed below, this resource will likely be best used as a supplement to other forms of care or counseling.

- Questions 16–20: (Total: _____ in 5 questions)

  This set of questions describes depression-anxiety 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 more intense during the winter months. It is unclear whether this is due to lack of exposure to sunlight, circadian rhythms, or changes in activity level, but consulting a physician for this struggle is wise. Also, confide in your friends for additional encouragement and support during a time that you can anticipate being particularly difficult.

- Questions 21–25: (Total: _____ in 5 questions)

  This set of questions describes depression-anxiety in the form of a **phobia**. Sometimes fear can attach intensely to specific objects, experiences, or activities. If the cause of the fear is clearly identifiable (e.g., "I fear dogs because one attacked me when I was young"), then it may be a symptom of post-traumatic stress (see below). If the fear lacks an obvious explanation (e.g., "Spiders have always been intensely unsettling for me, and I don't know why"), then it would be a phobia. Confiding in friends and seeking the aid of a counselor is advisable.

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

  This set of questions describes depression-anxiety in the form of **social anxiety**. More than being self-conscious, shy, or reticent about public speaking, social anxiety results in managing life to avoid people and in turn, an impaired ability to enjoy life in the presence of strangers. As with other types of depression-anxiety, 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 31–35: (Total: _____ in 5 questions)

  This set of questions describes depression-anxiety in the form of **mania**. Depression that is interspersed with episodes 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, it is important to consult a physician or counselor and seek accountability from friends. Manic episodes can initially be very pleasant (i.e., creative and energetic), but they often become destructive. Learning how to manage these mood and energy fluctuations is essential to healthy, God-honoring life and relationships.

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

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

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

  This set of questions describes depression-anxiety in the form of **post-traumatic stress**. Trauma is the result of facing a stressor that is weightier than our capacity to cope with it at the time we 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 separately. Trauma changes the way memory imprints, moods regulate, and the significance of otherwise common experiences. If you scored high on this subset, the G4 resource *Growing After Trauma* (bradhambrick.com/trauma) speaks more specifically to post-traumatic stress. Also, seeking guidance from a counselor experienced working with traumatized individuals is wise.

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

  This set of questions describes depression-anxiety in the form of **obsessive–compulsive disorder** (OCD)**.** When life becomes marked by irrational fears (obsessions) and repeated rituals to relieve those fears (compulsions), the problem is referred to as obsessive–compulsive disorder. The individual experiencing this struggle needs to understand that the obsessive–compulsive pattern is the primary problem, rather than the particular fears. A combination of counseling, medication, and support from friends are important for handling this struggle.

- Questions 51–55: (Total: _____ in 5 questions)

  This set of questions describes depression-anxiety in the form of **religious scrupulosity**. The experience of OCD can have 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. The individual experiencing this struggle must understand that the obsessive–compulsive pattern is the primary problem, not the religious fears. A combination of counseling, medication, and support from friends is important for handling this struggle.

- Questions 56–60: (Total: _____ in 5 questions)

  This set of questions describes depression-anxiety 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 one's life. This is not a real solution, and there is hope. But if your depression-anxiety has reached this level, it is recommended that you seek individual counseling promptly and tell family or friends who will be supportive. If you or a friend are despairing of life, calling 988—the suicide hotline—will connect you with a counselor who can help process these emotions and identify options.[i]

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

____ Yes ____ No

These mind- and mood-altering substances both directly and indirectly exacerbate the experience of depression-anxiety. Many of these substances (particularly alcohol) are depressants, while others are stimulants. Frequently using either substance will make it more difficult to regulate your emotions. If you begin to rely on these substances as a form of escape from unpleasant emotions, in addition to chemically reinforcing these emotions, you are undermining your ability to process your emotions in a healthy, God-honoring fashion.

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i. If you are outside the United States, a list of comparable crisis hotline numbers for other countries can be found at https://blog.opencounseling.com/suicide-hotlines/ or www.iasp.info/suicidalthoughts.