

Anxiety Self-Test (SAST*)

COLORADO HEALTH PARTNERSHIPS

For each question below, circle the number that is closest to how you have felt and behaved during the last month.

		Rare/ Never	Some- Times	Often	Always
		1	2	3	4
1	Do you feel keyed up, on edge?	1	2	3	4
2	Do you feel that something terrible is going to happen?	1	2	3	4
3	Are you worrying about your present state?	1	2	3	4
4	Do you feel you have control of your life?	1	2	3	4
5	Can you relax?	1	2	3	4
6	Do you suffer from back pain, neck pain and headache?	1	2	3	4
7	Do you sweat a lot or suffer from palpitations?	1	2	3	4
8	Have you been irritable?	1	2	3	4
9	Do you sleep well?	1	2	3	4
10	Do you suffer from dizziness or faintness?	1	2	3	4

Scoring:

Total the numbers you circled.

If you have a score of **22-23**, you may have a significant problem with anxiety.

If you have a score of **24 or more**, it is highly likely you have a significant problem with anxiety.

I have signs of high anxiety. What should I do?

Call your local Mental Health Center to make an appointment to go over the results of this screening. Bring this screening with you to your appointment.

This screening tool does not diagnosis an anxiety problem, but may indicate whether further evaluation may be helpful. Please consult with a professional if you are experiencing symptoms of anxiety.

*Reproduced with permission of the copyright holder. Copyright © Dr. Gary Sinoff, MD, PhD

Anxiety Self -Test (SAST*)

COLORADO HEALTH PARTNERSHIPS

For each question below, circle the number that is closest to how you have felt and behaved during the last month.

		Rare/ Never	Some- Times	Often	Always
		1	2	3	4
1	Do you feel keyed up, on edge?	1	2	3	4
2	Do you feel that something terrible is going to happen?	1	2	3	4
3	Are you worrying about your present state?	1	2	3	4
4	Do you feel you have control of your life?	1	2	3	4
5	Can you relax?	1	2	3	4
6	Do you suffer from back pain, neck pain and headache?	1	2	3	4
7	Do you sweat a lot or suffer from palpitations?	1	2	3	4
8	Have you been irritable?	1	2	3	4
9	Do you sleep well?	1	2	3	4
10	Do you suffer from dizziness or faintness?	1	2	3	4

Scoring:

Total the numbers you circled.

If you have a score of **22-23**, you may have a significant problem with anxiety.

If you have a score of **24 or more**, it is highly likely you have a significant problem with anxiety.

I have signs of high anxiety. What should I do?

Call your local Mental Health Center to make an appointment to go over the results of this screening. Bring this screening with you to your appointment.

This screening tool does not diagnosis an anxiety problem, but may indicate whether further evaluation may be helpful. Please consult with a professional if you are experiencing symptoms of anxiety.

*Reproduced with permission of the copyright holder. Copyright © Dr. Gary Sinoff, MD, PhD

Depression Self-Test

COLORADO HEALTH PARTNERSHIPS

The following 15 items refer to how you have felt and behaved during the past week. Circle either yes or no for each question.

1	Are you basically satisfied with your life?	Yes	No
2	Have you dropped many of your activities and interests?	Yes	No
3	Do you feel that your life is empty?	Yes	No
4	Do you often get bored?	Yes	No
5	Are you in good spirits most of the time?	Yes	No
6	Are you afraid that something bad is going to happen to you?	Yes	No
7	Do you feel happy most of the time?	Yes	No
8	Do you often feel helpless?	Yes	No
9	Do you prefer to stay at home, rather than going out and doing new things?	Yes	No
10	Do you feel you have more problems with memory than most?	Yes	No
11	Do you think it is wonderful to be alive now?	Yes	No
12	Do you feel pretty worthless the way you are now?	Yes	No
13	Do you feel full of energy?	Yes	No
14	Do you feel that your situation is hopeless?	Yes	No
15	Do you think that most people are better off than you are?	Yes	No

Scoring:

Count the number of **BOLDED** items you marked.

If they add up to 6 or more, you may have a significant problem with depression.

If they add up to more than 10, you almost certainly have a problem with depression.

I have signs of depression. What should I do?

Call your local Mental Health Center to make an appointment to go over the results of this screening. Bring this screening with you to your appointment.

This screening tool does not diagnosis a depression problem, but may indicate whether further evaluation may be helpful. Please consult with a professional if you are experiencing symptoms of depression.

Depression Self-Test

COLORADO HEALTH PARTNERSHIPS

The following 15 items refer to how you have felt and behaved during the past week. Circle either yes or no for each question.

1	Are you basically satisfied with your life?	Yes	No
2	Have you dropped many of your activities and interests?	Yes	No
3	Do you feel that your life is empty?	Yes	No
4	Do you often get bored?	Yes	No
5	Are you in good spirits most of the time?	Yes	No
6	Are you afraid that something bad is going to happen to you?	Yes	No
7	Do you feel happy most of the time?	Yes	No
8	Do you often feel helpless?	Yes	No
9	Do you prefer to stay at home, rather than going out and doing new things?	Yes	No
10	Do you feel you have more problems with memory than most?	Yes	No
11	Do you think it is wonderful to be alive now?	Yes	No
12	Do you feel pretty worthless the way you are now?	Yes	No
13	Do you feel full of energy?	Yes	No
14	Do you feel that your situation is hopeless?	Yes	No
15	Do you think that most people are better off than you are?	Yes	No

Scoring:

Count the number of **BOLDED** items you marked.

If they add up to 6 or more, you may have a significant problem with depression.

If they add up to more than 10, you almost certainly have a problem with depression.

I have signs of depression. What should I do?

Call your local Mental Health Center to make an appointment to go over the results of this screening. Bring this screening with you to your appointment.

This screening tool does not diagnosis a depression problem, but may indicate whether further evaluation may be helpful. Please consult with a professional if you are experiencing symptoms of depression.