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.

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

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

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 diagnose a depression problem, but may indicate whether further evaluation may be helpful. Please consult with a professional if you are experiencing symptoms of depression.