



NAME Monique Polanco DATE 4/15/23

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY, by placing an X in the corresponding space in the column next to each symptom.

	NOT AT ALL	MILDLY It did not bother me much.	MODERATELY It was very unpleasant, but I could stand it.	SEVERELY I could barely stand it.
1. Numbness or tingling.	✓			
2. Feeling hot.	✓			
3. Wobbliness in legs.	✓			
4. Unable to relax.		✓		
5. Fear of the worst happening.			✓	
6. Dizzy or lightheaded.	✓			
7. Heart pounding or racing.	✓			
8. Unsteady.		✓		
9. Terrified.	✓			
10. Nervous.		✓	✓	
11. Feelings of choking.	✓			
12. Hands trembling.	✓			
13. Shaky.	✓			
14. Fear of losing control.			✓	
15. Difficulty breathing.	✓			
16. Fear of dying.	✓			
17. Scared.		✓		
18. Indigestion or discomfort in abdomen.	✓			
19. Faint.	✓			
20. Face flushed.	✓			
21. Sweating (not due to heat).	✓			



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**Instructions:** This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

**1. Sadness**

- 0 I do not feel sad.  
 ① I feel sad much of the time.  
 2 I am sad all the time.  
 3 I am so sad or unhappy that I can't stand it.

**2. Pessimism**

- 0 I am not discouraged about my future.  
 ① I feel more discouraged about my future than I used to be.  
 2 I do not expect things to work out for me.  
 3 I feel my future is hopeless and will only get worse.

**3. Past Failure**

- 0 I do not feel like a failure.  
 ① I have failed more than I should have.  
 2 As I look back, I see a lot of failures.  
 3 I feel I am a total failure as a person.

**4. Loss of Pleasure**

- 0 I get as much pleasure as I ever did from the things I enjoy.  
 1 I don't enjoy things as much as I used to.  
 2 I get very little pleasure from the things I used to enjoy.  
 ③ I can't get any pleasure from the things I used to enjoy.

**5. Guilty Feelings**

- 0 I don't feel particularly guilty.  
 1 I feel guilty over many things I have done or should have done.  
 ② I feel quite guilty most of the time.  
 3 I feel guilty all of the time.

**6. Punishment Feelings**

- 0 I don't feel I am being punished.  
 1 I feel I may be punished.  
 2 I expect to be punished.  
 ③ I feel I am being punished.

**7. Self-Dislike**

- 0 I feel the same about myself as ever.  
 1 I have lost confidence in myself.  
 ② I am disappointed in myself.  
 3 I dislike myself.

**8. Self-Criticalness**

- 0 I don't criticize or blame myself more than usual.  
 1 I am more critical of myself than I used to be.  
 ② I criticize myself for all of my faults.  
 3 I blame myself for everything bad that happens.

**9. Suicidal Thoughts or Wishes**

- ① 0 I don't have any thoughts of killing myself.  
 1 I have thoughts of killing myself, but I would not carry them out.  
 2 I would like to kill myself.  
 3 I would kill myself if I had the chance.

**10. Crying**

- 0 I don't cry any more than I used to.  
 ① I cry more than I used to.  
 2 I cry over every little thing.  
 3 I feel like crying, but I can't.

**11. Agitation**

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

**12. Loss of Interest**

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

**13. Indecisiveness**

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

**14. Worthlessness**

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

**15. Loss of Energy**

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

**16. Changes in Sleeping Pattern**

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

**17. Irritability**

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

**18. Changes in Appetite**

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

**19. Concentration Difficulty**

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

**20. Tiredness or Fatigue**

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

**21. Loss of Interest in Sex**

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

Subtotal Page 2

Subtotal Page 1

Total Score

# DAST-10

## Introduction

The Drug Abuse Screening Test (DAST-10) is a 10-item brief screening tool that can be administered by a clinician or self-administered. Each question requires a yes or no response, and the tool can be completed in less than 8 minutes. This tool assesses drug use, not including alcohol or tobacco use, in the past 12 months.

## DAST-10 Questionnaire

I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right. You may choose to answer or not answer any of the questions in this section.

These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	0	1
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

## Interpreting the DAST 10

In these statements, the term "drug abuse" refers to the use of medications at a level that exceeds the instructions, and/or any non-medical use of drugs. Patients receive 1 point for every "yes" answer with the exception of question #3, for which a "no" answer receives 1 point. DAST-10 Score Degree of Problems Related to Drug Abuse Suggested Action.

<b>DAST-10 Score</b>	<b>Degree of Problems Related to Drug Abuse</b>	<b>Suggested Action</b>
0	No problems reported	None at this time
1–2	Low level	Monitor, re-assess at a later date
3–5	Moderate level	Further investigation
6–8	Substantial level	Intensive assessment
9–10	Severe level	Intensive assessment

Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4),363–371.

## SWB Scale

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience:

SA = Strongly Agree	D = Disagree
MA = Moderately Agree	MD = Moderately Disagree
A = Agree	SD = Strongly Disagree

1. I don't find much satisfaction in private prayer with God.      SA  MA A D MD SD
2. I don't know who I am, where I came from, or where I'm going.      SA MA  D MD SD
3. I believe that God loves me and cares about me.       SA MA A D MD SD
4. I feel that life is a positive experience.       SA MA A D MD SD
5. I believe that God is impersonal and not interested in my daily situations.      SA MA A D MD  SD
6. I feel unsettled about my future.       SA MA A D MD SD
7. I have a personally meaningful relationship with God.      SA MA  D MD SD
8. I feel very fulfilled and satisfied with life.      SA MA A D  MD SD
9. I don't get much personal strength and support from my God      SA MA A  D MD SD
10. I feel a sense of well-being about the direction my life is headed in.      SA  MA A D MD SD
11. I believe that God is concerned about my problems.      SA  MA A D MD SD
12. I don't enjoy much about life.      SA  MA A D MD SD
13. I don't have a personally satisfying relationship with God.      SA MA A D  MD SD
14. I feel good about my future.      SA MA  A D MD SD
15. My relationship with God helps me not to feel lonely.      SA MA  A D MD SD
16. I feel that life is full of conflict and unhappiness.      SA MA A D  MD SD
17. I feel most fulfilled when I'm in close communion with God.      SA  MA A D MD SD
18. Life doesn't have much meaning.      SA MA A D  MD SD
19. My relation with God contributes to my sense of well-being.      SA  MA A D MD SD
20. I believe there is some real purpose for my life.      SA  MA A D MD SD

## Scoring

There are three primary scores you can obtain from the Spiritual Well-Being Scale: Spiritual Well-Being, Religious Well-Being, and Existential Well-Being.

### ***To Obtain the Overall Spiritual Well-Being Score:***

The Spiritual Well-Being score is a measure of perceived overall well-being. Each SWBS item is scored from 1 to 6, with a higher number representing greater well-being. Negatively worded items are reverse scored.

The *positively worded items* are numbered 3, 4, 7, 8, 10, 11, 14, 15, 17, 19, and 20. For these items, an answer of "Strongly Agree" is given a score of 6, "Moderately Agree" is scored 5, "Agree" is scored 4, "Disagree" is scored 3, "Moderately Disagree" is scored 2, and "Strongly Disagree" is scored 1.

The *negatively worded items* are numbered 1, 2, 5, 6, 9, 12, 13, 16, and 18. For these items, an answer of "Strongly Agree" is given a score of 1, "Moderately Agree" is scored 2, "Agree" is scored 3, "Disagree" is scored 4, "Moderately Disagree" is scored 5, and "Strongly Disagree" is scored 6.

Total the scores for the positively and negatively worded items and this will give the total score for spiritual well-being (SWB):

A score in the range of 20 – 40 reflects a sense of low overall spiritual well-being.

A score in the range of 41 – 99 reflects a sense of moderate spiritual well-being.

A score in the range of 100 – 120 reflects a sense of high spiritual well-being.

### ***To Obtain the Religious Well-Being Score:***

The Religious Well-Being Score is a measure of how one views their relationship with God. It reflects one's sense of satisfaction and positive connection with God.

The *odd numbered items* 1, 3, 5, 7, 9, 11, 13, 15, 17, and 19 give the score for religious well-being. Using the values of 1 to 6 that the respondent gave these items, add the total for religious well-being (RWB).

A score in the range of 10 – 20 reflects a sense of unsatisfactory relationship with God.

A score in the range of 21 – 49 reflect a moderate sense of religious well-being.

A score in the range of 50 – 60 reflects a positive view of one's relationship with God.

### ***To Obtain the Existential Well-Being Score:***

The Existential Well-Being score measures one's level of life satisfaction and life purpose.

The *even numbered items* 2, 4, 6, 8, 10, 12, 14, 16, 18, and 20 give the score for existential well-being. Using the values of 1 to 6 that the respondent gave these items, add the total for existential well-being (EWR).

A score in the range of 10 – 20 suggests a low satisfaction with one’s life and possible lack of clarity about one’s purpose in life.

A score in the range of 21 – 49 suggests a moderate level of life satisfaction and purpose.

A score in the range of 50 – 60 suggests a high level of life satisfaction with one’s life and a clear sense of purpose.

***Examining Individual Items:***

Another way to use the Scale is to look for extreme scores which indicate low spiritual well-being. For example, if one answers “Strongly Agree” with statement number 6, “I feel unsettled about my future,” this may be a possible indicator of low existential well-being that a person may find beneficial to reflect upon.

These individual items may help a person pinpoint some sources of lower well-being.