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TO STUDY THE IMPACT OF ANXIETY AND DEPRESSION OF LOSING LOVED ONES ON MENTAL HEALTH AMONG ADULTS.

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Abstract : One of the most common anxiety and depression disorders, which become a significant public health concern. The purpose of this research is to study the impact of anxiety and depression of losing loved ones on mental health among adults. It also aims to study how this same influence differs in males and females. It has been seen in previous researches how anxiety and depression of death always had a great impact on the mental health of the individuals. Current study was conducted in online mode; questionnaires were circulated through Google forms via social media such as Instagram and Whatsapp. There was a total of 100 participants including both males and females. To achieve the objective, one questionnaires were used: Depression Anxiety Stress Scale 21 (DASS21) Data from questionnaires was analyzed using SPSS.

IndexTerms Mental Health, Anxiety , Depression , Depression Anxiety Stress Scale 21,

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I.INTRODUCTION

MENTAL HEALTH

Mental health is a state of mental well-being that enables people to cope with the stresses of life ,realize their ability , learn well and work well , contribute to the their community. It has intrinsic and instrument value and is integral to our well-being. Mental health is more than the absence of mental disorder. It exits on a complex continuum , which is experienced differently from one person to the next , with varying degrees of difficulty and stress and potentially very different social and clinical outcomes.

Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case.

Mental and physical health are equally important components of overall health. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke. Similarly, the presence of chronic conditions can increase the risk for mental illness.

- More than 1 in 5 US adults live with a mental illness.
- Over 1 in 5 youth (ages 13-18) either currently or at some point during their life, have had a seriously debilitating mental illness.5
- About 1 in 25 U.S. adults lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

What causes mental illness?

- There is no single cause for mental illness. A number of factors can contribute to risk for mental illness, such as:-
- Adverse Childhood Experiences, such as trauma or a history of abuse (for example, child abuse, sexual assault, witnessing violence, etc.)
- Experiences related to other ongoing (chronic) medical conditions, such as traumatic brain Biological factors or chemical imbalances in the brain
- Use of alcohol or drugs
- Having feelings of loneliness or isolation

Anxiety

Anxiety is a feeling of fear, dread, and uneasiness. It might cause you to sweat, feel restless and tense, and have a rapid heartbeat. It can be a normal reaction to stress. For example, you might feel anxious when faced with a difficult problem at work, before taking a test, or before making an important decision.

Anxiety affects everyone in different ways. Sometimes, the feelings of fear and dread don't go away or get worse over time.

Anxiety is an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure.

Anxiety is not the same as fear, but they are often used interchangeably. Anxiety is considered a future-oriented,

long-acting response broadly focused on a diffuse threat, whereas fear is an appropriate, present-oriented, and short-lived response to a clearly identifiable and specific threat.

Type of anxiety

There are several types of anxiety disorders: generalized anxiety disorder, panic disorder with or without agoraphobia, specific phobias, agoraphobia, social anxiety disorder, separation anxiety disorder and selective mutism.

1. **Generalized anxiety disorder** -

With GAD, you may feel extreme and unrealistic worry and tension — even if there's nothing to trigger these feelings. Most days, you may worry a lot about various topics, including health, work, school and relationships. You may feel that the worry continues from one thing to the next.

Physical symptoms of GAD can include restlessness, difficulty concentrating and sleeping problems.

2. **Panic disorder** - If you have a panic disorder, you get intense, sudden panic attacks. These attacks often feature stronger, more intense feelings than other types of anxiety disorders.

- The feelings of terror may start suddenly and unexpectedly or they may come from a trigger, like facing a situation you dread. Panic attacks can resemble heart attacks. If there's any chance you're experiencing a heart attack, go to the emergency room. It's better to err on the side of caution and have a healthcare professional check you.
- During a panic attack, you may experience:
- Sweating.
- Heart palpitations (feeling like your heart is pounding).
- Chest pain.
- Feeling of choking, which can make you think you're having a heart attack or "going crazy."
- Panic attacks are very upsetting. People with panic disorder often spend a lot of time worrying about the next panic attack. They also try to avoid situations that might trigger an attack.

3. **Social anxiety disorder**

Healthcare providers used to call this condition social phobia. You may have overwhelming worry and self-consciousness with daily social situations. You may worry about others judging you or you may be anxious that you'll embarrass yourself or open yourself up to ridicule. People with social anxiety disorder may avoid social situations entirely.

4. **Agoraphobia**

- If you have agoraphobia, you may have an intense fear of being overwhelmed or unable to get help. Usually, you have a fear of two or more of these environments:
- Enclosed spaces.
- Lines or crowds.
- Open spaces.
- Places outside your house.
- Public transportation.

5. **Phobia** - Phobias are an intense fear of certain situations or objects. Some of these fears may make sense, such as a fear of snakes. But often, the level of fear doesn't match the situation.

   Like with other anxiety disorders, you may spend a lot of time trying to avoid situations that may trigger the phobia.

A specific phobia, or a simple phobia, is an intense fear of a particular object or situation. It may cause you to avoid everyday situations. Some specific phobias include fear of:

- Animals, such as spiders, dogs or snakes.
- Blood.
- Flying.
- Height

Causes of anxiety -

Anxiety disorders are like other forms of mental illness. They don't come from personal weakness, character flaws or problems with upbringing. But researchers don't know exactly what causes anxiety disorders. They suspect a combination of factors plays a role:

- Chemical imbalance: Severe or long-lasting stress can change the chemical balance that controls your mood. Experiencing a lot of stress over a long period can lead to an anxiety disorder.
- Environmental factors: Experiencing a trauma might trigger an anxiety disorder, especially in someone who has inherited a higher risk to start.
- Heredity: Anxiety disorders tend to run in families. You may inherit them from one or both parents, like eye color.

Depression

Depression is a mental health condition that causes a chronic feeling of emptiness, sadness, or inability to feel pleasure that may appear to happen for no clear reason.

Depression is a mood disorder that causes persistent feelings of sadness, emptiness, and loss of joy. It is different from the mood fluctuations that people regularly experience as a part of life.

Major life events, such as bereavement or the loss of a job, can trigger Trusted Source depression. But depression is distinct from the negative feelings a person may temporarily have in response to a difficult life event.

Depression often persists in spite of a change of circumstances and causes feelings that are intense, chronic, and not proportional to a person's circumstances.

It is an ongoing problem, not a passing one. While there are different types of depression, the most common one is major depressive disorder. It consists of episodes during which the symptoms last for at least two weeks.

Depression can last for several weeks, months, or years. For many people, it is a chronic illness that gets better and then relapses.

Signs and symptoms

Depression can cause a range of psychological and physical symptoms,-

- persistent depressed mood
- loss of interest or pleasure in hobbies and activities
- changes in appetite and body weight
- unusually slow or agitated movements
- decreased energy or fatigue
- difficulty sleeping or oversleeping

- excessive feelings of guilt or worthlessness
- difficulty concentrating or making decisions
- thoughts of death or suicide, or suicide attempts

Type of Depression

1. **major depression** - A person living with major depression experiences a constant state of sadness. They may lose interest in activities they used to enjoy.
- Treatment usually involves medication and psychotherapy.
2. **Persistent depressive disorder-**

   Also known as dysthymia, persistent depressive disorder causes symptoms that last for at least 2 years.

   A person living with this disorder may have episodes of major depression as well as milder symptoms that do not meet the criteria for major depressive disorder.

3 . Postpartum depression

After giving birth, some people experience a brief period of sadness or heightened emotions that some people call the "baby blues." This usually goes away in a few days to a few weeks.

Postpartum depression, or postnatal depression, is more severe.

There is no single cause for this type of depression, and it can persist for months or years. Anyone who experiences ongoing depression after delivery should seek medical attention.

How Anxiety and Depression impact on mental health-

Many people who experience depression also have other mental health conditions. Anxiety disorders often go hand in hand with depression. People who have anxiety disorders struggle with intense and uncontrollable feelings of anxiety, fear, worry, and panic.

Mental health problems are common in the working population and represent a growing concern to industry and economies. Anxiety and depression are the most prevalent mental disorders among the working-age population and are associated with substantial costs both to the individual and the organization . The economic cost is made up of workplace absenteeism, presenteeism (attending work while ill), and compensation payments. In Australia alone, this collective cost is estimated at approximately $11 billion per year, including $4.7 billion in absenteeism, $6.1 billion in presenteeism and $146 million in compensation claims. These estimates are similar to international studies analysing the impact of mental health in the workplace.

Despite anxiety disorders being more prevalent, often predating the onset of depression and frequently co-occurring with depression, almost all published research on the links between common mental disorder and workplace productivity have focused on depression and anxiety as a combined issue or depression in isolation . One of the few longitudinal studies focused on anxiety found that anxiety disorders are an important driver of work disability and absenteeism, although long-term work disability and absenteeism were more prominent in depressive disorders, even after 4 years. Further, although it is generally accepted that co-occurring conditions are associated with more pronounced functional impact, this has rarely been quantified within the literature.

RATIONALE OF THE STUDY

Many researches have been done and explored the effect of anxiety and depression on mental health . It is widely accepted that there is a high interrelation between anxiety and depression components. Although the nature of these association does not allow us to make directionality, the relationships between anxiety and affective functioning seemed to be bidirectional and remains a challenge for clinical evaluation. This has led to the demand

for more studies. This study was designed to make its contribution to filing the gap in literature by exploring what we can learn from the samples of among adults ,who have anxiety and depression tendency, how it affects on the mental health among the adults and how this effect differs in males and females.

3.1 REVIEW OF LITERATURE

A Literature review surveys books, scholarly articles, and any other sources relevant to a particular issue, area of research, or theory, and by so doing, provides a description, summary and critical evaluation of these works in relation to the research problem being investigated. This chapter reviews the previous literature associated with this study. Significant amounts of literature exist that studies the relationship between anxiety and depression of losing loved ones.

This study sought to identify factors associated with depression, anxiety, and PTSD symptomatology in U·S· young adults (18-30 years) during the COVID-19 pandemic· This cross-sectional online study assessed 898 participants from April 13, 2020 to May 19, 2020,approximately one month after the U·S· declared a state of emergency due to COVID-19 and prior to the initial lifting of restrictions across 50 U·S· states· Respondents reported high levels of depression (43·3%, PHQ-8 scores ≥ 10), high anxiety scores (45·4%, GAD-7 scores ≥ 10), and high levels of PTSD symptoms (31·8%, PCL-C scores ≥ 45)· High levels of loneliness, high levels of COVID-19-specific worry, and low distress tolerance were significantly associated with clinical levels of depression, anxiety, and PTSD symptoms· Resilience was associated with low levels of depression and anxiety symptoms but not PTSD· Most respondents had high levels of social support; social support from family, but not from partner or peers, was associated with low levels of depression and PTSD· Compared to Whites, Asian Americans were less likely to report high levels across mental health symptoms, and Hispanic/Latinos were less likely to report high levels of anxiety· These factors provide initial guidance regarding the clinical management for COVID-19-related mental health problems·

Traumatic loss involves the loss of loved ones in the context of potentially traumatizing circumstances and is a commonly reported traumatic event. It may give rise to disturbed grief, called prolonged grief disorder (PGD) in ICD-11 and persistent complex bereavement disorder (PCBD) in DSM-5, combined with posttraumatic stress disorder (PTSD) and depression. The recent inclusion of grief disorders in both DSM-5 and ICD-11 have spurred research on grief-related psychopathology. This special issue on traumatic loss includes 10 articles and two letters. Topics addressed include diagnostic criteria for PGD, children's perspectives on life after parental intimate partner homicide, and the impact of visiting the site of deaths caused by terror. Early indicators of problematic grief trajectories are addressed, as well as moderators and mediators of disordered grief, including coping strategies, rumination, and meaning-making. Further, a meta-analysis synthesizing research findings on correlates of disturbed grief following traumatic loss is presented.

Finally, specialized treatments as Eye Movement Desensitisation and Reprocessing (EMDR) and Cognitive Behavioural Therapy (CBT) for grief are addressed, and predictors of treatment response for CBT for PGD including levels of self-blame and avoidance are scrutinized. As such, the articles included in this special issue increase our understanding of the needs of people confronted with traumatic loss and bring promising findings with regard to diagnosis, prevention, and specialized treatment in children, young people and adults. This article also introduces a hypothetical staging, profiling, and stepped care model which may offer a template to integrate existing and emerging research findings on possible courses and correlates of grief, in order to inform treatment decisions.

In recent decades research on death attitudes, including fear of death, death anxiety, and death competency, has flourished. Much of this research has been directed at establishing measures of such constructs, and refining these measures in terms of reliability ,validity, and soundness of factor structures (Neimeyer, Moser, &Wittkowski, 2003). The use of such instruments in different clinical and occupational settings has also been prevalent. There are now a variety of instruments used to measure death fear and or death anxiety, and whilst early work tended to be un dimensional (e.g.,Handal, 1975; McMordie, 1979; Templer, 1970) more recently developed instruments recognize the multidimensional nature of such constructs (Collett & Lester, 1969; Florian & Kravetz, 1983;Hoelter, 1979; Leming & Dickinson, 1985; Wittkowski, 2001).

Research using the CLFD has examined a wide range of variables in association with fear of death such as age, gender, religiosity, depression, general anxiety, extraversion, neuroticism, and attitudes toward suicide (for an overview see Lester, 1994). Studies have often shown mixed findings; for example, while some have reported that CLFD scores are lower for older adults compared to young adults (Smith, Nehemkis & Charter, 1983-84), and women report higher fear of death than men (Neimeyer, Bagley & Moore, 1986; Robbins 1990) other studies have found little difference between these groups (e.g., Lester, 1972; 1984-85; Loo, 1984).

In the wake of declaration of Covid-19 as a pandemic by the World Health Organization, the Prime Minister of India announced a nationwide lockdown to curb its spread. Subsequently, some groups of people found themselves away from their family or friends, and were unable to return to them. The aim of the research was to explore the lives of young adults who were living alone and working, during the lockdown in India. Focus was on their daily living, their relationships and their mental health. Twelve participants residing in various cities of India were included via the Internet. Focus group discussions were used to attain the objectives of the study. The data that emerged from the discussions, was analysed using thematic analysis. All participants had experienced different kinds of disruptions in their life due to the lockdown. This effect was mediated by their financial situation, their general comfort and preference for living alone, media, opportunities for non-virtual interactions and other kinds of recreation, quality of relationships and more. Though there were similarities in their coping methods, their perspective on the lockdown, the meaning they attributed to their current situation and their vision for their future was unique.

Death anxiety is considered to be a basic fear underlying the development and maintenance of numerous psychological conditions. Treatment of trans diagnostic constructs, such as death anxiety, may increase treatment efficacy across a range of disorders. Therefore, the purpose of the present review is to: (1) examine the role of

Terror Management Theory (TMT) and Experimental Existential Psychology in understanding death anxiety as a trans diagnostic construct, (2) outline inventories used to evaluate the presence and severity of death anxiety, (3) review research evidence pertaining to the assessment and treatment of death anxiety in both non-clinical and clinical populations, and (4) discuss clinical implications and future research directions. Numerous inventories have been developed to evaluate the presence and severity of death anxiety, and research has provided compelling evidence that death anxiety is a significant issue, both theoretically and clinically. In particular, death anxiety appears to be a basic fear at the core of a range of mental disorders, including hypochondriasis, panic disorder, and anxiety and depressive disorders. Large-scale, controlled studies to determine the efficacy of well-established psychological therapies in the treatment of death anxiety as a trans diagnostic construct are warranted.

Qualitative evidence drawn from a community study of 58 parentally bereaved school-age children and their surviving parents provides a descriptive exploration of one of the most difficult challenges faced by families in anticipated deaths: managing the stress of a child's exposure to the graphic physical, emotional, and mental deterioration of the dying parent. The concept of traumatic stress is broadly defined to include exposure to the "fact" of impending death itself, that is, the anxiety that comes from knowing that one may lose a close other. Included, as well, is an exploration of secondary traumatic stress, defined here to cover the notion of the stress of watching other loved ones in the family succumb to terror and anxiety about the impending death. Emphasis is placed on a child's unique vulnerability to traumatic stressors and on the role of parenting in mediating child exposure to parental decline. In contrast to the anticipatory grief literature which emphasizes the advantages of forewarning in cushioning postmortem adjustment, this study documents the adverse impact of a child's exposure to graphic stimuli. These findings underscore the need for clinicians to attend to the traumatic stress of "ordinary" anticipated deaths, rather than maintaining an exclusive grief orientation.

In the mid-1960s, when Templer began research on the concept of death anxiety, death was a taboo topic with behavioral scientists and mental health professionals (Templer, 1970). Much has changed since. Kübler-Ross's (1969) book on death and dying played a pivotal role in the growing popularity of death awareness. According to Feifel (1990), the events of World War II and the impact of humanistic/existential psychology have helped thrust death research to the forefront.

Depression and anxiety are among the most common comorbid illnesses in people with end-stage renal disease (ESRD). Patients with ESRD face many challenges which increase the likelihood that they will develop depression or anxiety or worsen these conditions. These include a general feeling of un wellness; specific symptoms caused by ESRD or the patient's treatment; major disruptions in lifestyle; the need to comply with treatment regimens, including dialysis schedules, diet prescription, and water restriction; ancillary treatments and hospitalizations; and the fear of disability, morbidity, and shortened lifespan. Depression has been studied extensively in patients on maintenance dialysis, and much effort has been done to validate the proper screening tools to diagnose depression and to define the treatment options for patients on maintenance dialysis with depression. Anxiety is less well studied in this population of patients. Evidence indicates that anxiety is also common in maintenance dialysis. More attention should be paid to measuring the incidence and prevalence and developing methods of diagnosis and treatment approaches for anxiety in patients with ESRD. In this review, we attempted to underscore those aspects of depression and anxiety that have not been investigated extensively, especially with regard to anxiety.

3.2 METHODOLOGY

AIM: To Study the Impact of anxiety and depression of losing loved ones on mental health among adults.

OBJECTIVES:

1. To study the effect of anxiety and depression of losing loved ones on mental health
2. To study how this effect differs in males and females.

HYPOTHESIS:

Hypothesis 1: To study the impact of anxiety and depression of losing loved ones on mental health.

Hypothesis 2: To study how this impact differs in males and females respectively.

SAMPLING TECHNIQUE: Purposive Sampling

AMPLE: The sample has been selected with the help of purposive sampling as per to the inclusion criteria for the study.

Inclusion criteria-

- The sample will include only young adults to middle adult
- Urban residents
- Willingness to participate in the study

Exclusion criteria-

- The sample will exclude older adults or adolescent
- Non-urban resident
- Unwillingness to participate in the study***SAMPLE SIZE:*** *For the present study 100 participants were surveyed among the adults.*

STATISTICAL ANALYSIS: Mean, Standard Deviation ,spearman's Correlation and Independent sample T test.

TOOLS: DASS21 (Depression Anxiety Stress Scale 21)

3.3 DESCRIPTION OF TOOLS

DASS21 (Depression Anxiety Stress Scale 21)

The Depression Anxiety Stress Scales – 21 (DASS-21) is 21-item self-report measure designed to assess the severity of general psychological distress and symptoms related to depression, anxiety, and stress in adults older adolescents (17 years +).

An earlier version of the DASS scales was referred to as the Self-Analysis Questionnaire (SAQ). The DASS is based on a dimensional rather than a categorical conception of psychological disorder. The assumption on which the DASS development was based (and which was confirmed by the research data) is that the differences between the depression, the anxiety, and the stress experienced by normal subjects and the clinically disturbed, are essentially differences of degree.

Time required: 5-10 mins.

3.1 PROCEDURE:

There was total 100 respondents out of which 73 were Females and 27 Males, survey was conducted in online mode and Questionnaire were circulated through Google forms via social media to study the impact of anxiety and depression of losing loved ones on mental health among adults . The participants were also informed that their scores would be recorded for the sole purpose of the study. Proper scoring was done so that there was no discrepancy in the scores that could lead to insignificant results. Any doubt pertaining to the meaning of the statements in the questionnaire was also cleared. Participants were assured of Confidentiality regarding the information given by them and were asked to give honest response.

3.2 ETHICAL ISSUES

1. This research work has been done in accordance with all ethical norms and care has been taken to follow principles.
2. The data has been collected with due consent from every individual who has participated in the study.
3. All participants have been informed priorly about the purpose of this research.
4. All data has been kept confidential and it will be made sure that it is not misused.
5. It will also be made sure that the personal details are not revealed to anyone or missed for any purpose.
6. Standard tools have been used for data collection.

3.3 RESULT

Table 1:

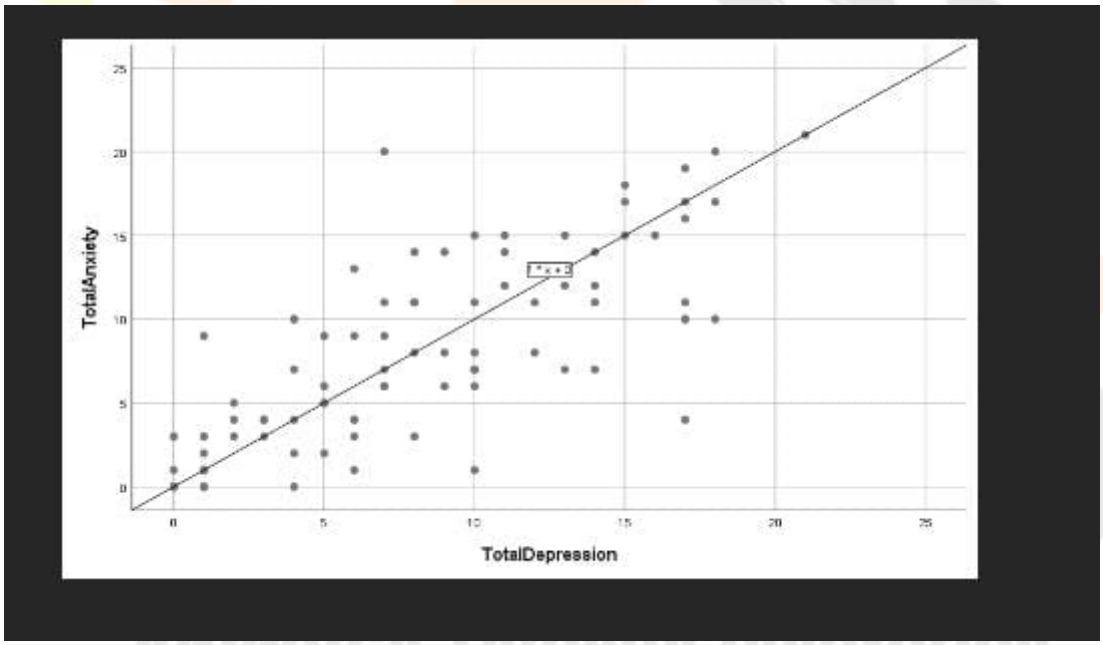
Correlation between Anxiety, depression of losing loved ones on mental, health among adults:

Correlations

			TotalDepression	TotalAnxiety
Spearman's rho	TotalDepression	Correlation Coefficient	1.000	.822**
		Sig. (2-tailed)	.	.000
		N	100	100
	TotalAnxiety	Correlation Coefficient	.822**	1.000
		Sig. (2-tailed)	.000	.
		N	100	100

**. Correlation is significant at the 0.01 level (2-tailed).

Table 1 depicts the Spearman correlation between Anxiety, depression of losing loved ones on mental health among 100 participants. The scores indicate a strong relationship between anxiety and depression scores tendency also have a significant Positive Correlation with mental health . This indicates that Hypothesis 1 has been clearly supported.

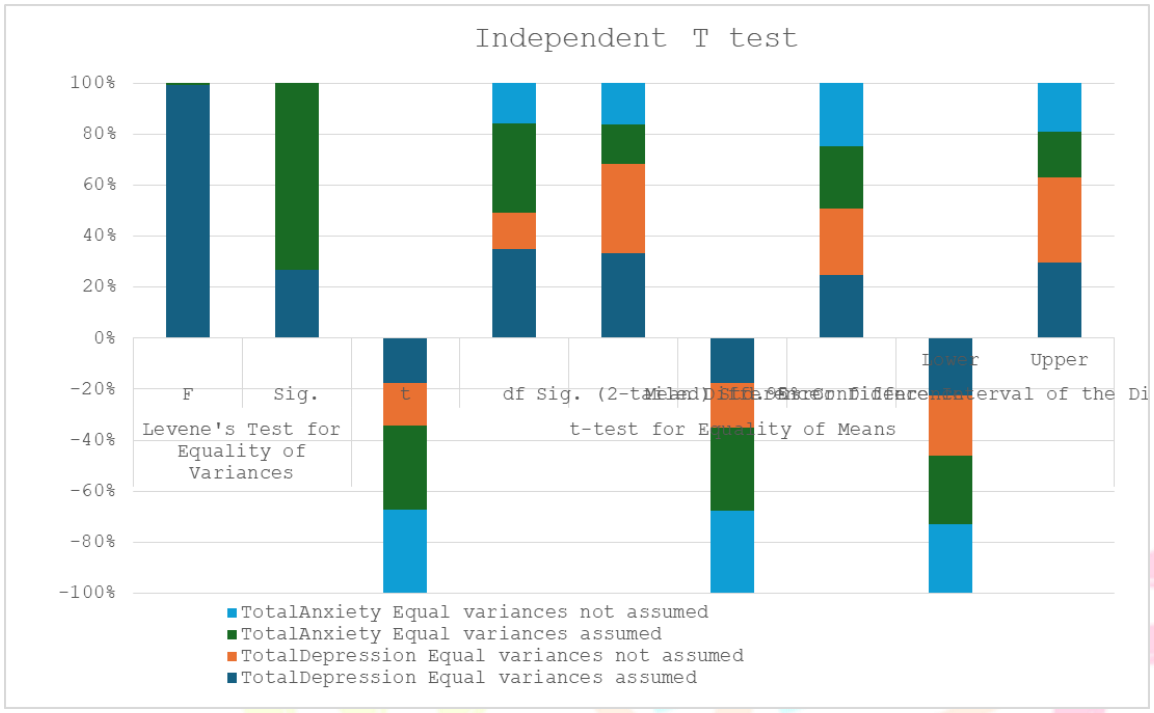


Independent sample

	Gender	N	Mean	Std. Deviation	Std. Error Mean
TotalDepression	Male	27	6.81	6.457	1.243
	Female	73	7.62	5.532	.647
TotalAnxiety	Male	27	6.26	5.894	1.134
	Female	73	7.75	5.673	.664

Table 2

T- Test (Descriptive statistics)



3.4.2.1 DISCUSSION

Chronic stress also is common during acute grief and can lead to a variety of physical and emotional issues, such as depression, trouble sleeping, feelings of anger and bitterness, anxiety, loss of appetite, and general aches and pains.

Our initial goal of the present study was to explore the level of correlations between anxiety, depression of losing loved ones on mental health . According to many studies, there exists a significant positive correlation between anxiety, depression tendency on mental health . There is now compelling evidence for linkages between anxiety, depression tendency of impact on mental health . It has been shown that anxiety has a mediating effect in the relationship between anxiety and depression of losing loved ones on mental health. Research conducted previously discovered that this study will give you an outlook which includes the clear correlation of anxiety and depression tendency on losing loved ones on mental health as well as the visibility of the gender differences. This study was conducted in online mode and Questionnaire were circulated through Google forms through social. The tools that were used for the collection of data are DASS21 (depression anxiety stress scale 21).

According to my hypothesis, there is an impact of anxiety and depression of losing loved ones on mental ,the results supports the First hypothesis. The research has showed a highly correlation between anxiety, depression on mental health . Additional findings also illustrated that there is significant difference among gender.

The findings of the present study cannot be generalized to the entire population, it is specific to young adults only that were in the and in among adults also it is done on a very small number of population (100). Future researches of this topic should include a more efficient way of assessing mental health as well as a sample size that is more diverse and larger as compared to this study.

3.4.2.2 CONCLUSION

Depression and anxiety are different conditions, but they commonly occur together. They also have similar treatments.

Feeling down or having the blues now and then is normal. And everyone feels anxious from time to time — it's a normal response to stressful situations. But severe or ongoing feelings of depression and anxiety can be a sign of an underlying mental health disorder.

Overall, the findings indicate that there is a significant relationship between anxiety, depression of losing loved among adults. Results of the study also showed that there is highly correlation between anxiety, depression tendency scores between females and males.

3.4.2.3 Limitations of study

- ETHICAL CONCERN – Dealing with sensitive topics like loss and mental health requires ethical consideration, includes potential harm to participant and confidentiality issues.
- EXTERNAL FACTORS – Variables such as socio economic status, cultural background , and access to support system can confound results, making it challenging to isolate the impact of losing loved one specially.
- RECALL BIAS – Participant may have difficulty accurately recalling details or emotions associated with past event , affection the reliability of the data collected through self-reporting.
- EXTERNAL FACTORS- variables such as socio-economic status , culture background , access to support system can confound result, making it challenges to isolate the impact of losing loved one specially.

3.4.3.1

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APPENDIX

DASS21 (Depression, Anxiety , Stress Scale)

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

1 (s) I found it hard to wind down 0 1 2 3

2 (a) I was aware of dryness of my mouth 0 1 2 3

3 (d) I couldn't seem to experience any positive feeling at all 0 1 2 3

4 (a) I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion) 0 1 2 3

5 (d) I found it difficult to work up the initiative to do things 0 1 2 3

6 (s) I tended to over-react to situations 0 1 2 3

7 (a) I experienced trembling (e.g. in the hands) 0 1 2 3

8 (s) I felt that I was using a lot of nervous energy 0 1 2 3

9 (a) I was worried about situations in which I might panic and make a fool of myself 0 1 2 3

10 (d) I felt that I had nothing to look forward to 0 1 2 3

11 (s) I found myself getting agitated 0 1 2 3

12 (s) I found it difficult to relax 0 1 2 3

13 (d) I felt down-hearted and blue 0 1 2 3

14 (s) I was intolerant of anything that kept me from getting on with what I was doing 0 1 2 3

15 (a) I felt I was close to panic 0 1 2 3

16 (d) I was unable to become enthusiastic about anything 0 1 2 3

17 (d) I felt I wasn't worth much as a person 0 1 2 3

18 (s) I felt that I was rather touchy 0 1 2 3

19 (a) I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat) 0 1 2 3

20 (a) I felt scared without any good reason 0 1 2 3

21 (d) I felt that life was meaningless 0 1 2 3