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## Religiosity and Depression in College Students by Year in School

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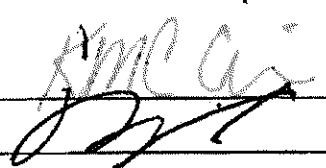
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# Religiosity and Depression in College Students by Year in School

By: Ciara Saylor

## ABSTRACT

The purpose of this research is to identify and analyze if there is a relationship between levels of religiosity and levels of depression in college students. This study particularly looks at how this link changes depending on students' year in school. The study in this paper was conducted by surveying 100 college students on their levels of religious attendance, importance of prayer, importance of religious communities, and their feelings towards religious news and events. The study also employed the Zung depression scale to survey the student's mental health and levels of depression. This research can be used to identify what aspects of religiosity alleviate symptoms of depression and which aspects increase levels of depression as well as shed light on how the college experience changes student's mental health and religiosity.

## Religiosity and Depression in College Students by Year in School

### INTRODUCTION

It is thought that there are mental health benefits associated with high levels of religious involvement, even in college-aged adults. Knowing this, my research question is “does religiosity affect depression in college students differently depending on their year in school, and how?” Past research has shown a link between an individual’s level of religiousness and their likelihood of experiencing symptoms of depression (Aranda, 2008). Studies have shown that this link may be particularly prevalent in college students who, in general, are more likely to experience symptoms of anxiety, stress, and depression. Few recent studies have examined this link among college students, and my goal is to discover if the correlation still exists and if it has changed in strength, particularly in relation to their specific year in school. My hypothesis is that religiosity will decrease as the student’s year in school increases, and there will be a subsequent increase in symptoms of depression. This research is important because it could provide a new understanding of Butler students dealing with depression and possible coping mechanisms or beneficial factors that could be provided by continued religious practices.

### LITERATURE REVIEW

Several past studies have looked into the link between religiosity and levels of depression in the general population. Generally, it has been found that high levels of religious and spiritual involvement lead to a lower likelihood of experiencing symptoms of depression. Studies show that higher levels of religious attendance are associated with lower risk of depressive illness (Aranda, 2008). One study sampled 230 older, low income U.S.-born and immigrant Latinos and surveyed their religious involvement as well as their mental health status.. The study found that higher levels of religious attendance were associated with lower risk of depressive illness after

controlling for factors such as physical functioning, stress exposure, and social support. This study, though particular to Latinos, sheds light on the relationship between religious involvement and mental health (Aranda, 2008). Additionally, it has been determined that there is no one religion that alleviates symptoms of depression more than any other religion. Rather, it is the act of being religious that seems to lower the risk of depression as well as anxiety (Jansen, Motley, and Hovey, 2010). This study examined the relationship between religious beliefs, anxiety, and depression in college students using the Beck Anxiety Inventory and the Beck Depression Inventory as well as questions involving the students' religious attendance and beliefs. They found that there was no significant difference between the religions of the students and their effects, but found that attendance in any religious services was negatively correlated with anxiety and depression (Jansen, Motley, and Hovey, 2010).

In many instances, it has been found that the effects of religiosity tend to be dependent on other factors. In one study, researchers Chou and Hofer (2014) found that religiosity only had positive effects on mental health when individuals were a part of congregations that genuinely suited their needs and beliefs. Those that were involved in churches that did not adequately suit their needs were actually found to have more symptoms of depression as a result of their feeling out of place in their communities (2014). This research suggests that though religion has proved to be helpful in alleviating symptoms of depression, individuals need to choose a congregation that meets their spiritual needs and makes them feel accepted, rather than just attending any congregations (2014). Additionally, it has been consistently found that religiosity has positive effects on mental health only to a certain extent. At a certain point, very high levels of religiosity actually begin to have negative effects on an individual's mental health. Researchers have analyzed data from the Chicago Community Adult Health Study and found that highest

religiosity resulted in negative religious coping skills, congregational criticism, and salience which in turn all have harmful effects on mental health (Sternthal, Williams, Musick, and Buck, 2010). The study tested five potential psychosocial mediators, perceived attitudes toward and motivations for attendance; positive and negative religious coping; religious attitudes, beliefs, and spirituality; congregational support and criticism; and interpersonal and self-forgiveness. The findings indicated that attending religious services once a week, but no more, was beneficial in helping negate symptoms of depression. Those that attended more than once a week became more likely to experience symptoms of depression. Hypothesized factors that influenced increased depression included congregational criticism, social attendance beliefs, and negative coping skills (Sternthal, Williams, Musick, and Buck, 2010). In further research, social scientists have found that strongest religiosity led to negative coping skills in terms of individuals feeling that their grief was punishment, they had been abandoned by God, or that the devil was responsible. This study examined religions relationship to depression in instances of grief and loss. The study surveyed 99 college students who experienced a loss and measured social desirability, religiousness, spirituality, neuroticism, and two forms of religious coping. They found that those with higher levels of religiosity developed maladaptive religious coping behaviors that led to prolonged grieving and symptoms of depression. These findings illustrate that high levels of religiosity often correlate with higher levels of depression and poor mental health (Lee, Roberts, and Gibbons, 2013).

Several studies have also been done analyzing the specific relationship between religiosity and depression in U.S. college students. Gregory Longo conducted a study on college freshman, focusing on the links between religiosity, homesickness, and depression. He found that higher religiosity did tend to lower the likelihood of experiencing symptoms of depression in

college freshman, but this link was strongest when the student had a low attachment to home and thus lower levels of homesickness. High religiosity did not seem to have any alleviating effect on symptoms of depression in those students who experienced high levels of homesickness as well (Longo and Kim-Spoon, 2013). Additional studies have shown confirmation that high levels of religiosity does lower symptoms of depression in the general population of college students overall. In one study, researchers examined data from self-report studies and found that students who reported higher religiousness consistently also reported fewer symptoms of depression (Phillips and Henderson, 2006). However, general trends among college students tend to show that the likelihood of experiencing symptoms of depression increases as students' academic careers progress. Students consistently report higher levels of both anxiety and depression after just one month of attending a university as compared to their levels of depression and anxiety upon first entering college (Andrews and Wilding, 2004). This compilation of previous research begs the question of whether or not high levels of religiosity correlate with low levels of depression in college students throughout the entire course of their academic career, or if there is a point where religiosity no longer lowers the risk of depression.

#### RESEARCH DESIGN AND METHOD

My study is quantitative, looking at the population of full-time undergraduate students at Butler University. In using this population, I face issues of generalizability as I cannot claim to generalize my findings to college students as a whole. My use of random sampling, however, at least allows me to generalize my findings to Butler undergraduates enrolled full time. I used self-report surveys sent to a systematic random sample of Butler University students through email using an outside link to an online anonymous survey. A copy of this survey can be found in the appendix. I believe anonymous self-report surveys taken online are the best way to get



accurate data and receive the highest response rate. Some question topics will be sensitive, that a participant may not feel comfortable answering in and in person interview. Using email surveys serves two purposes as it provides the method of my systematic random sampling of email addresses, and it allows participants to complete the survey on their own time and in privacy. I believe this method will help my response rate and provide valid and accurate results.

My plan was originally to obtain a list of undergraduate emails from registration and records, separated by class year, so I could send 200 surveys to each class. However, registration and records was unable to provide me with any sort of list. Instead, for this research, I obtained a list of undergraduate students through the Butler University email contacts list. I selected all users and filtered for students. I then selected every tenth name on the list, and added them to the list of people to be sent the survey. I sent the survey to 1000 students this way. I made sure that no email addresses were not able to be attached to the responses. I then added a simple message along with the email asking those who received it to please take five to seven minutes to complete the short survey. As responses were being collected through google forms, the platform I used for my survey, I recorded individual responses into an Excel document that I later transferred to the Butler University approved coding system.

One limitation of this method is it tends to be associated with low response rates. To combat this, I sent out a reminder email halfway through the semester in hopes that those who did not participate following the first email, would participate given the reminder. For this research, there are a few key concepts that will need to be conceptualized. These concepts, my variables, are religiosity, depression, and year in school. Some issues may arise from attempting to measure the concepts of depression and religiosity as it can be a sensitive topic and a confusing one. Some participants may not feel comfortable addressing their own personal

problems and feelings even in an anonymous environment. Additionally, some individuals may genuinely not know their position on some of the questions, resulting in inaccurate answers or no answer at all.

As for defining these variables, religiosity, my independent variable, will be defined as an individual's level of religiousness, including personal religious attendance, public religiousness, private practices and importance of faith. I will measure religiosity using an established index of questions that has been determined to be an accurate and valid measure by members of the research community. This index is the Centrality of Religiosity Scale and measures intellect, ideology, public practice, private practice, and experience and has a Cronbach's Alpha of .84. Year in school will also be an independent variable, designated as the number of years the individual has currently spent in undergraduate education, starting with 1 for first years, or freshman. Depression, my dependent variable, will be defined as a mental disorder in which one experiences prolonged negative emotions and poor mental health in a continuum, where they may experience different levels of depression. It will be measured in my survey by self-report questions regarding common symptoms of depression from a widely used index developed to measure depression and mental well-being called the Zung Depression Scale. This depression scale has been used many times by researchers and social scientists and has been determined to be an accurate and valid measure. These variables will all be measured in depth in my online survey, using these traditional and proven measures. Once I obtain a sufficient amount of data I will run bivariate correlation tests on all my variables to analyze the relationships found in the study.

## RESULTS AND FINDINGS

**Correlations**

		Depression Scale	Religion Average
Depression Scale	Pearson Correlation	1	.106
	Sig. (2-tailed)		.293
	N	100	100
Religion Average	Pearson Correlation	.106	1
	Sig. (2-tailed)	.293	
	N	100	100

**Correlations**

		Depression Scale	Prayer Imp
Depression Scale	Pearson Correlation	1	.183
	Sig. (2-tailed)		.068
	N	100	100
Prayer Imp	Pearson Correlation	.183	1
	Sig. (2-tailed)	.068	
	N	100	100

**Correlations**

		Year	Religion Average
Year	Pearson Correlation	1	-.046
	Sig. (2-tailed)		.648
	N	99	99
Religion Average	Pearson Correlation	-.046	1
	Sig. (2-tailed)	.648	
	N	99	100

**Correlations**

		Depression Scale	Year
Depression Scale	Pearson Correlation	1	-.047
	Sig. (2-tailed)		.642
	N	100	99
Year	Pearson Correlation	-.047	1
	Sig. (2-tailed)	.642	
	N	99	99

**Correlations**

		Depression Scale	Relig Serv Attend
Depression Scale	Pearson Correlation	1	.074
	Sig. (2-tailed)		.467
	N	100	100
Relig Serv Attend	Pearson Correlation	.074	1
	Sig. (2-tailed)	.467	
	N	100	100

**Correlations**

		Depression Scale	Relig Comm
Depression Scale	Pearson Correlation	1	.173
	Sig. (2-tailed)		.085
	N	100	100
Relig Comm	Pearson Correlation	.173	1
	Sig. (2-tailed)	.085	
	N	100	100

After analyzing the data, I have found that there is a positive correlation between religiosity and depression, with a Pearson Correlation of .106 and a two-tailed significance of .293. This means that, in general, students that are more religious are more likely to experience symptoms of depression but the relationship is not significant. When comparing the depression scale and how often students attend religious services, there was once again a positive correlation with a Pearson Correlation of .074 and a two-tailed test significance of .467. When comparing

the depression scale and the importance of personal prayer, there was a positive correlation with a Pearson Correlation of .183 and a two-tailed significance of .068. When comparing the depression scale and the importance of feeling involved in a religious community, there was a positive correlation with a Pearson Correlation of .173 and a two-tailed significance of .085. When comparing religiosity and year in school, there was a negative correlation with a Pearson Correlation of -.046 and a two-tailed significance of .648, meaning the further a student is in their college career, the less likely they are to be religious. In relation, when comparing the depression scale and year in school, a negative correlation was found, with a Pearson Correlation of -.047 and a two-tailed significance of .642, meaning the further along a student is in their college career, the less likely they are to experience symptoms of depression. The two most significant correlations were between religiosity and year in school, and depression and year in school. This shows that year in school does actually have a significant bearing in college student's levels of religiosity and depression, which was what I anticipated to find. Interestingly, women tend to be more likely to experience symptoms of depression and tend to be more religious.

## DISCUSSION

It must be noted that none of these findings were found to be statistically significant, so further research should be conducted with more data and higher response rates. It can be determined, however, that it seems as though college students tend to become less religious and more likely to experience symptoms of depression as they continue in their collegiate career. Additionally, all of the specific questions about religion, including questions about importance of prayer, importance of religious attendance, how often students attend religious services, and importance of feeling involved in a religious community were all positively correlated with the

depression scale, meaning the more highly religious a student was, the more likely they were to experience symptoms of depression. This could be the case for several reasons. One is that students face pressure from their religious communities to perform at higher standards and be more religious than others. This can cause higher levels of stress and mental strain for students who are feeling pressure and having to devote extra time to religious activities. This can eventually wear on students who already have immense social and educational strains on themselves, and eventually cause issues of anxiety and depression.

Another possible cause of this correlation is that higher levels of religiosity can sometimes intensify stressful situations as there is fear of a higher power and a feeling of being punished or deserving of hard times. This can cause people going through an already hard time to experience higher levels of depression due to this correlation. Freshmen in college struggling with the new adjustment and seniors dealing with the stress of graduation may find themselves feeling as though they are being punished by a higher power with the hard times they are going through, and this may increase their mental strain.

In relation to past studies done on this topic, the positive correlation between religiosity and depression could be due to a conflict between the religious congregation and the student. As previously discussed, studies show that the positive effects of religion on mental health only exist when the individual is in a congregation that suits their needs. It could be that many students who were highly religious and experienced symptoms of depression were in congregations that did not suit their beliefs and their needs as college students. More research could be done to analyze this relationship between students and their congregations to find a causal factor for this positive correlation.

It can also be noted that in relation to past research, freshman students appeared to be the most likely to experience symptoms of depression which could be linked to homesickness as mentioned in past studies. Controlling for homesickness in additional research would be an interesting way to find if there is a link between the depressive symptoms and homesickness or if there is a direct link between high levels of religiosity as freshman and higher levels of depression.

Finally, it appears that students become less religious and less depressed as they proceed through their college careers. This may be because they have adjusted to their new homes and lives and moved away from the traditional religious lives they may have led when at home with their families. Given the freedom of college life, they may find themselves attending religious services less and developing their lives more by coming out of their shells and experiencing new opportunities to grow that they had never faced before. This expansion in their lives and the access to mental health services through their school may be a reason for the lessening of symptoms of depression as they move forward in their college lives.

## CONCLUSION

In my study, there are both strengths and weaknesses. Email surveys traditionally yield very low response rates, and faced that issue in administering my survey. To combat this issue I sent out a reminder email to students to increase the likelihood that they would respond. Additionally, in dealing with difficult subject matter I ran the risk of participants choosing not to answer certain questions or answering dishonestly despite the privacy of the survey design. I encouraged students to answer completely and honestly and ensure the anonymity of the survey. A strength of my study is the use of a probability sampling method to increase the generalizability of my findings. Another strength is that it is anonymous and not in person, so

participants will feel more comfortable answering personal questions. Finally, there are no ethical concerns in my study as I am not directly interacting with any participants and their responses will be kept anonymous.

Ultimately, after accounting for all the issues my study could face in terms of ethicality, generalizability, and response rates, I believe my study was successful despite the fact that no statistically significant correlations were found. It points to the fact that perhaps religion is not a significant determining factor when it comes to students facing depression in college. The findings I did determine shed a little light on how religiosity may be effecting college students throughout their college careers as they become less religious the longer they are on their own and away from home. As they become older and less religious they also become less depressed which points to a growth in the students and a move away from religion and the stressors of the early years of college. This knowledge can be used to help students who are suffering from depression when they make the move away from home, knowing that diving into a religion intensely is not always the best medicine.

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## APPENDICES

The following is a copy of the survey that will be given out to measure my variables:

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### **Study Information Sheet**

#### **Religiosity and Depression in College Students by Year in School**

You are invited to participate in a research study examining Butler students and their perceptions and opinions of the Butler University Police Department.

#### **Information**

1. This study will require you to complete a short survey questionnaire containing questions about your religious views and practices, and a self-assessment of your current mental health.
2. This questionnaire will take approximately ten minutes to complete.
3. Approximately 200 Butler students will be asked to complete this questionnaire.

#### **Confidentiality**

Your participation in this study is anonymous. Please do not put your name on the survey. There will be no specific reference made in written or oral reports that will link you to this study.

#### **Participation**

Your participation in this study is voluntary. You may decline to participate without penalty. Should you decide to participate you may withdraw from this study with no penalty at any time. If you decide to withdraw prior to completion of the survey your data will be destroyed. You may tear off and keep this page for your records.



**Contact**

If you have any questions about this study or its procedures please contact Ciara Saylor of the Department of Criminology and Sociology at [csaylor@butler.edu](mailto:csaylor@butler.edu) or at 317-460-7309.

I have read and understand the above confidentiality statement



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**What is your current year in school? \_\_\_\_\_**

**What is your gender?**

Male    Female    Other: \_\_\_\_\_

**What is your age? \_\_\_\_\_**

**What is your religion?**

\_\_\_\_ Christian    \_\_\_\_ Jewish    \_\_\_\_ None

\_\_\_\_ Muslim    \_\_\_\_ Mormon    \_\_\_\_ other (please specify) \_\_\_\_\_

*For each item below, please circle the response which best describes your views*

**How often do you think about religious issues?**

Never    Rarely    Occasionally    Often    Very often

**How often do you take part in religious services?**

Never    Rarely    Occasionally    Often    Very often

**How interested are you in learning more about religious topics?**

Not at all    Not very much    Moderately    Quite a bit    Very much so

**How important is to take part in religious services?**

Not at all    Not very much    Moderately    Quite a bit    Very much so

**How important is personal prayer for you?**

Not at all   Not very much   Moderately   Quite a bit   Very much so

**How often do you keep yourself informed about religious questions through radio, television, internet, newspapers, or books?**

Never   Rarely   Occasionally   Often   Very often

**How important is it for you to be connected to a religious community?**

Not at all   Not very much   Moderately   Quite a bit   Very much so

*For each item below, please check the response which best describes how often you felt or behaved this way during the past several days.*

	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down hearted and blue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Morning is when I feel the best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have crying spells or feel like it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have trouble sleeping at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I eat as much as I used to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I still enjoy sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I notice that I am losing weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have trouble with constipation..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My heart beats faster than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I get tired for no reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My mind is as clear as it used to be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I find it easy to do the things I used to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am restless and can't keep still.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I am more irritable than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I find it easy to make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I feel that I am useful and needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My life is pretty full.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I feel that others would be better off if I were dead.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I still enjoy the things I used to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## End of Survey

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The following are coding methods for this survey:

Regarding the religiosity scale portion of the survey, scoring will be done as follows:

- Never/Not at all = 1
- Rarely/Not very much = 2
- Occasionally/Moderately = 3
- Often/Quite a bit = 4
- Very often/ Very much so = 5

In the calculation of the final score, the item sum score is divided through the number of scored scale items. This allows for a range of scores between 1.0 and 5.0 with scores being defined as the following:

1.0 to 2.0: not-religious, 2.1 to 3.9: religious, 4.0 to 5.0: highly-religious

For calculating the depression scale:

- Never = 0
- A little of the time = 1
- Some of the time = 2
- Good part of the time = 3
- Most of the time = 4

questions 2, 5, 6, 11, 12, 14, 16, 17, 18, and 20 will be reversed value

Depression = 50-69

The following is the key to scoring the depression scale portion of the survey:

## KEY TO SCORING THE ZUNG SELF-RATING DEPRESSION SCALE

Consult this key for the value (1-4) that correlates with patients' responses to each statement. Add up the numbers for a total score. Most people with depression score between 50 and 69. The highest possible score is 80<sup>1</sup>.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down-hearted and blue	1	2	3	4
2. Morning is when I feel the best	4	3	2	1
3. I have crying spells or feel like it	1	2	3	4
4. I have trouble sleeping at night	1	2	3	4
5. I eat as much as I used to	4	3	2	1
6. I still enjoy sex	4	3	2	1
7. I notice that I am losing weight	1	2	3	4
8. I have trouble with constipation	1	2	3	4
9. My heart beats faster than usual	1	2	3	4
10. I get tired for no reason	1	2	3	4
11. My mind is as clear as it used to be	4	3	2	1
12. I find it easy to do the things I used to	4	3	2	1
13. I am restless and can't keep still	1	2	3	4
14. I feel hopeful about the future	4	3	2	1
15. I am more irritable than usual	1	2	3	4
16. I find it easy to make decisions	4	3	2	1
17. I feel that I am useful and needed	4	3	2	1
18. My life is pretty full	4	3	2	1
19. I feel that others would be better off if I were dead	1	2	3	4
20. I still enjoy the things I used to do	4	3	2	1