

FAST-17

Sept 2012

DATE: _____ **COMPANION:** _____
NAME: _____ **AGE:** _____ **CURRENT AREA:** _____
High School (City, State): _____ HS GPA: _____ College Attended: _____
How long have you served in the mission field: _____ How long in your current area: _____
Current **Mission Assignment:** Junior/Senior/Dist Leader, Z.L., A.P
Who lived at home where you grew up: _____
Age at baptism: _____ Age you **decided to go on a mission:** _____
Are your **parents active** in the church: Yes/No
Father's church calling: _____ Mother's church calling: _____
Number of siblings who served missions: _____
Did any **siblings return from their mission early:** Yes/No How many: _____
How many years did you attend seminary: _____ Scout Rank: _____
Was it **necessary to delay starting your mission** for any reason: Yes/No
How much of your mission are you paying for yourself: _____
What percentage of *Preach My Gospel* did you read *prior* to your mission _____

*Prior to your mission were you ever **treated for a mental health problem:** LIST: _____*
Have you ever taken medication for depression, anxiety, ADD, or mood disorders: _____
*What **medicines** are you **currently taking:** _____*
*Have any **family members** been treated for mental illness: _____*
Are you currently taking any medication prescribed by your home physician: LIST: _____

1. I feel **successful** as a missionary:
 - (0) Most days
 - (1) More than half the days
 - (2) Less than half the days
 - (3) I rarely feel successful as a missionary.

2. I am a **positive influence** on those around me:
 - (0) Most days
 - (1) More than half the days
 - (2) Less than half the days
 - (3) I am rarely a positive influence on others.

3. My relationship with my **companion** is:
 - (0) Great!
 - (1) Good
 - (2) Occasional problems
 - (3) Frequent problems which interfere with our work.

4. I have mastered *Preach My Gospel* and **teach:**
 - (0) With strong confidence
 - (1) With some confidence
 - (2) I need to improve my mastery of *Preach My Gospel*
 - (3) I have little confidence in my teaching.

5. **Personal prayer** helps the **Spirit guide me** :
 - (0) Most days
 - (1) More than half the days
 - (2) Less than half the days
 - (3) Lately it is difficult to feel the Spirit.

6. **My scripture study** is:
 - (0) One of the best parts of my day!
 - (1) I usually benefit from scripture study
 - (2) Occasionally I skip scripture study
 - (3) I often skip scripture study.

7. **I sleep** well and awake refreshed:
 - (0) Most nights
 - (1) More than half the nights
 - (2) Less than half the nights
 - (3) I have trouble sleeping most nights.

8. **I exercise**:
 - (0) About 5-6 days per week
 - (1) About 3 days per week
 - (2) About 1 day a week
 - (3) I rarely exercise.

9. **I arise by 6:30 am** and **leave the apartment on time**:
 - (0) Nearly every day
 - (1) More than half the days
 - (2) Less than half the days
 - (3) Leaving the apartment on time is a problem.

10. With my companion I make a **written plan** for the next day:
 - (0) Almost every night
 - (1) More than half the time
 - (2) Less than half the time
 - (3) Planning doesn't work well for me.

11. Following **mission rules** and **leaders**:
 - (0) Is helpful in accomplishing my missionary work
 - (1) I try, but I'm not perfect
 - (2) Some of the rules don't work for me
 - (3) I resent following rules and leaders.

12. I cope with **mission stress**:
 - (0) Easily
 - (1) Adequately
 - (2) With occasional difficulty
 - (3) With great difficulty

13. Feeling **sad** or **depressed** interferes with my mission:
 - (0) Rarely
 - (1) Less than half the days
 - (2) More than half the days
 - (3) Nearly every day.

14. Compared to other missionaries, I **worry**:
- (0) Less than other missionaries
 - (1) About the same as other missionaries
 - (2) More than most missionaries
 - (3) My worries are severe.
15. Feeling **irritable** or **angry** interferes with my mission:
- (0) Rarely
 - (1) Less than half the days
 - (2) More than half the days
 - (3) Nearly every day.
16. I struggle with **personal temptations** :
- (0) Rarely
 - (1) I have temptations, but put them out of my mind
 - (2) I have difficulty keeping certain temptations out of my mind
 - (3) I have given in to temptation at least *once* as a missionary
 - (4) I give in to temptation *occasionally* as a missionary
 - (5) I give in to personal temptation *often* as a missionary.
17. I have thoughts of **leaving my mission early**:
- (0) Never
 - (1) Occasionally
 - (2) Often
 - (3) I would like to go home now.

[Supplemental Questions for FAST-17]

18. By working hard I **achieve my missionary goals**:
- (0) Always
 - (1) Usually
 - (2) Seldom
 - (3) Never.
19. My **emotional health** as a missionary is
- (0) Excellent
 - (1) Adequate
 - (2) Less than adequate.
 - (3) Poor.
20. My **overall functioning** as a missionary is:
- (1) Exceptional
 - (2) Excellent
 - (3) Adequate
 - (4) Less than adequate
 - (5) Limited
 - (6) Minimal—I have completely given up.

MISSIONARY OUTCOME QUESTIONNAIRE (This questionnaire was designed for broad scale clinical use)

Name	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date	ID No.
Mission	Months/weeks in mission	Describe any health or other problems		List any medications you are taking

Instructions: Looking over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark the box under the category which best describes your current situation. The term "work" is defined as employment, school, housework, volunteer work, MTC work/class missionary work and so forth. Please do not make any marks in the shaded areas.

<i>PLEASE ANSWER THESE QUESTIONS ACCORDING TO HOW YOU HAVE FELT JUST THIS PAST WEEK</i>	Never	Rarely	Sometimes	Frequently	Almost Always	SD	IR	SR
1. I get along well with others	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0		<input type="checkbox"/>	
2. I tire quickly	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
3. I feel no interest in things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
4. I feel stressed at work/school (Missionary work)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			<input type="checkbox"/>
5. I blame myself for things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
6. I feel irritated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
7. I feel unhappy in my closest relationships (parents, companions, friends)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/>	
8. I have thoughts of ending my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
9. I feel weak	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
10. I feel fearful	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
11. I have a hard time getting going in the morning	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
12. I find my work/school satisfying (missionary work and studies)	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			<input type="checkbox"/>
13. I am a happy person	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/>		
14. I work/study too much	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			<input type="checkbox"/>
15. I feel worthless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
16. I am concerned about family troubles	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/>	
17. I have problems because I say the wrong thing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
18. I feel lonely	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
19. I have frequent arguments	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
20. I feel loved and wanted	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0		<input type="checkbox"/>	
21. I enjoy my spare time	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			<input type="checkbox"/>
22. I have difficulty concentrating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
23. I feel hopeless about the future	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
24. I like myself	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/>		
25. Disturbing thoughts come in to my mind that I cannot get rid of	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
26. I feel a need to escape from others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/>	
27. I have an upset stomach	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
28. I am not working/studying as well as I used to	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			<input type="checkbox"/>
29. My heart pounds too much.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
30. I have trouble getting along with friends and close acquaintances	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		<input type="checkbox"/>	
31. I am satisfied with my life.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/>		
32. I have so many things to do I can't seem to finish what I start	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			<input type="checkbox"/>
33. I feel that something bad is going to happen	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
34. I have sore muscles	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
35. I feel afraid of open spaces, of driving, or being on buses, subways, etc.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
36. I feel nervous.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
37. I feel my love relationships are full and complete(family, close friends)	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0		<input type="checkbox"/>	
38. I feel that I am not doing well at work/school (Mission)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			<input type="checkbox"/>
39. I have too many disagreements at work/school. (Mission)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			<input type="checkbox"/>
40. I feel something is wrong with my mind.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
41. I have trouble falling asleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
42. I feel blue (depressed)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		
43. I am satisfied with my relationships with others.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0		<input type="checkbox"/>	
44. I feel angry enough at school (Mission) to do something I might regret	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			<input type="checkbox"/>
45. I have headaches.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>		