

Name: _____ Date: _____

Fruit of the Spirit Survey*

Instructions. Use checks (✓) to indicate how you've been feeling over the past week, including today. Please answer all the items.

	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
Joy Assessment					
1. Sad or down in the dumps					
2. Discouraged or hopeless					
3. Low self-esteem					
4. Worthless or inadequate					
5. Loss of pleasure or satisfaction in life					
Total Items 1 to 5 →					

Peace Assessment					
1. Anxious					
2. Frightened					
3. Worrying about things					
4. Tense or on edge					
5. Nervous					
Total Items 1 to 5 →					

Self-Control Assessment					
1. Frustrated					
2. Annoyed					
3. Resentful					
4. Angry					
5. Irritated					
Total Items 1 to 5 →					

Relationship Satisfaction

Name _____

Instructions. Use checks (✓) to show how satisfied or dissatisfied you feel in your closest personal relationship.

Please answer all 5 items.

	Dissatisfied			Satisfied		
	0—Very	1—Moderately	2—Somewhat	3—Neutral	4—Somewhat	5—Moderately
1. Communication and openness						
2. Resolving conflicts and arguments						
3. Degree of affection and caring						
4. Intimacy and closeness						
5. Overall satisfaction						
Total Items 1 to 5 →						



*Forms are based on: Copyright © 1997 by David D. Burns, M.D. Revised, 2002.