

# Death Anxiety Test

<b>Name:</b>		<b>Age:</b>	
<b>Gender:</b>	Male	Female	Other:
<b>Date of Assessment:</b>			

To test your own level of death anxiety, indicate your response according to the following scale:

**0 - Not at all**

**1 - Somewhat**

**2 - Very much**

	0	1	2
1. Do you worry about dying?			
2. Does it bother you that you may die before you have done everything you wanted to do?			
3. Do you worry that you may be very ill for a long time before you die?			
4. Does it upset you to think that others may see you suffering before you die?			
5. Do you worry that dying may be very painful?			
6. Do you worry that the persons closest to you won't be with you when you are dying?			
7. Do you worry that you may be alone when you are dying?			
8. Does the thought bother you that you might lose control of your mind before death?			
9. Do you worry that expenses connected with your death will be a burden to other people?			

	0	1	2
10. Does it worry you that your will or instructions about your belongings may not be carried out after you die?			
11. Are you afraid that you may be buried before you are really dead?			
12. Does the thought of leaving loved ones behind when you die disturb you?			
13. Do you worry that those you care about may not remember you after your death?			
14. Does the thought worry you that with death you may be gone forever?			
15. Are you worried about not knowing what to expect after death?			

### Reference:

Conte, H. R., Weiner, M. B., & Plutchik, R. (1982). Measuring death anxiety: Conceptual, psychometric, and factor-analytic aspects. *Journal of Personality and Social Psychology*, 43(4), 775–785.  
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