

THE BURNS DEPRESSION INVENTORY

NAME: _____

DATE: _____

INSTRUCTIONS: The following is a list of symptoms that people sometimes have. Put a check () in the space to the right that best describes how much that symptom or problem has bothered you during this past week.	0 – NOT AT ALL	1- SOMEWHAT	2- MODERATELY	3- A LOT
SYMPTOM LIST				
Sadness: Do you feel sad or down in the dumps?	0	1	2	3
Discouragement: Does your future look hopeless?	0	1	2	3
Low Self-Esteem: Do you feel worthless?	0	1	2	3
Inferiority: Do you feel inadequate or inferior to others?	0	1	2	3
Guilt: Do you get self-critical and blame yourself?	0	1	2	3
Indecisiveness: Is it hard to make decisions?	0	1	2	3
Irritability: Do you frequently feel angry or resentful?	0	1	2	3
Loss of interest in life: Have you lost interest in your career, hobbies, family and friends?	0	1	2	3
Loss of motivation: Do you have to push yourself to do things?	0	1	2	3
Poor Self-Image: Do you feel old and unattractive	0	1	2	3
Appetite Changes: Have you lost your appetite? Do you overeat or binge compulsively?	0	1	2	3
Sleep Changes: Is it hard to get at good night's sleep? Are you excessively tired and sleeping too much?	0	1	2	3
Loss of Libido: Have you lost your interest in sex?	0	1	2	3
Concerns about Health: Do you worry excessively about your health?	0	1	2	3
Suicidal Impulses? Do you have thoughts that life is not worth living or think you'd be better off dead?	0	1	2	3
Add up your total and record it here:	0			
Total:				

0-4 Minimal or no Depression 5-10 Borderline Depression 11-20 Mild Depression
21-30 Moderate Depression 31-45 Severe Depression

The Feeling Good Handbook, David Burns, M.D., Penguin Group, 1999.