

Burns' Depression Checklist*

Name: _____

Date of Test: _____

INSTRUCTIONS: X the appropriate box to indicate how much each of the symptoms has been bothering you in the past week including today. Please be honest and be sure to answer all 15 questions.

		Not at All 0 Days/week	Somewhat 1-2 Days/week	Moderately 3-4 Days/week	A Lot 5-7 Days/week
		0	1	2	3
1	Sadness: Have you been feeling sad or down in the dumps?				
2	Discouragement: Does the future look bleak or hopeless?				
3	Low self-esteem: Do you feel worthless or think of yourself as a loser?				
4	Inferiority: Do you feel inadequate or inferior to others?				
5	Guilt: Do you get self-critical and blame yourself?				
6	Indecisiveness: Is it hard to make decisions?				
7	Irritability and frustration: Have you been feeling angry or resentful?				
8	Loss of interest in life: Have you lost interest in your career, hobbies, family or friends?				
9	Loss of motivation: Do you feel overwhelmed and have to push yourself hard to do things?				
10	Poor self-image: Do you think you're looking old or unattractive?				
11	Appetite changes: Have you lost your appetite? Or, do you overeat compulsively?				
12	Sleep changes: Is it hard to get a good night's sleep? Or, are you tired and sleeping too much?				
13	Loss of libido: Have you lost your interest in sex?				
14	Hypochondriasis: Do you worry a lot about your health?				
15	Suicidal impulses: Do you think life is not worth living or think you'd be better off dead?				
Subtotal:					

0-4	Minimal or No Depression
5-10	Normal but Unhappy
11-20	Borderline to Mild Depression
21-30	Moderate Depression
31-45	Severe Depression

Total Score: _____

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