

THE BURNS DEPRESSION CHECKLIST* by David D. Burns, M.D. (Revised, 1996)

Name: _____ Date: _____

Instructions: Please circle one numerical rating for each item to indicate how much you have experienced each symptom during the past week, including today.

<i>Thoughts and Feelings</i>	<i>Not at All</i>	<i>Some what</i>	<i>Moderately</i>	<i>A Lot</i>	<i>Extremely</i>
1. Feeling sad or down in the dump	0	1	2	3	4
2. Feeling unhappy or blue	0	1	2	3	4
3. Crying spells or tearfulness	0	1	2	3	4
4. Feeling discouraged	0	1	2	3	4
5. Feeling hopeless	0	1	2	3	4
6. Low self esteem	0	1	2	3	4
7. Feeling worthless or inadequate	0	1	2	3	4
8. Guilt or shame	0	1	2	3	4
9. Criticizing yourself or blaming yourself	0	1	2	3	4
10. Difficulty making decisions	0	1	2	3	4
<i>Activities and Personal Relationships</i>	<i>Not at All</i>	<i>Some what</i>	<i>Moderately</i>	<i>A Lot</i>	<i>Extremely</i>
11. Loss of interest in family, friends, colleagues	0	1	2	3	4
12. Loneliness	0	1	2	3	4
13. Spending less time with family or friends	0	1	2	3	4
14. Loss of motivation	0	1	2	3	4
15. Loss of interest in work or other activities	0	1	2	3	4
16. Avoiding work or other activities	0	1	2	3	4
17. Loss of pleasure or satisfaction in life	0	1	2	3	4
<i>Physical Symptoms</i>	<i>Not at All</i>	<i>Some what</i>	<i>Moderately</i>	<i>A Lot</i>	<i>Extremely</i>
18. Feeling tired	0	1	2	3	4
19. Difficulty sleeping or sleeping too much	0	1	2	3	4
20. Decreased or increased appetite	0	1	2	3	4
21. Loss of interest in sex	0	1	2	3	4
22. Worrying about your health	0	1	2	3	4
<i>Suicidal Urges **</i>	<i>Not at All</i>	<i>Some what</i>	<i>Moderately</i>	<i>A Lot</i>	<i>Extremely</i>
23. Do you have any suicidal thoughts?	0	1	2	3	4
24. Would you like to end your life?	0	1	2	3	4
25. Do you have a plan for harming yourself?	0	1	2	3	4

Please Total Your Score on items 1 to 15 here: _____

**Anyone with suicidal urges should seek help from a mental health professional immediately

Copyright © 1989 by David D. Burns, M.D., from The Feeling Good Handbook