

THE BURNS DEPRESSION CHECKLIST *

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 the past week.

		0 - Not at All	1 - Somewhat	2 - Moderately	3 - A Lot
1.	Sadness: Have you been feeling sad or down in the dumps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Discouragement: Does the future look hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Low self-esteem: Do you feel worthless or think of yourself as a failure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Inferiority: Do you feel inadequate or inferior to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Guilt: Do you get self-critical and blame yourself for everything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Indecisiveness: Do you have trouble making up your mind about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Irritability and frustration: Have you been feeling resentful and angry a good deal of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Loss of interest in life: Have you lost interest in your career, your hobbies, your family, or your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Loss of motivation: Do you feel overwhelmed and have to push yourself hard to do things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Poor self-image: Do you think you're looking old or unattractive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Appetite changes: Have you lost your appetite? Or do you overeat or binge compulsively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Sleep changes: Do you suffer from insomnia and find it hard to get a good night's sleep? Or are you excessively tired and sleeping too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Loss of libido: Have you lost your interest in sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Hypochondriasis: Do you worry a great deal about your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Suicidal impulses: Do you have thoughts that life is not worth living or think that you might be better off dead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add up your total score for the 15 symptoms and record it here: _____ Date: _____

After you have completed the test, add up your total score. It will be somewhere between 0 (if you answered "not at all" for each of the 15 categories) and 45 (if you answered "a lot" for each one.) Use this key to interpret your score.

Total Score	Degree of depression
0 - 4	Minimal or no depression
5 - 10	Borderline depression
11 - 20	Mild depression
21 - 30	Moderate depression
31 - 45	Severe depression