



Name: \_\_\_\_\_ Date: \_\_\_\_\_

### The Burns Depression Checklist

**Instructions:** Place a check in the box to the right of each of the 15 symptoms to indicate how much this type of feeling has been bothering you in the past several days.

0 = Not at all

1 = Somewhat

2 = Moderately

3 = A lot

	0	1	2	3
1. <b>Sadness:</b> Do you feel sad or down in the dumps?				
2. <b>Discouragement:</b> Does the future look hopeless?				
3. <b>Low self-esteem:</b> Do you feel worthless?				
4. <b>Inferiority:</b> Do you feel inadequate or inferior to others?				
5. <b>Guilt:</b> Do you get self-critical and blame yourself?				
6. <b>Indecisiveness:</b> Is it hard to make decisions?				
7. <b>Irritability:</b> Do you frequently feel angry or resentful?				
8. <b>Loss of interest in life:</b> Have you lost interest in your career, hobbies, family or friends?				
9. <b>Loss of motivation:</b> Do you have to push yourself hard to do things?				
10. <b>Poor self-image:</b> Do you feel old or ugly?				
11. <b>Appetite changes:</b> Have you lost your appetite? Do you overeat or binge compulsively?				
12. <b>Sleep changes:</b> Is it hard to get a good night's sleep? Are you excessively tired and sleeping too much?				
13. <b>Loss of sex drive:</b> Have you lost interest in sex?				
14. <b>Concerns about health:</b> Do you worry excessively about your health?				
15. <b>Suicidal impulses:</b> Do you have thoughts that life is not worth living or think you'd be better off dead?				
Add up your totals and enter them here	0			
<b>Total</b>				

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

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<b>Scoring Key for the Burns Depression Checklist</b>	
<b>Total ,Score</b>	<b>Degree of Depression</b>
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

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