

Name: _____

DOB: _____

Date: _____

Beck Depression Inventory

Choose the one statement, from among the group of four statements in each question that best describes how you have been feeling during the past few days. Check the box beside your choice.

1	<input type="checkbox"/> 0 I do not feel bad <input type="checkbox"/> 1 I feel sad <input type="checkbox"/> 2 I am sad all the time and can't snap out of it <input type="checkbox"/> 3 I am sad or unhappy that I cannot stand it
2	<input type="checkbox"/> 0 I am not particularly discouraged about the future <input type="checkbox"/> 1 I feel discouraged about the future <input type="checkbox"/> 2 I feel I have nothing to look forward to <input type="checkbox"/> 3 I feel that the future is hopeless and that things cannot improve
3	<input type="checkbox"/> 0 I do not feel like a failure <input type="checkbox"/> 1 I feel I have failed more than the average person <input type="checkbox"/> 2 As I look back on life, all I can see is a lot of failure <input type="checkbox"/> 3 I feel I am a complete failure as a person
4	<input type="checkbox"/> 0 I get as much satisfaction out of things as I used to <input type="checkbox"/> 1 I don't enjoy things the way I used to <input type="checkbox"/> 2 I don't get any real satisfaction out of anything anymore <input type="checkbox"/> 3 I am dissatisfied or bored with everything
5	<input type="checkbox"/> 0 I don't feel particularly guilty <input type="checkbox"/> 1 I feel guilty a good part of the time <input type="checkbox"/> 2 I feel guilty most of the time <input type="checkbox"/> 3 I feel guilty all the time
6	<input type="checkbox"/> 0 I don't feel that I am being punished <input type="checkbox"/> 1 I feel I may be punished <input type="checkbox"/> 2 I expect to be punished <input type="checkbox"/> 3 I feel I am being punished
7	<input type="checkbox"/> 0 I don't feel disappointed in myself <input type="checkbox"/> 1 I am disappointed in myself <input type="checkbox"/> 2 I am disgusted with myself <input type="checkbox"/> 3 I hate myself
8	<input type="checkbox"/> 0 I don't feel I am worse than anybody else <input type="checkbox"/> 1 I am critical of myself for my weaknesses or mistakes <input type="checkbox"/> 2 I blame myself all the time for faults <input type="checkbox"/> 3 I blame myself for everything bad that happens
9	<input type="checkbox"/> 0 I don't have any thoughts of killing myself <input type="checkbox"/> 1 I do have any thoughts of killing myself but I would not carry them out <input type="checkbox"/> 2 I would like to kill myself <input type="checkbox"/> 3 I would kill myself if I had the chance
10	<input type="checkbox"/> 0 I don't cry any more than usual <input type="checkbox"/> 1 I cry more than I used to <input type="checkbox"/> 2 I cry all the time now <input type="checkbox"/> 3 I would kill myself if I had the chance
11	<input type="checkbox"/> 0 I am not more irritated by things than I ever am <input type="checkbox"/> 1 I am slightly more irritated now than usual <input type="checkbox"/> 2 I am quite annoyed or irritated a good deal of the time <input type="checkbox"/> 3 I feel irritated all the time now

12	<input type="checkbox"/> 0 I have not lost interest in other people <input type="checkbox"/> 1 I am less interested in other people than I used to be <input type="checkbox"/> 2 I have lost most of my interest in other people <input type="checkbox"/> 3 I have lost all my interest in other people
13	<input type="checkbox"/> 0 I make decisions about as well as I ever could <input type="checkbox"/> 1 I put off making decisions more than I used to <input type="checkbox"/> 2 I have a greater difficulty in making decisions than before <input type="checkbox"/> 3 I can't make decisions at all anymore
14	<input type="checkbox"/> 0 I don't feel I look worse than I used to <input type="checkbox"/> 1 I am worried that I am looking old or unattractive <input type="checkbox"/> 2 I feel that there are permanent changes in my appearance that make me look unattractive <input type="checkbox"/> 3 I believe that I look ugly
15	<input type="checkbox"/> 0 I can work about as well as before <input type="checkbox"/> 1 It takes an extra effort to get started at doing something <input type="checkbox"/> 2 I have to push myself very hard to do anything <input type="checkbox"/> 3 I can't do any work at all
16	<input type="checkbox"/> 0 I can sleep as well as usual <input type="checkbox"/> 1 I don't sleep as well as I used to <input type="checkbox"/> 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep <input type="checkbox"/> 3 I wake up several hours earlier than I used to and cannot get back to sleep
17	<input type="checkbox"/> 0 I don't get more tired than usual <input type="checkbox"/> 1 I get tired more easily than I used to <input type="checkbox"/> 2 I get tired from doing almost anything <input type="checkbox"/> 3 I am too tired to do anything
18	<input type="checkbox"/> 0 My appetite is no worse than usual <input type="checkbox"/> 1 My appetite is not as good as it used to be <input type="checkbox"/> 2 My appetite is much worse now <input type="checkbox"/> 3 I have no appetite at all anymore
19	<input type="checkbox"/> 0 I haven't lost much weight, if any, lately <input type="checkbox"/> 1 I have lost more than five pounds <input type="checkbox"/> 2 I have lost more than ten pounds <input type="checkbox"/> 3 I have lost more than fifteen pounds trying to lose weight <p style="text-align: center;">Score 0 if you have been purposely trying to lose weight</p>
20	<input type="checkbox"/> 0 I am no more worried about my health than usual <input type="checkbox"/> 1 I am worried about my physical problems such as aches and pains or upset stomach <input type="checkbox"/> 2 I am very worried about physical problems and it's hard to think of much else <input type="checkbox"/> 3 I am so worried about my physical problems that I cannot think about anything else
21	<input type="checkbox"/> 0 I have not noticed any recent change in my interest in sex <input type="checkbox"/> 1 I am less interested in sex <input type="checkbox"/> 2 I am much less interested in sex <input type="checkbox"/> 3 I have lost interest in sex completely

Please indicate if you have felt any of the following, how often and for what period of time:

- | | |
|---|--|
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Increased fatigue and loss of energy |
| <input type="checkbox"/> Loss of interest or pleasure in usual activities | <input type="checkbox"/> Feelings of self-reproach, worthlessness or inappropriate guilt |
| <input type="checkbox"/> Significant change in weight and/or appetite | <input type="checkbox"/> Slowed thinking or impaired concentration |
| <input type="checkbox"/> Insomnia or hypersomnia | <input type="checkbox"/> Suicide attempt or suicidal ideation |
| <input type="checkbox"/> Psychomotor agitation or retardation | |