

Burns Depression Checklist

Name: _____ Date: _____

Instruction: Please place a ✓ to indicate how much you've experienced each symptom in **the past week, including today.**

	0 – Not at all	1 - Somewhat	2 - Moderately	3 – A lot	4 – Extremely
1. Feeling sad or down in the dumps					
2. Feeling unhappy or blue					
3. Tearfulness or episodes of crying					
4. Feeling discouraged					
5. Feeling hopeless					
6. Low self esteem					
7. Feeling worthless or inadequate					
8. Feeling guilt or shame					
9. Criticizing yourself or blaming others					
10. Difficulty making decisions					
11. Loss of interest in family, friends or colleagues					
12. Loneliness					
13. Spending less time with family and friends					
14. Loss of motivation					
15. Loss of interest in work or other activities					
16. Avoiding work or other activities					
17. Loss of pleasure or satisfaction in life					
18. Feeling tired					
19. Having difficulty sleeping or sleeping too much					
20. Decreased or increased appetite					
21. Loss of interest in sex					
22. Worrying about your health					
23. Do you have any thoughts of suicide?					
24. Would you like to end your life?					
25. Do you have a plan for harming yourself?					

Burns Anxiety Inventory (Page 1 of 2)

Name: _____ Date: _____

Instruction: Please place a ✓ to indicate how much you've experienced each symptom in **the past week, including today.**

	0 – Not at all	1 - Somewhat	2 - Moderately	3 – A lot
1. Anxiety, nervousness, worry or fear				
2. Feeling that things around you are strange, unreal or foggy				
3. Feeling detached from all or part of your body				
4. Sudden unexpected panic spells				
5. Apprehension or a sense of impending doom				
6. Feeling tense, stressed, "uptight" or on edge				
7. Difficulty concentrating				
8. Racing thoughts or having your mind jump from one thing to the next				
9. Frightening fantasies or daydreams				
10. Feeling that you're on the verge of losing control				
11. Fears of cracking up or going crazy				
12. Fears of fainting or passing out				
13. Fears of physical illnesses or heart attacks or dying				
14. Concerns about looking foolish or inadequate in front of others				
15. Fears of being alone, isolated or abandoned				
16. Fears of criticism or disapproval				
17. Fears that something terrible is about to happen				
18. Skipping or racing or pounding of the heart (i.e., "palpitations")				
19. Pain, pressure or tightness in the chest				
20. Tingling or numbness in the toes or fingers				
21. Butterflies or discomfort in the stomach				
22. Constipation or diarrhea				
23. Restlessness or jumpiness				
24. Having tight, tense muscles				
25. Sweating <u>not</u> brought on by heat				

Burns Anxiety Inventory (Page 2 of 2)

Name: _____ Date: _____

		0 – Not at all	1 - Somewhat	2 - Moderately	3 – A lot
26.	Feeling a lump in the throat				
27.	Trembling or shaking				
28.	Feeling as if your legs are rubbery				
29.	Feeling dizzy, lightheaded or off balance				
30.	Choking or smothering sensations or difficulty breathing				
31.	Headaches or pains in the neck or back				
32.	Having hot flashes or cold chills				
33.	Feeling tired, weak or easily exhausted				

Please score the Burns Depression Checklist: _____

Please score the Burns Anxiety Inventory: _____

Scoring for the BDC

Total Score	Level of Depression
0-5	No depression
6-10	Normal but not quite happy
11-25	Mild depression
26-50	Moderate depression
51-75	Severe depression
76-100	Extreme depression

Scoring for the BAI

Total Score	Degree of Anxiety
0-4	Minimal or no anxiety
5-10	Borderline anxiety
11-20	Mild anxiety
21-30	Moderate anxiety
31-50	Severe anxiety
51-99	Extreme anxiety or panic