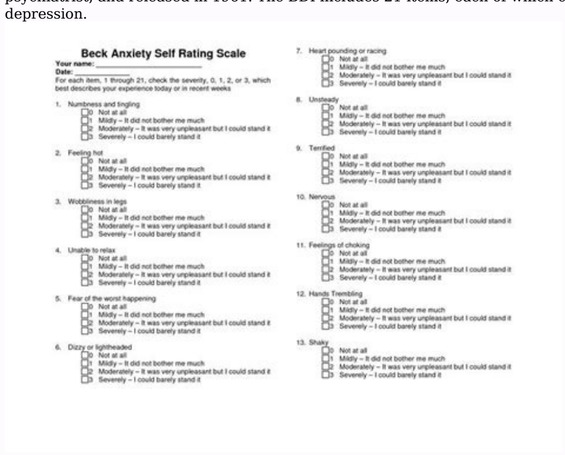


I'm not robot!

Beck depression inventory scoring guide

The Beck Depression Inventory (BDI) is a 21-item, self-rated scale that evaluates key symptoms of depression including mood, pessimism, sense of failure, self-dissatisfaction, guilt, punishment, self-dislike, self-accusation, suicidal ideas, crying, irritability, social withdrawal, indecisiveness, body image change, work difficulty, insomnia, fatigability, loss of appetite, weight loss, somatic preoccupation, and loss of libido (Beck & Steer, 1993; Beck, Steer & Garbing, 1988).From: Clinical Trial Design Challenges in Mood Disorders, 2015 The Beck Depression Inventory (BDI) is a self-report questionnaire used to measure the severity of depression. The BDI was developed by Dr. Aaron T. Beck, a psychiatrist, and released in 1961. The BDI includes 21 items, each of which corresponds to a symptom of depression. The BDI was first published in 1961 by Dr. Aaron T. Beck, a psychiatrist who is considered the father of cognitive therapy. The BDI was designed to measure the severity of depression, as well as to serve as a tool for screening for depression.

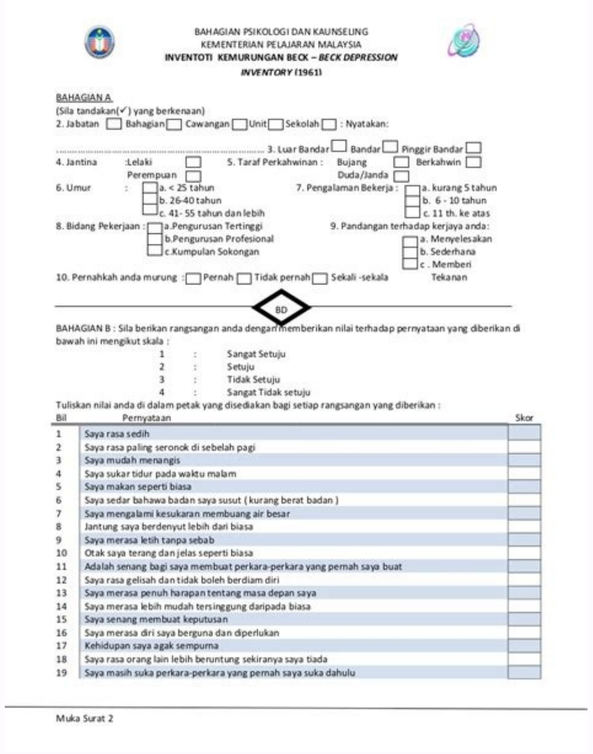


Beck Anxiety Self Rating Scale

Your name: _____
Date: _____
For each item, 1 through 21, check the severity, 0, 1, 2, or 3, which best describes your experience today or in recent weeks

1. Numbness and tingling
   - 0 Not at all
   - 1 Mildly – It did not bother me much
   - 2 Moderately – It was very unpleasant but I could stand it
   - 3 Severely – I could barely stand it
2. Feeling hot
   - 0 Not at all
   - 1 Mildly – It did not bother me much
   - 2 Moderately – It was very unpleasant but I could stand it
   - 3 Severely – I could barely stand it
3. Wobbliness in legs
   - 0 Not at all
   - 1 Mildly – It did not bother me much
   - 2 Moderately – It was very unpleasant but I could stand it
   - 3 Severely – I could barely stand it
4. Unable to relax
   - 0 Not at all
   - 1 Mildly – It did not bother me much
   - 2 Moderately – It was very unpleasant but I could stand it
   - 3 Severely – I could barely stand it
5. Fear of the worst happening
   - 0 Not at all
   - 1 Mildly – It did not bother me much
   - 2 Moderately – It was very unpleasant but I could stand it
   - 3 Severely – I could barely stand it
6. Dizzy or lightheaded
   - 0 Not at all
   - 1 Mildly – It did not bother me much
   - 2 Moderately – It was very unpleasant but I could stand it
   - 3 Severely – I could barely stand it
7. Heart pounding or racing
   - 0 Not at all
   - 1 Mildly – It did not bother me much
   - 2 Moderately – It was very unpleasant but I could stand it
   - 3 Severely – I could barely stand it
8. Unsteady
   - 0 Not at all
   - 1 Mildly – It did not bother me much
   - 2 Moderately – It was very unpleasant but I could stand it
   - 3 Severely – I could barely stand it
9. Terrified
   - 0 Not at all
   - 1 Mildly – It did not bother me much
   - 2 Moderately – It was very unpleasant but I could stand it
   - 3 Severely – I could barely stand it
10. Nervous
    - 0 Not at all
    - 1 Mildly – It did not bother me much
    - 2 Moderately – It was very unpleasant but I could stand it
    - 3 Severely – I could barely stand it
11. Feelings of choking
    - 0 Not at all
    - 1 Mildly – It did not bother me much
    - 2 Moderately – It was very unpleasant but I could stand it
    - 3 Severely – I could barely stand it
12. Hands Trembling
    - 0 Not at all
    - 1 Mildly – It did not bother me much
    - 2 Moderately – It was very unpleasant but I could stand it
    - 3 Severely – I could barely stand it
13. Shaky
    - 0 Not at all
    - 1 Mildly – It did not bother me much
    - 2 Moderately – It was very unpleasant but I could stand it
    - 3 Severely – I could barely stand it

The original BDI consisted of 21 items, each of which corresponded to a symptom of depression. Dr. Beck and his colleagues found that the BDI had good reliability and validity. The BDI has been widely used in research studies and clinical practice. In 1996, the BDI was revised to include additional items and to reflect changes in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The revised BDI, known as the BDI-II, is the most widely used version of the questionnaire. The BDI is used to measure the severity of depression. It can be used to screen for depression and monitor the course of treatment. The BDI is not a diagnostic test, but it can help health care providers make a diagnosis. For the BDI-II, a score of 10 to 18 indicates mild depression, and 30 or above indicates severe depression. The BDI can also be used to monitor the course of treatment. A decrease in scores over time indicates that the person's symptoms are improving. It is important to keep in mind that the BDI is a self-report measure. This means that it relies on the individual's own perception of their symptoms. Some people may underestimate their level of distress, while others may exaggerate their symptoms. If you are concerned about your level of depression, it is important to discuss your symptoms with a mental health professional. The BDI-II includes 21 items, each of which corresponds to a symptom of depression. The items are grouped into four categories: Somatic (physical) symptoms Affective (emotional) symptoms Cognitive symptoms Vegetative symptoms (refers to changes in sleep patterns, and appetite) Researchers have identified several potential limitations of using the BDI in the measurement of depression. Here are some of the limitations of the Beck Depression Inventory: The BDI is a self-report measure. This means that it relies on the individual's own perception of their symptoms. Not everyone experiences depression in the same way, and some people may have difficulty accurately reporting their symptoms.The BDI only assesses symptoms of depression. It does not assess other important factors, such as family history or genetic predisposition.The BDI is a static measure. This means that it does not take into account changes in symptoms over time.The BDI is not specific to any one culture. This means that it may not be as accurate in measuring depression in people from different cultures. The BDI has good reliability and validity. The test-retest reliability of the BDI-II ranged from 0.73 to 0.92, which means that the scores are consistent over time. The internal consistency of the BDI-II was 0.9, which means that the items on the questionnaire relate to each other and measure the same construct. The BDI-II also has good convergent and discriminant validity. Convergent validity means that the BDI-II correlates highly with other measures of depression, such as the PHQ-9. Discriminant validity means that the BDI-II does not correlate highly with measures of other psychiatric symptoms such as anxiety. If you are looking for a quick and easy way to take the Beck Depression Inventory or if you are a doctor looking to give it to your patients, there are a few versions available: It is important to note that the official BDI is copyrighted and available on Pearson's website.



BAHAGIAN PSIKOLOGI DAN KAUNSELING
KEMENTERIAN PELAJARAN MALAYSIA
INVENTORI KEMURUNGAN BECK – *BECK DEPRESSION INVENTORY* (1961)

BAHAGIAN A
(Sila tandakan(✓) yang berkenaan)
2. Jabatan ☐ Bahagian ☐ Cawangan ☐ Unit ☐ Sekolah ☐ : Nyatakan:
..... 3. Luar Bandar ☐ Bandar ☐ Pinggir Bandar ☐
4. Jantina :Lelaki ☐ Perempuan ☐ 5. Taraf Perkahwinan : Bujang ☐ Berkahwin ☐ Duda/Janda ☐
6. Umur : ☐ a. < 25 tahun ☐ b. 26-40 tahun ☐ c. 41- 55 tahun dan lebih
7. Pengalaman Bekerja : ☐ a. kurang 5 tahun ☐ b. 6 - 10 tahun ☐ c. 11 th. ke atas
8. Bidang Pekerjaan : ☐ a.Pengurusan Tertinggi ☐ b.Pengurusan Profesional ☐ c.Kumpulan Sokongan
9. Pandangan terhadap kerjaya anda: ☐ a. Menyelesakan ☐ b. Sederhana ☐ c . Memberi Tekanan
10. Pernahkah anda murung : ☐ Pernah ☐ Tidak pernah ☐ Sekali -sekala

BD

BAHAGIAN B : Sila berikan rangsangan anda dengan memberikan nilai terhadap pernyataan yang diberikan di bawah ini mengikut skala :

1 : Sangat Setuju
2 : Setuju
3 : Tidak Setuju
4 : Sangat Tidak setuju

Tuliskan nilai anda di dalam petak yang disediakan bagi setiap rangsangan yang diberikan :

Bil	Pernyataan	Skor
1	Saya rasa sedih	
2	Saya rasa paling seronok di sebelah pagi	
3	Saya mudah menangis	
4	Saya sukar tidur pada waktu malam	
5	Saya makan seperti biasa	
6	Saya sedar bahawa badan saya susut (kurang berat badan)	
7	Saya mengalami kesukaran membuang air besar	
8	Jantung saya berdenyut lebih dari biasa	
9	Saya merasa letih tanpa sebab	
10	Otak saya terang dan jelas seperti biasa	
11	Adalah senang bagi saya membuat perkara-perkara yang pernah saya buat	
12	Saya rasa gelisah dan tidak boleh berdiam diri	
13	Saya merasa penuh harapan tentang masa depan saya	
14	Saya merasa lebih mudah tersinggung daripada biasa	
15	Saya senang membuat keputusan	
16	Saya merasa diri saya berguna dan diperlukan	
17	Kehidupan saya agak sempurna	
18	Saya rasa orang lain lebih beruntung sekiranya saya tiada	
19	Saya masih suka perkara-perkara yang pernah saya suka dahulu	

Muka Surat 2

There are several other depression screens that are not proprietary and are in the public domain for use. If you are concerned about your level of depression, it is important to discuss your symptoms with a mental health professional. If you are concerned about your level of depression, it is important to discuss your symptoms with a mental health professional. The Beck Depression Inventory can be a helpful tool in assessing your level of distress but should not be used as a replacement for professional help. There are many resources available to help you. Verywell Mind uses only high-quality sources, including peer-reviewed studies, to support the facts within our articles. Read our editorial process to learn more about how we fact-check and keep our content accurate, reliable, and trustworthy. Beck AT, Ward CH, Mendelson M, Mock J, Erbaugh J. An inventory for measuring depression. Arch Gen Psychiatry. 1961;4:561-571. doi:10.1001/archpsyc.1961.01710120031004 Allen S. Scoring the Beck Depression Inventory. Sage Research Methods. Self-Reported Measure. Pearson Assessments. Beck Depression Inventory-II. Smarr KL, Keefer AL.
Measures of depression and depressive symptoms: Beck Depression Inventory-II (BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Geriatric Depression Scale (GDS), Hospital Anxiety and Depression Scale (HADS), and Patient Health Questionnaire-9 (PHQ-9). Arthritis Care Res (Hoboken). 2011;63 Suppl 11:S454-S466. doi:10.1002/acr.20556 Toenders YJ, Schmaal L, Harrison BJ, Dinga R, Berk M, Davey CG. Neurovegetative symptom subtypes in young people with major depressive disorder and their structural brain correlates. Transl Psychiatry. 2020;10(1):108. Published 2020 Apr 20. doi:10.1038/s41398-020-0787-9 Demyttenaere K, Jaspers L. Trends in (not) using scales in major depression: A categorization and clinical orientation. Eur Psychiatry. 2020 Sep 23;63(1):e91. doi: 10.1192/j.eurpsy.2020.87.

Depression in medical records	**No**		**Yes**		**Total**	
Beck Depression Inventory	**n**	**%**	**n**	**%**	**n**	
1 (0–13) minimal	80	90	7	64	87	87
2 (14–19) mild	6	7	3	27	9	9
3 (20–28) moderate	3	3	1	9	4	4
4 (29–63) severe	0	0	0	0	0	0
Total	89	100	11	100	100	100

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Beck Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
Column Sum				

Scoring - Sum each column. Then sum the column totals to achieve a grand score. Write that score here _____ .

Interpretation

A grand sum between **0 – 21** indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to "mask" the symptoms commonly associated with anxiety. Too little "anxiety" could indicate that you are detached from yourself, others, or your environment.

A grand sum between **22 – 35** indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not "panic" time but you want to find ways to manage the stress you feel.

A grand sum that **exceeds 36** is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a physician or counselor if the feelings persist.

2015;27(1):68-81. doi:10.1037/pas0000026 Wang YP, Gorenstein C. Psychometric properties of the Beck Depression Inventory-II: a comprehensive review. Braz J Psychiatry. 2013;35(4):416-431. doi:10.1590/1516-4446-2012-1048 Lee EH, Lee SJ, Hwang ST, Hong SH, Kim JH. Reliability and Validity of the Beck Depression Inventory-II among Korean Adolescents. Psychiatry Investig. 2017;14(1):30-36. doi:10.4306/pi.2017.14.1.30 Phan T, Carter O, Adams C, et al. Discriminant validity of the Hospital Anxiety and Depression Scale, Beck Depression Inventory (II) and Beck Anxiety Inventory to confirmed clinical diagnosis of depression and anxiety in patients with chronic obstructive pulmonary disease. Chron Respir Dis. 2016;13(3):220-228. doi:10.1177/1479972316634604