



Client's Full Name _____

Date of Birth _____

Date Completed _____

BECK DEPRESSION INVENTORY

<input type="checkbox"/>	[0]	I do not feel sad
<input type="checkbox"/>	[1]	I feel sad
<input type="checkbox"/>	[2]	I am sad all the time and I can't snap out of it
<input type="checkbox"/>	[3]	I am so sad and unhappy that I can't stand it
<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 the future is hopeless and that things cannot improve
<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 my life, all I can see is a lot of failures
<input type="checkbox"/>	[3]	I feel I am a complete failure as a person
<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 real satisfaction out of anything anymore
<input type="checkbox"/>	[3]	I am dissatisfied or bored with everything
<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 quite guilty most of the time
<input type="checkbox"/>	[3]	I feel guilty all of the time
<input type="checkbox"/>	[0]	I don't feel 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
<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
<input type="checkbox"/>	[0]	I don't feel I am any 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 my faults
<input type="checkbox"/>	[3]	I blame myself for everything bad that happens
<input type="checkbox"/>	[0]	I don't have any thoughts of killing myself
<input type="checkbox"/>	[1]	I have 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
<input type="checkbox"/>	[0]	I don't cry any more than usual
<input type="checkbox"/>	[1]	I cry more now than I used to
<input type="checkbox"/>	[2]	I cry all the time now
<input type="checkbox"/>	[3]	I used to be able to cry, but now I can't cry even though I want to
<input type="checkbox"/>	[0]	I am no more irritated by things than I ever was
<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
<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 of my interest in other people



<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 greater difficulty in making decisions more than I used to
<input type="checkbox"/>	[3]	I can't make decisions at all anymore
<input type="checkbox"/>	[0]	I don't feel that I look any 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 there are permanent changes in my appearance that make me look unattractive
<input type="checkbox"/>	[3]	I believe that I look ugly
<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
<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
<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
<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
<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
<input type="checkbox"/>	[0]	I am no more worried about my health than usual
<input type="checkbox"/>	[1]	I am worried about physical problems like aches, pains, upset stomach, or constipation
<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 of anything else
<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 than I used to be
<input type="checkbox"/>	[2]	I have almost no interest in sex
<input type="checkbox"/>	[3]	I have lost interest in sex completely

Total:

INTERPRETING THE BECK DEPRESSION INVENTORY

Total Score _____ Levels of Depression
 1-10 _____ These ups and downs are considered normal
 11-16 _____ Mild mood disturbance
 17-20 _____ Borderline clinical depression
 21-30 _____ Moderate depression
 31-40 _____ Severe depression
 over 40 _____ Extreme depression