

LISTENING EAR COUNSELLING AND CONSULTANCY

BURNS DEPRESSION CHECKLIST

Name of Client: _____

Date of testing _____

	Name	Date						
<u>Total Score</u>		<u>Level of Depression</u>		0 = Not At all	1 = Somewhat	2 = Moderately	3 = A lot	4 = Extremely
0 - 5 -		No depression						
6 - 10 -		Normal but unhappy						
11 - 25 -		Mild depression						
26 - 50 -		Moderate depression						
51 - 75 -		Severe depression						
76 - 100 -		Extreme depression						
Thoughts and feelings								
1	Feeling sad or down in the dumps							
2	Feeling unhappy or blue							
3	Crying spells or tearfulness							
4	Feeling discouraged							
5	Feeling hopeless							
6	Low self-esteem							
7	Feeling worthless or inadequate							
8	Guilt or shame							
9	Criticizing yourself or blaming yourself							
10	Difficulty making decisions							
Activities and Personal Relationships								
11	Loss of interest in family, friends or colleagues							
12	Loneliness							
13	Spending less time with family or 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							
Physical Symptoms								
18	Feeling tired							
19	Difficulty sleeping or sleeping too much							
20	Decreased or increased appetite							

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	Name of Client: _____				Date of testing
21	Loss of interest in sex				
22	Worrying about your health				
Suicidal Urges					
	Suicidal Urges				
23	Do you have any suicidal thoughts?				
24	Would you like to end your life?				
25	Do you have a plan for harming yourself?				
Total score on items 1 to 25					