

Beck Depression Inventory

Name: _____ Marital Status: _____ Age: _____ Sex: M / F

Occupation: _____ Education: _____ Date: _____

This questionnaire consists of 21 groups of statements. After reading each group of statements carefully, circle the number (0, 1, 2, 3) next the one statement in each group which best describes the way you have been feeling for the past week, including today. Be sure to read all the statements in each group before making your choice.

1. 0: I do not feel sad.
1: I feel sad.
2: I am sad all the time and I can't snap out of it.
3: I am so sad or unhappy that I can't stand it.
2. 0: I am not particularly discouraged about the future
1: I feel discouraged about the future.
2: I feel I have nothing to look forward to.
3: I feel that the future is hopeless and that things cannot improve.
3. 0: I do not feel like a failure.
1: I feel I have failed more than the average person.
2: As I look back on my life, all I can see is a lot of failures.
3: I feel I am a complete failure as a person.
4. 0: I get as much satisfaction out of things as I used to.
1: I don't enjoy things the way I used to.
2: I don't get real satisfaction out of anything anymore.
3: I am dissatisfied or bored with everything.
5. 0: I don't feel particularly guilty.
1: I feel guilty a good part of the time.
2: I feel quite guilty most of the time.
3: I feel guilty all the time.
6. 0: I don't feel I am being punished.
1: I feel I may be punished.
2: I expect to be punished.
3: I feel I am being punished.
7. 0: I don't feel I am any worse than anybody else.
1: I am critical of myself for all my weaknesses or mistakes.
2: I blame myself all the time for my faults.
3: I blame myself for everything bad that happens.
8. 0: I don't have any thoughts of killing myself.
1: I have thoughts of killing myself, but I would not carry them out.
2: I would like to kill myself.
3: I would kill myself if I had the chance.
9. 0: I don't cry any more than usual.
1: I cry more now than I used to.
2: I cry all the time now.
3: I used to be able to cry, but now I can't cry even though I want to.
10. 0: I am no more irritated now than I ever am.
1: I get annoyed or irritated more easily than I used to.
2: I feel irritated all the time now.
3: I don't get irritated at all by the things that I used to.
11. 0: I have not lost interest in other people.
1: I am less interested in other people than I used to be.
2: I have lost most of my interest in other people.
3: I have lost all interest in other people.

Subtotal for Page 1

(Please continue on next page)

12. 0: I don't feel disappointed in myself.
1: I am disappointed in myself.
2: I am disgusted with myself.
3: I hate myself.
13. 0: I make decisions about as well as I ever could.
1: I put off making decisions more than I used to.
2: I have greater difficulty in making decisions than before.
3: I can't make decisions at all anymore.
14. 0: I don't feel I look any worse than I used to.
1: I am worried that I am looking old or unattractive.
2: I feel that there are permanent changes in my appearance that make me look unattractive.
3: I believe that I look ugly.
15. 0: I can work about as well as before.
1: It takes an extra effort to get started doing something.
2: I have to push myself very hard to do anything.
3: I can't do any work at all.
16. 0: I can sleep as well as usual.
1: I don't sleep as well as I used to.
2: I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3: I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0: I don't get more tired than usual.
1: I get tired more easily than I used to.
2: I get tired from doing almost anything.
3: I am too tired to do anything.
18. 0: My appetite is no worse than usual.
1: My appetite is not as good as it used to be.
2: My appetite is much worse now.
3: I have no appetite at all anymore.
19. 0: I haven't lost much weight, if any, lately.
1: I have lost more than 5 pounds.
2: I have lost more than 10 pounds.
3: I have lost more than 15 pounds.
20. 0: I am no more worried about my health than usual.
1: I am worried about physical problems such as aches and pains, or upset stomach or constipation.
2: I am very worried about physical problems and it's hard to think of much else.
3: I am so worried about my physical problems that I cannot think about anything else.
21. 0: I have not noticed any recent change in my interest in sex.
1: I am less interested in sex than I used to be.
2: I am much less interested in sex now.
3: I have lost interest in sex completely.

Total for both pages: _____

Name: _____

Date ____/____/____

Below is a list of common symptoms of anxiety. Please read through each list item. Indicate how much you were bothered by each symptom listed on the left during the last week, including today, marking an X in the degree of disturbance corresponding to a column of cells on the right.

N°	Symptoms	How much you were bothered			
		<i>Nothing</i> 0	<i>Weak</i> 1	<i>Moderate</i> 2	<i>Strong</i> 3
		<i>It did not bother at all</i>	<i>It bothered a little</i>	<i>It bothered me a lot but I could stand it</i>	<i>I almost could not stand it</i>
1	Numbness or tingling				
2	Hot sensation				
3	Wobbly				
4	Incapable of relaxing				
5	Fear of the worst happening				
6	Dizziness or lightheadedness				
7	Heart pounding or racing				
8	Restless				
9	Terrified				
10	Nervous				
11	Feeling of suffocation				
12	Hands trembling				
13	Trembling				
14	Fear of losing control				
15	Difficulty breathing				
16	Fear of dying				
17	Frightened				
18	Indigestion or discomfort in the abdomen				
19	Fainting				
20	Red Face				
21	Sweating (not due to heat)				
SCORE:					

Figure 3 – Beck Anxiety Inventory