



# Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Female \_\_\_\_\_  
 Provider Name \_\_\_\_\_ Date \_\_\_\_\_ Male \_\_\_\_\_ Other \_\_\_\_\_

Name:	Age:	Sex: F M Other
Occupation:	Education:	
Provider's Name:	Date:	

**Instructions:** This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the one statement in each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

<b>1</b>	<b>Sadness</b>	<b>5</b>	<b>Guilty Feelings</b>
	0- I do not feel sad		0- I don't feel particularly guilty
	1- I feel sad much of the time		1- I feel guilty over many things I have done or should have done.
	2- I am sad all the time		2- I feel quite guilty most of the time
	3- I am so sad and unhappy that I can't stand it		3- I feel guilty all of the time
<b>1- TOTAL:</b>		<b>5- TOTAL:</b>	
<b>2</b>	<b>Pessimism</b>	<b>6</b>	<b>Punishment Feelings</b>
	0- I am not discouraged about my future		0- I don't feel I am being punished
	1- I feel more discouraged about my future than I used to be		1- I feel I may be punished
	2- I do not expect things to work out for me		2- I expect to be punished
	3- I feel my future is hopeless and will only get worse		3- I feel I am being punished
<b>2- TOTAL:</b>		<b>6- TOTAL:</b>	
<b>3</b>	<b>Past Failure</b>	<b>7</b>	<b>Self-Dislike</b>
	0- I do not feel like a failure		0- I feel the same about myself as ever
	1- I have failed more than I should have		1- I have lost confidence in myself
	2- As I look back, I see a lot of failures		2- I am disappointed in myself
	3- I feel I am a complete failure as a person		3- I dislike myself
<b>3- TOTAL:</b>		<b>7- TOTAL:</b>	
<b>4</b>	<b>Loss of Pleasure</b>	<b>8</b>	<b>Self-Criticalness</b>
	0- I get as much pleasure as I ever did from the things I enjoy		0- I don't criticize or blame myself more than usual
	1- I don't enjoy things as much as I used to		1- I am more critical of myself than I used to be
	2- I get very little pleasure from the things I used to enjoy		2- I criticize myself for all of my fault
	3- I can't get any pleasure from the things I used to enjoy		3- I blame myself for everything bad that happens.
<b>4- TOTAL:</b>		<b>8- TOTAL:</b>	

<b>9</b>	<b>Suicidal Thoughts or Wishes</b>	<b>14</b>	<b>Worthlessness</b>
	0- I don't have any thoughts of killing myself		0- I do not feel I am worthless
	1- I have thoughts of killing myself, but I would not carry them out		1- I don't consider myself as worthwhile and useful as I used to
	2- I would like to kill myself		2- I feel more worthless as compared to other people
	3- I would kill myself if I had the chance		3- I feel utterly worthless
<b>9- TOTAL:</b>		<b>14- TOTAL:</b>	
<b>10</b>	<b>Crying</b>	<b>15</b>	<b>Loss of Energy</b>
	0- I don't cry any more than I used to		0- I have as much energy as ever
	1- I cry more than I used to		1- I have less energy than I used to have
	2- I cry over every little thing		2- I don't have enough energy to do very much
	3- I feel like crying, but I can't		3- I don't have enough energy to do anything
<b>10- TOTAL:</b>		<b>15- TOTAL:</b>	
<b>11</b>	<b>Agitation</b>	<b>16</b>	<b>Changes in Sleeping Pattern</b>
	0- I am no more restless or wound up than usual		0- I have not experienced any change in my sleeping pattern.
	1- I feel more restless or wound up than usual		1a- I sleep somewhat more than usual
			1b- I sleep somewhat less than usual
	2- I am so restless or agitated that it's hard to stay still		2a- I sleep a lot more than usual
			2b- I sleep a lot less than usual
	3- I am so restless or agitated that I have to keep moving or doing something		3a- I sleep most of the day
			3b- I wake up 1-2 hours early and can't get back to sleep
<b>11- TOTAL:</b>		<b>16- TOTAL:</b>	
<b>12</b>	<b>Loss of Interest</b>	<b>17</b>	<b>Irritability</b>
	0- I have not lost interest in other people or activities		0- I am no more irritable than usual
	1- I am less interested in other people or things than before		1- I am more irritable than usual
	2- I have lost most of my interest in other people or things		2- I am much more irritable than usual
	3- It's hard to get interested in anything		3- I am irritable all the time
<b>12- TOTAL:</b>		<b>17- TOTAL:</b>	
<b>13</b>	<b>Indecisiveness</b>	<b>18</b>	<b>Changes in Appetite</b>
	0- I make decisions about as well as ever		0- I have not noticed any recent change in my interest in sex
	1- I find it more difficult to make decisions than usual		1a- My appetite is somewhat less than usual
			1b- My appetite is somewhat greater than usual
	2- I have much greater difficulty in making decisions than I used to		2a- My appetite is much less than before
			2b- My appetite is much greater than usual
	3- I have trouble making any decision		3a- I have no appetite at all
			3b- I crave food all the time
<b>13- TOTAL:</b>		<b>18- TOTAL:</b>	

<b>19</b>	<b>Concentration Difficulty</b>	<b>21</b>	<b>Loss of Interest in Sex</b>
	0- I can concentrate as well as ever		0- I have not noticed any recent change in my interest in sex
	1- It's hard to keep my mind on anything for very long		1- I am less interested in sex than I used to be
	2- It's hard to keep my mind on anything for very long.		2- I am much less interested in sex now
	3- I find I can't concentrate on anything.		3- I have lost interest in sex completely
<b>19- TOTAL:</b>		<b>21- TOTAL:</b>	
<b>20</b>	<b>Tiredness or Fatigue</b>	<b>TOTAL SCORE:</b>	
	0- I am no more tired or fatigued than usual		
	1- I get more tired or fatigued more easily than usual		
	2- I am too tired or fatigued to do a lot of the things I used to do		
	3- I am too tired or fatigued to do most of the things I used to do		
<b>20- TOTAL:</b>			

### INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

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

## Mood/Depression Assessment Questionnaire

1. Since your last visit have you felt depressed, sad or blue much of the time?

YES NO

2. Since your last visit have you often felt helpless about the future?

YES NO

3. Since your last visit have you had little interest or pleasure in doing things?

YES NO

4. Since your last visit have you had trouble sleeping many nights?

YES NO

Are two (2) or more of the above questions marked YES while undergoing treatment in this protocol?

YES	→ complete a Beck Depression Inventory. If <u>score is 30 or less</u> , patient may continue in the study. If <u>score is <math>\geq 31</math></u> , patient will need to complete all final assessments and be dropped from the study.
NO	The investigator may recommend that the patient be referred for a professional psychiatric assessment.

Notes: