

# BURNS DEPRESSION CHECKLIST

Select the appropriate box that best describes how much you experienced the symptom **during this past**

0-None at All  
1-Somewhat  
2-Moderate  
3-A lot  
4-Extremely

## *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. Feelin tired
19. Difficulty sleeping or sleeping yoo much
20. Decreased or increased appetite
21. Loss of interest in sex
22. Worrying about your health


## *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?


*Level of Depression:*      *Score:*

- no depression      (0-5)
- normal but unhappy      (6-10)
- mild depression      (11-25)
- moderate depression      (26-50)
- severe depression      (51-75)
- extreme depression      (76-100)