

Name:
F.S.P.#:
Medicaid #:

D.O.B.: _/_/

IPRS / LME #:

THE BURNS DEPRESSION CHECKLIST *

Instructions: The following is a list of symptoms that people sometimes have. Put a check (✓) in the space to the right that best describes how much that symptom or problem has bothered you during the past week.

		0 - Not at All	1 - Somewhat	2 - Moderately	3 - A Lot
1.	Sadness: Have you been feeling sad or down in the dumps?				
2.	Discouragement: Does the future look hopeless?				
3.	Low self-esteem: Do you feel worthless or think of yourself as a failure?				
4.	Inferiority: Do you feel inadequate or inferior to others?				
5.	Guilt: Do you get self-critical and blame yourself for everything?				
6.	Indecisiveness: Do you have trouble making up your mind about things?				
7.	Irritability and frustration: Have you been feeling resentful and angry a good deal of the time?				
6.	Loss of interest in life: Have you lost interest in your career, your hobbies, your family, or your friends?				
9.	Loss of motivation: Do you feel overwhelmed and have to push yourself hard to do things?				
10.	Poor self-image: Do you think you're looking old or unattractive?				
11.	Appetite changes: Have you lost your appetite? Or do you overeat or binge compulsively?				
12.	Sleep changes: Do you suffer from insomnia and find it hard to get a good night's sleep? Or are you excessively tired and sleeping too much?				
13.	Loss of libido: Have you lost your interest in sex?				
14.	Hypochondriasis: Do you worry a great deal about your health?				
15.	Suicidal impulses: Do you have thoughts that life is not worth living or think that you might be better off dead?				

Add up your total score for the 15 symptoms and record it here: _____ Date: _____

After you have completed the test, add up your total score. It will be somewhere between 0 (if you answered "not at all" for each of the 15 categories) and 45 (if you answered "a lot" for each one.) Use this key to interpret your score.

Total Score	Degree of depression
0 - 4	Minimal or no depression
5 - 10	Borderline depression
11 - 20	Mild depression
21 - 30	Moderate depression
31 - 45	Severe depression

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THE BURNS ANXIETY INVENTORY *

Instructions: The following is a list of symptoms that people sometimes have. Put a check (✓) in the space to the right that best describes how much that symptom or problem has bothered you during the past week.

Symptom List

CATEGORY I: ANXIOUS FEELINGS

Symptom List		0 – Not at All	1 – Somewhat	2 – Moderately	3 – A Lot
1.	Anxiety, nervousness, worry, or fear.				
2.	Feeling that things around you are strange, unreal, or foggy.				
3.	Feeling detached from all or part of your body.				
4.	Sudden unexpected panic spells.				
5.	Apprehension or a sense of impending doom.				
6.	Feeling tense, stressed, “uptight”, or on edge,				

CATEGORY II: ANXIOUS THOUGHTS

7.	Difficulty concentrating.				
8.	Racing thoughts or having your mind jump from one thing to the next.				
9.	Frightening fantasies or daydreams.				
10.	Feeling that you’re on the verge of losing control.				
11.	Fears of cracking up or going crazy.				
12.	Fears of fainting or passing out.				
13.	Fears of physical illnesses or heart attacks or dying.				
14.	Concerns about looking foolish or inadequate in front of others.				
15.	Fears of being alone, isolated, or abandoned.				
16.	Fears of criticism or disapproval.				
17.	Fears that something terrible is about to happen.				

CATEGORY III: PHYSICAL SYMPTOMS

18.	Skipping or racing or pounding of the heart (sometimes called “palpitations”).				
19.	Pain, pressure, or tightness in the chest.				
20.	Tingling or numbness in the toes or fingers.				
21.	Butterflies or discomfort in the stomach.				
22.	Constipation or diarrhea.				
23.	Restlessness or jumpiness.				
24.	Tight, tense muscles				
25.	Sweating not brought on by heat.				
26.	A lump in the throat.				

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CATEGORY III: PHYSICAL SYMPTOMS *(Cont'd.)*

		0 - Not at All	1 - Somewhat	2 - Moderately	3 - A Lot
27.	Trembling or shaking.				
28.	Rubbery or "jelly" legs.				
29.	Feeling dizzy, lightheaded, or off balance.				
30.	Choking or smothering sensations or difficulty breathing.				
31.	Headaches or pains in the neck or back.				
32.	Hot flashes or cold chills.				
33.	Feeling tired, weak, or easily exhausted.				

Add up your total score for the 33 symptoms and record it here: _____ Date: _____

After you have completed the Burns Anxiety Inventory, add up your total score. It will be somewhere between 0 (if you answered "not at all" on all 33 symptoms) and 99 (if you answered "a lot" on all 33 symptoms). Use this key to interpret your score:

Total Score	Degree of Anxiety
0 - 4	Minimal or no anxiety
5 - 10	Borderline anxiety
11 - 20	Mild anxiety
21 - 30	Moderate anxiety
31 - 50	Severe anxiety
51 - 99	Extreme anxiety or panic

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