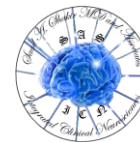


SAAD A. SHAKIR, M.D., D.F.A.P.A., F.A.C.I.P. AND ASSOCIATES
INTEGRATED CLINICAL NEUROSCIENCES and SILICON VALLEY TMS

Diplomate, American Board of Psychiatry and Neurology, Distinguished Fellow of American Psychiatric Association
 Adjunct Clinical Associate Professor Emeritus, Stanford University, School of Medicine



THE BURNS DEPRESSION INVENTORY

NAME: _____

DATE: _____

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 this past week.	0 - NOT AT ALL	1 - SOMEWHAT	2 - MODERATELY	3 - A LOT
SYMPTOM LIST				
Sadness: Do you feel sad or down in the dumps?	0	1	2	3
Discouragement: Does your future look hopeless?	0	1	2	3
Low Self-Esteem: Do you feel worthless?	0	1	2	3
Inferiority: Do you feel inadequate or inferior to others?	0	1	2	3
Guilt: Do you get self-critical and blame yourself?	0	1	2	3
Indecisiveness: Is it hard to make decisions?	0	1	2	3
Irritability: Do you frequently feel angry or resentful?	0	1	2	3
Loss of interest in life: Have you lost interest in your career, hobbies, family and friends?	0	1	2	3
Loss of motivation: Do you have to push yourself to do things?	0	1	2	3
Poor Self-Image: Do you feel old and unattractive	0	1	2	3
Appetite Changes: Have you lost your appetite? Do you overeat or binge compulsively?	0	1	2	3
Sleep Changes: Is it hard to get at good night's sleep? Are you excessively tired and sleeping too much?	0	1	2	3
Loss of Libido: Have you lost your interest in sex?	0	1	2	3
Concerns about Health: Do you worry excessively about your health?	0	1	2	3
Suicidal Impulses? Do you have thoughts that life is not worth living or think you'd be better off dead?	0	1	2	3
Add up your total and record it here:	0			
Total:				

0-4 Minimal or no Depression 5-10 Borderline Depression 11-20 Mild Depression
 21-30 Moderate Depression 31-45 Severe Depression

The Feeling Good Handbook, David Burns, M.D., Penguin Group, 1999.