

Name: _____ Date: _____

Burns Depression Checklist*

Instructions: Put a check to indicate how much you have experienced each symptom during the past week, including today. Please answer all 25 items.	0	1	2	3	4
	Not at all	Somewhat	Moderate	A Lot	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 others					
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					
18. Feeling tires					
19. Difficulty sleeping or sleeping too 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?					
PLEASE TOTAL YOUR SCORE					

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Scoring Key for Burns Depression Checklist

Total Score	Level of Depression
0 – 5	No depression
6 – 10	Normal but unhappy
11 – 25	Mild depression
26 – 50	Moderate depression
51 – 75	Severe depression
76 – 100	Extreme depression

Anyone with a persistent score above 10 may benefit from professional treatment. Anyone with suicidal feelings should seek an immediate consultation with a mental health professional