

BECK INVENTORY

Instructions: Please circle the number by the response for each question which best describes how you have felt during the past seven (7) days. Please do not omit any questions.

1. 0 I do not feel sad.
 - 1 I feel sad.
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad or unhappy that I can't stand it.
2. 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel that the future is hopeless & cannot improve.
3. 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back at my life, I mostly see failures.
 - 3 I feel I am a complete failure as a person.
4. 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5. 0 I don't feel particularly guilty.
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
6. 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.
7. 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
8. 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
9. 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.
10. 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.
11. 0 I am no more irritated by things than I ever am.
 - 1 I am slightly more irritated now than usual.
 - 2 I am quite annoyed or irritated much of the time.
 - 3 I feel irritated all the time now.
12. 0 I have not lost interest in other people.
 - 1 I am less interest in other people than I used to be.
 - 2 I have lost most of my interest in other people.
 - 3 I have lost all my interest in other people.
13. 0 I make decisions about as well as I ever could.
 - 1 I put off making decisions more than I used to.
 - 2 I have greater difficulty in making decisions than before.
 - 3 I can't make decisions at all anymore.
14. 0 I don't feel that I look any worse than I used to.
 - 1 I am worried that I am looking old or unattractive.
 - 2 I feel that there are permanent changes in my appearance that make me look unattractive.
 - 3 I believe that I look ugly.
15. 0 I can work about as well as before.
 - 1 It takes extra effort to get started doing something.
 - 2 I have to push myself very hard to do anything.
 - 3 I can't do any work at all.
16. 0 I can sleep as well as usual.
 - 1 I don't sleep as well as I used to.
 - 2 I wake up 1-2 hours earlier than usual and find it hard to get to sleep.
 - 3 I wake up several hours earlier than I used to and cannot get back to sleep.
17. 0 I don't get more tired than usual.
 - 1 I get tired more easily than I used to.
 - 2 I get tired from doing almost anything.
 - 3 I am too tired to do anything.
18. 0 My appetite is no worse than usual.
 - 1 My appetite is not as good as it used to be.
 - 2 My appetite is much worse now.
 - 3 I have no appetite at all.
19. 0 I haven't lost much weight, if any, lately.
 - 1 I have lost more than five pounds.
 - 2 I have lost more than ten pounds.
 - 3 I have lost more than fifteen pounds.
20. 0 I am no more worried about my health than usual.
 - 1 I am worried about physical problems such as aches and pains, or upset stomach, or constipation.
 - 2 I am very worried about physical problems and it's hard to think of much else.
 - 3 I am so worried about my physical problems that I cannot think of anything else.
21. 0 I have not noticed any recent change in my interest in sex.
 - 1 I am less interested in sex than I used to be.
 - 2 I am much less interested in sex.
 - 3 I have lost interest in sex completely.

Name _____ Date _____ Score _____

THE BURNS INVENTORY

Instructions: Put an "X" in the space to the right that best describes how much that symptom or problem has bothered you during the past seven (7) days.

Rating Scale: 0- Not at all, 1- Somewhat, 2- Moderately, 3- A lot

Not at all	Somewhat	Moderately	A lot
0	1	2	3

Category I: Anxious Feelings

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, expected 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 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 illness 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 _____				
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 _____				
27. Trembling or shaking _____				
28. Rubbery or "jelly" legs _____				
29. Feeling dizzy, light-headed 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 _____				

NAME _____ DATE _____

TOTAL _____