



The Burns Depression Checklist*

Please a check (✓) in the box to the right of each category to indicate how much this type of feeling has bothered you in the past several days.

	0 Not at All	1 Somewhat	2 Moderately	3 A Lot
1. Sadness: Do you feel sad or down in the dumps?				
2. Discouragement: Does the future look hopeless?				
3. Low self-esteem: Do you feel worthless				
4. Inferiority: Do you feel inadequate or inferior to others?				
5. Guilt: Do you get self-critical and blame yourself?				
6. Indecisiveness: Is it hard to make decisions?				
7. Irritability: Do you frequently feel angry or resentful?				
8. Loss of interest in life: Have you lost interest in your career, hobbies, family, or friends?				
9. Loss of motivation: Do you have to push yourself hard to do things?				
10. Poor self-image: Do you feel old or unattractive?				

The Burns Checklists (rev. 7-12-2013, hn) |

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†Anyone with suicidal urges should seek immediate help from a mental health professional.



	0 Not at All	1 Somewhat	2 Moderately	3 A Lot
11. Appetite changes: Have you lost your appetite? Do you overeat or binge compulsively?				
12. Sleep changes: Is it hard to get a good night's sleep? Are you excessively tired and sleeping too much?				
13. Loss of sex drive: Have you lost your interest in sex?				
14. Concerns about health: Do you worry excessively about your health?				
15. Suicidal impulses: Do you have thoughts that life is not worth living or think you'd be better off dead?				
Total Score on items 1-15:				



The Burns Anxiety Inventory*

Please check (✓) in the box to the right of each category to indicate how much this type of feeling has bothered you in the past several days.

	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 or unreal				
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	0 Not at All	1 Somewhat	2 Moderately	3 A Lot
7. Difficulty concentrating				
8. Racing thoughts				
9. Frightening fantasies or daydreams				
10. Feeling that you're on the verge of losing control				
11. Fears of cracking up or going crazy				

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12. Fears of fainting or passing out				
13. Fears of physical illness or heart attacks or dying				
14. Concerns about looking foolish or inadequate				
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	0 Not at All	1 Somewhat	2 Moderately	3 A Lot
18. Skipping, racing, or pounding of the heart (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 the heat				
26. A lump in the throat				
27. Trembling or shaking				
28. Rubbery or “jelly” legs				
29. Feeling dizzy, lightheaded, or off balance				
30. Choking or smothering sensations or difficulty breathing				
	0 Not at All	1 Somewhat	2 Moderately	3 A Lot
31. Headaches or pains in the neck or back				
32. Hot flashes or cold chills				
33. Feeling tired, weak, or easily exhausted				
Total score on items 1-33:				

Relationship Satisfaction Scale*

Please check (✓) in the box to the right of each category to indicate how much this type of feeling has bothered you in the past several days.

	0 Very Dissatisfied	1 Moderately Dissatisfied	2 Slightly Dissatisfied	3 Neutral	4 Slightly Satisfied	5 Moderately Satisfied	6 Very Satisfied
1. Communication and openness							
2. Resolving conflicts and arguments							
3. Degree of affection and caring							
4. Intimacy and closeness							
5. Satisfaction with your role in the relationship							
6. Satisfaction with the other person's role							
7. Overall satisfaction with your relationship							
Total score on items 1-7:							

NOTE: Although this test assesses your marriage or most intimate relationship, you can also use it to evaluate your relationship with a friend, family member, or colleague. If you do not have any intimate relationships at this time, you can simply think of people in general when you take the test.

