



**Pediatrics of Okaloosa**  
Tracy Burton-Lindner MD

**Beck's Depression Inventory**  
*for ages over 17yrs*

<i>(Use "✓" to indicate your answer)</i>	0	1	2	3
1. Sadness	<input type="checkbox"/> I do not feel sad	<input type="checkbox"/> I feel sad	<input type="checkbox"/> I am sad all the time and I can't snap out of it.	<input type="checkbox"/> I am so sad and unhappy that I can't stand it.
2. Discouragement	<input type="checkbox"/> I am not particularly discouraged about the future.	<input type="checkbox"/> I feel discouraged about the future.	<input type="checkbox"/> I feel I have nothing to look forward to.	<input type="checkbox"/> I feel the future is hopeless and that things cannot improve.
3. Failure	<input type="checkbox"/> I do not feel like a failure.	<input type="checkbox"/> I feel I have failed more than the average person.	<input type="checkbox"/> As I look back on my life, all I can see is a lot of failures.	<input type="checkbox"/> I feel I am a complete failure as a person.
4. Satisfaction	<input type="checkbox"/> I get as much satisfaction out of things as I used to.	<input type="checkbox"/> I don't enjoy things the way I used to.	<input type="checkbox"/> I don't get real satisfaction out of anything anymore.	<input type="checkbox"/> I am dissatisfied or bored with everything.
5. Guilt	<input type="checkbox"/> I don't feel particularly guilty	<input type="checkbox"/> I feel guilty a good part of the time.	<input type="checkbox"/> I feel quite guilty most of the time.	<input type="checkbox"/> I feel guilty all of the time.
6. Punishment	<input type="checkbox"/> I don't feel I am being punished.	<input type="checkbox"/> I feel I may be punished.	<input type="checkbox"/> I expect to be punished.	<input type="checkbox"/> I feel I am being punished.
7. Disappointment	<input type="checkbox"/> I don't feel disappointed in myself.	<input type="checkbox"/> I am disappointed in myself.	<input type="checkbox"/> I am disgusted with myself.	<input type="checkbox"/> I hate myself.
8. Feelings about self	<input type="checkbox"/> I don't feel I am any worse than anybody else.	<input type="checkbox"/> I am critical of myself for my weaknesses or mistakes.	<input type="checkbox"/> I blame myself all the time for my faults.	<input type="checkbox"/> I blame myself for everything bad that happens.
9. Thoughts of self-harm	<input type="checkbox"/> I don't have any thoughts of killing myself.	<input type="checkbox"/> I have thoughts of killing myself, but I would not carry them out.	<input type="checkbox"/> I would like to kill myself.	<input type="checkbox"/> I would kill myself if I had the chance.
10. Crying episodes	<input type="checkbox"/> I don't cry any more than usual.	<input type="checkbox"/> I cry more now than I used to.	<input type="checkbox"/> I cry all the time now.	<input type="checkbox"/> I used to be able to cry, but now I can't cry even though I want to.
11. Irritation	<input type="checkbox"/> I am no more irritated by things than I ever was.	<input type="checkbox"/> I am slightly more irritated now than usual.	<input type="checkbox"/> I am quite annoyed or irritated a good deal of the time.	<input type="checkbox"/> I feel irritated all the time.
12. Interest in others	<input type="checkbox"/> I have not lost interest in other people.	<input type="checkbox"/> I am less interested in other people than I used to be.	<input type="checkbox"/> I have lost most of my interest in other people.	<input type="checkbox"/> I have lost all of my interest in other people.
13. Decision making	<input type="checkbox"/> I make decisions about as well as I ever could.	<input type="checkbox"/> I put off making decisions more than I used to.	<input type="checkbox"/> I have greater difficulty in making decisions more than I used to.	<input type="checkbox"/> I can't make decisions at all anymore.

14. Appearance	<input type="checkbox"/> I don't feel that I look any worse than I used to.	<input type="checkbox"/> I am worried that I am looking old or unattractive.	<input type="checkbox"/> I feel there are permanent changes in my appearance that make me look unattractive	<input type="checkbox"/> I believe that I look ugly.
15. Ability to work with others	<input type="checkbox"/> I can work about as well as before.	<input type="checkbox"/> It takes an extra effort to get started at doing something.	<input type="checkbox"/> I have to push myself very hard to do anything.	<input type="checkbox"/> I can't do any work at all.
16. Sleep	<input type="checkbox"/> I can sleep as well as usual.	<input type="checkbox"/> I don't sleep as well as I used to.	<input type="checkbox"/> I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.	<input type="checkbox"/> I wake up several hours earlier than I used to and cannot get back to sleep.
17. Feel tired or fatigued	<input type="checkbox"/> I don't get more tired than usual.	<input type="checkbox"/> I get tired more easily than I used to.	<input type="checkbox"/> I get tired from doing almost anything.	<input type="checkbox"/> I am too tired to do anything.
18. Appetite	<input type="checkbox"/> My appetite is no worse than usual.	<input type="checkbox"/> My appetite is not as good as it used to be.	<input type="checkbox"/> My appetite is much worse now.	<input type="checkbox"/> I have no appetite at all anymore.
19. Weight	<input type="checkbox"/> I haven't lost much weight, if any, lately.	<input type="checkbox"/> I have lost more than five pounds.	<input type="checkbox"/> I have lost more than ten pounds.	<input type="checkbox"/> I have lost more than fifteen pounds.
20. Health	<input type="checkbox"/> I am no more worried about my health than usual.	<input type="checkbox"/> I am worried about physical problems like aches, pains, upset stomach, or constipation.	<input type="checkbox"/> I am very worried about physical problems and it's hard to think of much else.	<input type="checkbox"/> I am so worried about my physical problems that I cannot think of anything else
21. Sex	<input type="checkbox"/> I have not noticed any recent change in my interest in sex	<input type="checkbox"/> I am less interested in sex than I used to be	<input type="checkbox"/> I have almost no interest in sex	<input type="checkbox"/> I have lost interest in sex completely