

Burns Anxiety Inventory*

Name _____

Date of Test: _____

DOB: _____

INSTRUCTIONS:

Mark the appropriate box with an X to answer each question.
 Please be honest and be sure to answer all questions on the page.
 Indicate how much each of the following symptoms has been bothering you in the past several days.

	0- Not at all	1- Somewhat	2- Moderately	3- A lot
CATEGORY I: ANXIOUS FEELINGS				
1				
2				
3				
4				
5				
6				
CATEGORY II: ANXIOUS THOUGHTS				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
CATEGORY II: PHYSICAL SYMPTOMS				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				

Office Use Only:

Score: _____

Test #: _____

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THE BURNS DEPRESSION INVENTORY

INSTRUCTIONS: The following is a list of symptoms that people sometimes have. Put a check (<input type="checkbox"/>) 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					
1.	SADNESS: Have you been feeling sad or down in the dumps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	DISCOURAGEMENT: Does the future look hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	LOW SELF ESTEEM: Do you feel worthless or think of yourself as a failure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	INFERIORITY: Do you feel inadequate or inferior to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	GUILT: Do you get self-critical and blame yourself for everything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	INDECISIVENESS: Do you have trouble making up your mind about things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	IRRITABILITY AND FRUSTRATION: Have you been feeling resentful and angry a good deal of the time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	LOSS OF INTEREST IN LIFE: Have you lost interest in your career, your hobbies, your family, or your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	LOSS OF MOTIVATION: Do you feel overwhelmed and have to push yourself hard to do things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	POOR SELF-IMAGE: Do you think you're looking old or unattractive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	APPETITE CHANGES: Have you lost your appetite? Or do you overeat or binge compulsively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	SLEEP CHANGES: Do you suffer from insomnia and find it hard to get a good night's sleep? Or are you excessively tired and sleeping too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	LOSS OF LIBIDO: Have you lost your interest in sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	HYPOCHONDRIASIS: Do you worry a great deal about your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	SUICIDAL IMPULSES: Do you have thoughts that life is not worth living or that you might be better off dead?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add up your total score for the 33 symptoms and record it here.					
DATE:					

RELATIONSHIP SATISFACTION SCALE*

Place a check (✓) in the box to the right of each category that best describes the amount of satisfaction you feel in your closest relationship.

	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.

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