

# Burn's Depression Checklist

Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** Please check the box to indicate how much you have experienced each symptom during the last week, including today. Please answer all 25 items

Thoughts and Feelings	Not at All	Somewhat	Moderate	A lot	Extremely
Feeling sad or down in the dumps					
Feeling unhappy or blue					
Crying spells or tearfulness					
Feeling discouraged					
Feeling hopeless					
Low self-esteem					
Feeling worthless or inadequate					
Guilt or shame					
Criticizing yourself or others					
Difficulty making decisions					

## Activities and Personal Relationships

Loss of interest in family, friends or colleagues					
Loneliness					
Spending less time with family or friends					
Loss of motivation					
Loss of interest in work or other activities					
Avoiding work or other activities					
Loss of pleasure or satisfaction in life					

## Physical Symptoms

Feeling tired					
Difficulty sleeping or sleeping too much					
Decreased or increased appetite					
Loss of interest in sex					
Worrying about your health					

## Suicidal Urges

Do you have any suicidal thoughts?					
Would you like to end your life?					
Do you have a plan for harming yourself?					

**Total Score:** \_\_\_\_\_

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<b>Total score:</b>	<b>Level of Depression</b>
No depression	0-5
Normal but unhappy	6-10
Mild depression	11-25
Moderate depression	26-50
Severe depression	51-75
Extreme depression	76-100

**Thank you for completing the Burn's Depression Checklist. If you have concerns about your results and would like to speak with a GTCC counselor, please email [counselingcenter@gtcc.edu](mailto:counselingcenter@gtcc.edu) or call (336) 334-4822 Ext. 50038 to request an appointment.**