

Burns Depression Checklist Please answer all items. Put a check () to indicate how much you have experienced each symptom during the past week, including today.	0- Not at All	1- Somewhat	2- Moderately	3- A lot	4 Extremely
1. Feeling sad or down in the dumps					
2. Discouragement: Does the future look bleak or hopeless?					
3. Low self-esteem: Do you feel worthless or think of yourself as a loser?					
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 and frustration: Have you been feeling angry or resentful?					
8. Have you lost interest in your career, hobbies, family or friends?					
9. Motivation: Do you feel overwhelmed and have to push yourself to do things?					
10. Poor self-image: Do you think you're looking old or unattractive?					
11. Appetite changes: Eating more or less than usual					
12. Sleep changes: Sleeping too much, or too little					
13. Have you lost your interest in sex?					
14. Do you worry a lot about your health?					
15. Suicidal Impulses: Do you think life isn't worth living or you'd be better off dead?					
Panic Put a check () to indicate how much you have experienced each symptom during the past week, including today.	0- Not at All	1- Somewhat	2- Moderately	3- A lot	4 Extremely
1. Sudden Feelings of overwhelming fear					
2. Sudden attacks of terror that come out of the blue					
3. Sudden, terrifying panic attacks					
4. Suddenly feeling you are going crazy or cracking up					
5. Suddenly feeling you are smothering or suffocating					
6. Suddenly feeling you are about to faint					
7. Suddenly feeling you are about to pass out					
8. Suddenly feeling you are about to have a stroke					
9. Suddenly feeling you are about to have a heart attack					
10. Suddenly feeling you are about to die					

Anger Scale Put a check () to indicate how much each statement describes how you have been feeling in the past week, including today.	0- Not at All	1- Somewhat	2- Moderately	3- A lot	4 Extremely
1. Frustrated					
2. Upset					
3. Annoyed					
4. Irritated					
5. Ticked off					
6. Resentful					
7. Angry					
8. Mad					
9. Furious					
10. Enraged					
11. I had fantasies of hurting people					
12. I think about getting revenge					
13. I've had the urge to do something harmful or violent					
14. There's a chance I will do something to hurt others					
15. I intend to do something harmful or violent to others					
16. I had difficulty answering some of the questions honestly					
17. Sometimes it's hard for me to know if I feel angry					
18. It is hard for me to admit to others that I feel angry					
19. It would be hard to admit having violent thoughts or urges					
20. Having revengeful or violent fantasies seems shameful					
Obsessions and Compulsions Put a check () to indicate how much you have experienced each symptom during the past week, including today.	0- Not at All	1- Somewhat	2- Moderately	3- A lot	4 Extremely
1. Upsetting thoughts that you can't get rid of or control					
2. Unrealistic ideas that go through your mind over and over					
3. Words or sounds that go through your mind over and over					
4. Worrying that harm will come to others if you don't do certain things or if things aren't in the right place					
5. Worrying that you may lose control and harm others					
6. Worrying that you will confess or blurt something out					
7. Fears that you will be responsible for something terrible that happens (for example a fire, illness, or accident)					
8. Concerns about germs, contamination, sticky substances or dirt					
9. Having forbidden or perverse sexual thoughts					
10. Repeating certain things over and over					
11. Washing your hands over and over					
12. Having to perform certain mental acts, such as counting things, praying or repeating words silently					
13. Having to arrange things in a particular way					
14. Hoarding things or being unable to throw things away					
15. Performing time-consuming rituals when you shave, brush teeth, go to bed, clean the house or groom yourself					

Trauma Anxiety Put a check () to indicate how much you have experienced each symptom during the past week, including today.	0- Not at All	1- Somewhat	2- Moderately	3- A lot	4 Extremely
1. Upsetting memories of a traumatic event that come into your mind over and over					
2. Avoiding things, places or upsetting thoughts associated with the trauma					
3. Feeling like you are unreal or the world is unreal					
4. Feeling isolated or alienated from other people					
5. Flashbacks (feeling like the past upsetting event is happening in the present)					
6. Always being on the lookout to make sure you don't experience the upsetting event again					
7. Feelings of guilt or distress about the traumatic event					
8. Strong physical sensations when you are reminded about the event					
9. Feelings of numbness					
10. Difficulties experiencing normal feelings of pleasure or happiness					

Relationship Satisfaction Scale Put a check () in the box to the right of each category that best describes the amount of satisfaction you feel in your closest relationship. *****Please write down the name of the person who you have in mind when filling out this checklist: _____	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 in the relationship							
7. Overall Satisfaction with your relationship							

Concerns and problem areas	No	Maybe	Yes
1. Academic Problem: I'm having academic difficulties or other problems at school.			
2. Occupational Problem: I'm having difficulties with my work or career.			
3. Identity Problem: I'm having difficulties with my goals in life, career choice, friendships, sexual identity or personal values.			
4. Parent-Child Relationship Problem: I'm having problems in my relationship with my child or parents.			
5. Partner Relationship Problem: I'm having problems in my marriage or in another close relationship.			
6. Sibling Relationship Problem: I'm having problems getting along with a brother or a sister.			
7. Other Relationship Problem: I'm having problems getting along with people outside my family such as friends or coworkers.			
8. Illness in Family Member: I'm having problems because a family member is suffering from a medical or psychiatric problem.			
9. Bereavement problem: I'm having problems because of the death of a loved one.			
Medical/ Health Concerns	No	Maybe	Yes
1. I often worry that I have a serious medical problem or disease.			
2. My doctors tell me there's nothing wrong with me, but I don't believe them.			
3. My concerns about my appearance cause problems in my life.			
Other Symptoms	No	Maybe	Yes
1. I sometimes feel far more brilliant and intelligent than others.			
2. I sometimes feel like I have special powers.			
3. I sometimes receive special messages from God.			
4. I sometimes hear voices coming from outside my head (voices that others do not seem to hear).			
5. I believe that others can read my mind or insert thoughts into my mind.			
6. I believe I receive special messages from the TV or radio.			
7. I believe others are plotting against me.			
Mania Checklist	No	Maybe	Yes
1. I have been feeling incredibly happy and joyous.			
2. I have much less need for sleep at night.			
3. My thoughts race rapidly from subject to subject.			
4. I have been far more talkative than usual.			
5. I have been doing impulsive things like spending money, making foolish investments, driving fast, sexual indiscretions, drinking a lot, etc.			
6. Were you under the influence of drugs or alcohol when you had these kinds of feelings?			
Eating Disorders	No	Maybe	Yes
1. Do you have a problem with overeating or binge eating?			
2. Do you ever binge and then vomit or use laxatives to purge yourself?			
3. Do you use diet pills or other drugs to try to control your weight?			
4. Has anyone ever suggested you were too thin or had an eating disorder?			

How tall are you? ____ Feet ____ Inches

How much do you weigh? _____ Pounds

How much would you like to weigh? _____ Pounds