

## BECK'S DEPRESSION INVENTORY

**Instructions:** Please circle the number by the response for each question that best describes how you have felt during the past seven (7) days. Please do not omit any questions. Make sure you check one answer for each question. If more than one answer applies to how you have been feeling, check the higher number. If in doubt, make your best guess.

1. 0 - I do not feel sad.  
1 - I feel sad.  
2 - I am sad all the time and I can't snap out of it.  
3 - I am so sad or unhappy that I can't stand it.

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2. 0 - I am not particularly discouraged about the future.  
1 - I feel discouraged about the future.  
2 - I feel I have nothing to look forward to.  
3 - I feel that the future is hopeless and that things cannot improve.

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3. 0 - I do not feel like a failure.  
1 - I feel I have failed more than the average person.  
2 - As I look back on my life, all I can see is a lot of failures.  
3 - I feel I am a complete failure as a person.

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4. 0 - I get as much satisfaction out of things as I used to.  
1 - I don't enjoy things the way I used to.  
2 - I don't get real satisfaction out of anything anymore.  
3 - I am dissatisfied or bored with everything.

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5. 0 - I don't feel particularly guilty.  
1 - I feel guilty a good part of the time.  
2 - I feel quite guilty most of the time.  
3 - I feel guilty all of the time.

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6. 0 - I don't feel I am being punished.  
1 - I feel I may be punished.  
2 - I expect to be punished.  
3 - I hate myself.

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7. 0 - I don't feel disappointed in myself.  
1 - I am disappointed in myself.  
2 - I am disgusted with myself.  
3 - I hate myself.

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8. 0 - I don't feel I am any worse than anybody else.  
1 - I am critical of myself for my weaknesses or mistakes.  
2 - I blame myself all the time for my faults.  
3 - I blame myself for everything bad that happens.

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9. 0 - I don't have any thoughts of killing myself.  
1 - I have thoughts of killing myself, but I would not carry them out.  
2 - I would like to kill myself.  
3 - I would kill myself if I had the chance.

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10. 0 - I don't cry any more than usual.  
1 - I cry more now than I used to.  
2 - I cry all the time now.  
3 - I used to be able to cry, but now I can't cry even though I want to.

**Turn The Page Over**

11. 0 - I am no more irritated by things than I ever am.  
 1 - I am slightly more irritated now than usual.  
 2 - I am quite annoyed or irritated a good deal of the time.  
 3 - I feel irritated all the time now.
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12. 0 - I have not lost interest in other people.  
 1 - I am less interested in other people than I used to be.  
 2 - I have lost most of my interest in other people.  
 3 - I have lost all of my interest in other people.
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13. 0 - I make decisions about as well as I ever could.  
 1 - I put off making decisions more than I used to.  
 2 - I have greater difficulty in making decisions than before.  
 3 - I can't make decisions at all anymore.
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14. 0 - I don't feel that I look any worse than I used to.  
 1 - I am worried that I am looking old or unattractive.  
 2 - I feel that there are permanent changes in my appearance that make me look unattractive.  
 3 - I believe that I look ugly.
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15. 0 - I can work about as well as before.  
 1 - It takes an extra effort to get started at doing something.  
 2 - I have to push myself very hard to do anything.  
 3 - I can't do any work at all.
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16. 0 - I can sleep as well as usual.  
 1 - I don't sleep as well as I used to.  
 2 - I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.  
 3 - I wake up several hours earlier than I used to and cannot get back to sleep.
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17. 0 - I don't get more tired than usual.  
 1 - I get tired more easily than I used to.  
 2 - I get tired from doing almost anything.  
 3 - I am too tired to do anything.
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18. 0 - My appetite is no worse than usual.  
 1 - My appetite is not as good as it used to be.  
 2 - My appetite is much worse now.  
 3 - I have no appetite at all anymore.
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19. 0 - I haven't lost or gained much weight, if any, lately.  
 1 - I have lost or gained more than five pounds.  
 2 - I have lost or gained more than ten pounds.  
 3 - I have lost or gained more than fifteen pounds.
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20. 0 - I am no more worried about my health than usual.  
 1 - I am worried about physical problems such as aches and pains, or upset stomach, or constipation.  
 2 - I am very worried about physical problems and it's hard to think of much else.  
 3 - I am so worried about my physical problems that I cannot think of anything else.
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21. 0 - I have not noticed any recent change in my interest in sex.  
 1 - I am less interested in sex than I used to be.  
 2 - I am much less interested in sex now.  
 3 - I have lost interest in sex completely.

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

### *Beck Anxiety Inventory*

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much.	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3
<b>Column Sum</b>				

**Scoring** - Sum each column. Then sum the column totals to achieve a grand score. Write that score here \_\_\_\_\_ .

#### *Interpretation*

A grand sum between **0 – 21** indicates very low anxiety. That is usually a good thing. However, it is possible that you might be unrealistic in either your assessment which would be denial or that you have learned to “mask” the symptoms commonly associated with anxiety. Too little “anxiety” could indicate that you are detached from yourself, others, or your environment.

A grand sum between **22 – 35** indicates moderate anxiety. Your body is trying to tell you something. Look for patterns as to when and why you experience the symptoms described above. For example, if it occurs prior to public speaking and your job requires a lot of presentations you may want to find ways to calm yourself before speaking or let others do some of the presentations. You may have some conflict issues that need to be resolved. Clearly, it is not “panic” time but you want to find ways to manage the stress you feel.

A grand sum that **exceeds 36** is a potential cause for concern. Again, look for patterns or times when you tend to feel the symptoms you have circled. Persistent and high anxiety is not a sign of personal weakness or failure. It is, however, something that needs to be proactively treated or there could be significant impacts to you mentally and physically. You may want to consult a physician or counselor if the feelings persist.

## LEC-5

### Part 1

**Instructions:** Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

**PLEASE COMPLETE PART 2 ON THE FOLLOWING PAGE**

## Part 2:

A. If you checked anything for #17 in PART 1, briefly identify the event you were thinking of:

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B. If you have experienced more than one of the events in PART 1, think about the event you consider the worst event, which for this questionnaire means the event that currently bothers you the most. If you have experienced only one of the events in PART 1, use that one as the worst event. Please answer the following questions about the worst event (check all options that apply):

1. Briefly describe the worst event (for example, what happened, who was involved, etc.).

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2. How long ago did it happen? \_\_\_\_\_ (please estimate if you are not sure)

3. How did you experience it?

It happened to me directly

I witnessed it

I learned about it happening to a close family member or close friend

I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)

Other, please describe: \_\_\_\_\_

4. Was someone's life in danger?

Yes, my life

Yes, someone else's life

No

5. Was someone seriously injured or killed?

Yes, I was seriously injured

Yes, someone else was seriously injured or killed

No

6. Did it involve sexual violence?  Yes  No

7. If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?

Accident or violence

Natural causes

Not applicable (The event did not involve the death of a close family member or close friend)

8. How many times altogether have you experienced a similar event as stressful or nearly as stressful as the worst event?

Just once

More than once (please specify or estimate the total # of times you have had this experience \_\_\_\_\_)

## PTSD CheckList – Civilian Version (PCL-C)

Client's Name: \_\_\_\_\_

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening</i> again (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?					
6.	Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities</i> or <i>situations</i> because they <i>remind you</i> of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

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## PTSD CheckList – Civilian Version (PCL-C)

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist: 1) PCL-M is specific to PTSD caused by military experiences and 2) PCL-C is applied generally to any traumatic event.

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about “the past month,” questions may ask about “the past week” or be modified to focus on events specific to a deployment.

### ***How is the PCL completed?***

- The PCL is self-administered
- Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from **1 Not at All** – **5 Extremely**

### ***How is the PCL Scored?***

1) Add up all items for a total severity score

or

2) Treat response categories **3–5** (*Moderately* or above) as symptomatic and responses **1–2** (below *Moderately*) as non-symptomatic, then use the following DSM criteria for a diagnosis:

- Symptomatic response to at least 1 “B” item (Questions 1–5),
- Symptomatic response to at least 3 “C” items (Questions 6–12), and
- Symptomatic response to at least 2 “D” items (Questions 13–17)

### ***Are Results Valid and Reliable?***

- Two studies of both Vietnam and Persian Gulf theater veterans show that the PCL is both valid and reliable (Additional references are available from the DHCC)

### ***What Additional Follow-up is Available?***

- All military health system beneficiaries with health concerns they believe are deployment-related are encouraged to seek medical care
- Patients should be asked, “**Is your health concern today related to a deployment?**” during all primary care visits.
- If the patient replies “**yes**,” the provider should follow the Post-Deployment Health Clinical Practice Guideline (PDH-CPG) and supporting guidelines available through the DHCC and [www.PDHealth.mil](http://www.PDHealth.mil)