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Pre-Therapy Testing *

Instructions: This packet contains three self-assessment tests which measure depression, anxiety, and satisfaction in personal relationships, respectively. Please complete each one and bring them to your therapist at the initial evaluation. They will only require a few minutes.

Your therapist may ask you to take these tests once a week throughout the therapy. If so, you will be given a fresh set of tests along with answer sheets and scoring keys at your first session. The tests are easy to complete and can help you and your therapist accurately track your progress.

Your therapist may also ask you to complete a fourth test called the Empathy Scale between sessions. This will give you a chance to indicate what you liked and disliked about your most recent session. This information can be invaluable, and will often make the therapy much more meaningful and rewarding.

Therapist's Toolkit, Part 1

Burns Depression Checklist *

Instructions: Place a check (✓) in the box to the right of each of the 15 symptoms to indicate how much this type of feeling has been bothering you in the past several days.

	0—NOT AT ALL	1—SOMEWHAT	2—MODERATELY	3—A LOT
1. Sadness: Have you been 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. Loss of interest in life: Have you lost interest in your career, hobbies, family, or friends?				
9. Loss of motivation: Do you feel overwhelmed and have to push yourself hard to do things?				
10. Poor self-image: Do you think you're looking old or unattractive?				
11. Appetite changes: Have you lost your appetite? Or, do you overeat compulsively?				
12. Sleep changes: Is it hard to get a good night's sleep? Are you tired and sleeping too much?				
13. Loss of libido: Have you lost your interest in sex?				
14. Hypochondriasis: Do you worry a lot about your health?				
15. Suicidal impulses: Do you think life is not worth living or think you'd be better off dead? **				
Total Score on items #1 - #15 →				

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** Anyone with suicidal urges should seek immediate help from a mental health professional.

Pre Therapy Testing

Burns Anxiety Inventory *

Instructions: Place a check (✓) in the box to the right of each of the 33 symptoms to indicate how much this type of feeling has been bothering you in the past several days.

CATEGORY I: ANXIOUS FEELINGS

	0—NOT AT ALL	1—SOMEWHAT	2—MODERATELY	3—A LOT
1. Anxiety, nervousness, worry or fear				
2. Feeling things around you are strange or foggy				
3. Feeling detached from all or part of your body				
4. Sudden unexpected panic spells				
5. Apprehension or a sense of impending doom				
6. Feeling tense, stress, "uptight" or on edge				
CATEGORY II: ANXIOUS THOUGHTS				
7. Difficulty concentrating				
8. Racing thoughts				
9. Frightening fantasies or daydreams				
10. Feeling on the verge of losing control				
11. Fears of cracking up or going crazy				
12. Fears of fainting or passing out				
13. Fears of illnesses, heart attacks or dying				
14. Fears of looking foolish in front of others				
15. Fears of being alone, isolated or abandoned				
16. Fears of criticism or disapproval				
17. Fears that something terrible will happen				

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Burns Anxiety Inventory *

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CATEGORY III: PHYSICAL SYMPTOMS

	0—NOT AT ALL	1—SOMEWHAT	2—MODERATELY	3—A LOT
18. Skipping, racing or pounding of the heart				
19. Pain, pressure or tightness in the chest				
20. Tingling or numbness in the toes or fingers				
21. Butterflies or discomfort in the stomach				
22. Constipation or diarrhea				
23. Restlessness or jumpiness				
24. Tight, tense muscles				
25. Sweating not brought on by heat				
26. A lump in the throat				
27. Trembling or shaking				
28. Rubbery or "jelly" legs				
29. Feeling dizzy, lightheaded or off balance				
30. Choking or smothering sensations				
31. Headaches or pains in the neck or back				
32. Hot flashes or cold chills				
33. Feeling tired, weak or easily exhausted				
Total Score on Items #1 - #33 →				

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Pre Therapy Testing

Relationship Satisfaction Scale *

Instructions: 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 in the relationship							
7. Overall satisfaction with your relationship							
Total Score on Items #1 - #7 →							

Note: Please indicate who you had in mind when filling out this test:

Please indicate the type of relationship (spouse, colleague, friend, etc.):

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