

Beck Depression Inventory: Uses, Reliability, Where to Take the Test

By Arlin Cuncic, MA | Updated on May 19, 2023

 Medically reviewed by Steven Gans, MD

The Beck Depression Inventory (BDI) is a self-report questionnaire used to measure the severity of depression.

The BDI was developed by Dr. Aaron T. Beck, a psychiatrist, and released in 1961. The BDI includes 21 items, each of which corresponds to a symptom of depression.

History of the Beck Depression Inventory

The BDI was first published in 1961 by Dr. Aaron T. Beck, a psychiatrist who is considered the father of cognitive therapy. The BDI was designed to measure the severity of depression, as well as to serve as a tool for screening for depression.

The original BDI consisted of 21 items, each of which corresponded to a symptom of depression. Dr. Beck and his colleagues found that the BDI had good reliability and validity. The BDI has been widely used in research studies and clinical practice.

In 1996, the BDI was revised to include additional items and to reflect changes in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The revised BDI, known as the BDI-II, is the most widely used version of the questionnaire.

How the Beck Depression Inventory Is Used

The BDI is used to measure the severity of depression. It can be used to screen for depression and monitor the course of treatment.

The BDI is not a diagnostic test, but it can help health care providers make a diagnosis. For the BDI-II, a score of 10 to 18 indicates mild depression, and 30 or above indicates severe depression.

The BDI can also be used to monitor the course of treatment. A decrease in scores over time indicates that the person's symptoms are improving.

Interpreting the Beck Depression Inventory

It is important to keep in mind that the BDI is a self-report measure. This means that it relies on the individual's own perception of their symptoms. Some people may underestimate their level of distress, while others may exaggerate their symptoms.

If you are concerned about your level of depression, it is important to discuss your symptoms with a mental health professional.

Items on the Beck Depression Inventory

The BDI-II includes 21 items, each of which corresponds to a symptom of depression.

The items are grouped into four categories:

- Somatic (physical) symptoms
- Affective (emotional) symptoms
- Cognitive symptoms
- Vegetative symptoms (refers to changes in sleep patterns, and appetite)

Limitations of the Beck Depression Inventory

Researchers have identified several potential limitations of using the BDI in the measurement of depression.

Here are some of the limitations of the Beck Depression Inventory:

- **The BDI is a self-report measure.** This means that it relies on the individual's own perception of their symptoms. Not everyone experiences depression in the same way, and some people may have difficulty accurately reporting their symptoms.

- **The BDI only assesses symptoms of depression.** It does not assess other important factors, such as family history or genetic predisposition.
- **The BDI is a static measure.** This means that it does not take into account changes in symptoms over time.
- **The BDI is not specific to any one culture.** This means that it may not be as accurate in measuring depression in people from different cultures.

If you are concerned about your level of depression, it is important to discuss your symptoms with a mental health professional.

How Reliable Is the BDI?

The BDI has good reliability and validity. The test-retest reliability of the BDI-II ranged from 0.73 to 0.92, which means that the scores are consistent over time. The internal consistency of the BDI-II was 0.9, which means that the items on the questionnaire relate to each other and measure the same construct.

The BDI-II also has good convergent and discriminant validity. Convergent validity means that the BDI-II correlates highly with other measures of depression, such as the PHQ-9.

Discriminant validity means that the BDI-II does not correlate highly with measures of other psychiatric symptoms such as anxiety.

Where to Take the Beck Depression Inventory

If you are looking for a quick and easy way to take the Beck Depression Inventory or if you are a doctor looking to give it to your patients, there are a few versions available:

- One option is the BDI-II, which takes about 10 minutes to complete.
- Another option is the Beck Depression Inventory-Fast Screen (BDI-FS). The BDI-FS is a shortened version of the BDI-II that can be completed in 5 minutes or less.

It is important to note that the official BDI is copyrighted and available on Pearson's website. There are several other depression screens that are not proprietary and are in

the public domain for use. If you are concerned about your level of depression, it is important to discuss your symptoms with a mental health professional.

Depression Resources

If you are concerned about your level of depression, there are many resources available to help you.

- The National Institute of Mental Health has information on depression and its treatment.
- The Depression and Bipolar Support Alliance provides support and resources for people with mood disorders.
- The American Psychiatric Association offers a list of mental health providers in your area.

A Word From Verywell

If you are concerned about your level of depression, it is important to discuss your symptoms with a mental health professional. The Beck Depression Inventory can be a helpful tool in assessing your level of distress but should not be used as a replacement for professional help. There are many resources available to help you.

If you are having suicidal thoughts, contact the National Suicide Prevention Lifeline at **1-800-273-8255** for support and assistance from a trained counselor. If you or a loved one are in immediate danger, call 911.

For more mental health resources, see our National Helpline Database.

14 Sources

Verywell Mind uses only high-quality sources, including peer-reviewed studies, to support the facts within our articles. Read our editorial process to learn more about how we fact-check and keep our content accurate, reliable, and trustworthy.

1. Beck AT, Ward CH, Mendelson M, Mock J, Erbaugh J. An inventory for measuring depression. *Arch Gen Psychiatry*. 1961;4:561-571. doi:10.1001/archpsyc.1961.01710120031004
2. Allen S. Scoring the Beck Depression Inventory.
3. Sage Research Methods. Self-Reported Measure.
4. Pearson Assessments. Beck Depression Inventory-II.
5. Smarr KL, Keefer AL. Measures of depression and depressive symptoms: Beck Depression Inventory-II (BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Geriatric Depression Scale (GDS), Hospital Anxiety and Depression Scale (HADS), and Patient Health Questionnaire-9 (PHQ-9). *Arthritis Care Res (Hoboken)*. 2011;63 Suppl 11:S454-S466. doi:10.1002/acr.20556
6. Toenders YJ, Schmaal L, Harrison BJ, Dinga R, Berk M, Davey CG. Neurovegetative symptom subtypes in young people with major depressive disorder and their structural brain correlates. *Transl Psychiatry*. 2020;10(1):108. Published 2020 Apr 20. doi:10.1038/s41398-020-0787-9
7. Demyttenaere K, Jaspers L. Trends in (not) using scales in major depression: A categorization and clinical orientation. *Eur Psychiatry*. 2020 Sep 23;63(1):e91. doi: 10.1192/j.eurpsy.2020.87. PMID: 32962793; PMCID: PMC7681155.
8. Eaton WW, Neufeld K, Chen LS, Cai G. A comparison of self-report and clinical diagnostic interviews for depression: diagnostic interview schedule and schedules for clinical assessment in neuropsychiatry in the Baltimore epidemiologic catchment area follow-up. *Arch Gen Psychiatry*. 2000;57(3):217-222. doi:10.1001/archpsyc.57.3.217
9. Wang FM, Davis MF, Briggs FB. Predicting self-reported depression after the onset of multiple sclerosis using genetic and non-genetic factors. *Mult Scler*. 2021;27(4):603-612. doi:10.1177/1352458520921073
10. Fried EI, van Borkulo CD, Epskamp S, Schoevers RA, Tuerlinckx F, Borsboom D. Measuring depression over time . . . Or not? Lack of unidimensionality and longitudinal measurement invariance in four common rating scales of depression. *Psychol Assess*. 2016;28(11):1354-1367. doi:10.1037/pas0000275
11. Dere J, Watters CA, Yu SC, Bagby RM, Ryder AG, Harkness KL. Cross-cultural examination of measurement invariance of the Beck Depression Inventory-II. *Psychol Assess*. 2015;27(1):68-81. doi:10.1037/pas0000026
12. Wang YP, Gorenstein C. Psychometric properties of the Beck Depression Inventory-II: a comprehensive review. *Braz J Psychiatry*. 2013;35(4):416-431. doi:10.1590/1516-4446-2012-1048

13. Lee EH, Lee SJ, Hwang ST, Hong SH, Kim JH. Reliability and Validity of the Beck Depression Inventory-II among Korean Adolescents. *Psychiatry Investig*. 2017;14(1):30-36. doi:10.4306/pi.2017.14.1.30
14. Phan T, Carter O, Adams C, et al. Discriminant validity of the Hospital Anxiety and Depression Scale, Beck Depression Inventory (II) and Beck Anxiety Inventory to confirmed clinical diagnosis of depression and anxiety in patients with chronic obstructive pulmonary disease. *Chron Respir Dis*. 2016;13(3):220-228. doi:10.1177/1479972316634604