**MEASURE NAME:** Beck Depression Inventory-Second Edition  
**Acronym:** BDI-II

<table>
<thead>
<tr>
<th>Basic Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s):</strong> Beck, A.T., Steer, R.A., &amp; Brown, G.</td>
</tr>
</tbody>
</table>
| **Author Contact:** Aaron T. Beck  
Psychopathology Research Unit  
3535 Market Street, Room 2032  
Philadelphia, PA 19104  
Fax: (215) 573-3717  
Contact first author via e-mail. |
| **Author Email:** abeck@mail.med.upenn.edu |
| **To Obtain:** Harcourt Assessment, Inc.  
19500 Bulverde Road  
San Antonio, Texas 78259  
Phone: 1-800-211-8378  
Fax: 1-800-232-1223 |
| **E-mail:** customer_service@harcourt.com  
**Website:** www.harcourttassess.com |
| **Cost per copy (in US $):** $1.50 |
| **Copyright:** Yes |
| **Description:** The BDI-II is a widely used 21-item self-report inventory measuring the severity of depression in adolescents and adults. The BDI-II was revised in 1996 to be more consistent with DSM-IV criteria for depression. For example, individuals are asked to respond to each question based on a two-week time period rather than the one-week timeframe on the BDI. The BDI-II is widely used as an indicator of the severity of depression, but not as a diagnostic tool, and numerous studies provide evidence for its reliability and validity across different populations and cultural groups. It has also been used in numerous treatment outcome studies and in numerous studies with trauma-exposed individuals. |
| **Theoretical Orientation Summary:** The items on the BDI-II were developed to assess an individual's depressive symptoms based on the criteria found in the DSM-IV for depressive disorders. |
| **Domains Assessed:** |
| 1. Depression (cgiver) |
| 2. Depression (child) |
| 3. |
| 4. |
| 5. |
| 6. |
| **Languages Available:** Arabic, Bulgarian, Chinese, English, Farsi, Finnish, French, German, Japanese, Korean, Norwegian, Portuguese, Spanish, |
### Swedish, Turkish

<table>
<thead>
<tr>
<th>Age Range:</th>
<th>13.0 - 80.0</th>
<th>Measure Type:</th>
<th>General assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Items:</td>
<td>21</td>
<td>Measure Format:</td>
<td>Questionnaire</td>
</tr>
<tr>
<td>Time to Complete (min):</td>
<td>10</td>
<td>Reporter:</td>
<td>Self</td>
</tr>
<tr>
<td>Time to Score (min):</td>
<td>2</td>
<td>Education Level:</td>
<td>0.00</td>
</tr>
<tr>
<td>Periodicity:</td>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response Format:</td>
<td>Rated on a 4-point Likert-type scale ranging from 0 to 3, based on severity of each item.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Materials Needed:

- **Yes** Paper and pencil
- **No** Computer
- **No** Video equipment
- **No** Testing stimuli
- **No** Physiological equipment
- **No** Other

### Material Notes:

- Items can be read aloud if necessary.

Standardized scoring forms must be ordered through the Psychological Corporation. Spanish Record Forms are also available. Computerized scoring is also available.

Materials (as of 6/05) available include:

1. BDI-II manual: $40
2. Record Forms (pkg/100): $150 (Pricing is based on purchase of this package.)
3. Spanish Record Forms (pkg/100): $150
4. Scannable Record Forms (pkg/100): $150

### Sample Items:

<table>
<thead>
<tr>
<th>Domains</th>
<th>Scale</th>
<th>Sample Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td></td>
<td>not available</td>
</tr>
</tbody>
</table>

### Notes (additional scales and domains):

Beck Depression Inventory-Second Edition

NCTSN Measure Review Database

[www.NCTSN.org](http://www.NCTSN.org)
Beck Depression Inventory-Second Edition
NCTSN Measure Review Database
www.NCTSN.org

Information Provided: (check all that apply)

- Diagnostic information DSM-III: Yes
  - Standard Scores: Yes
- Diagnostic information DSM-IV: Yes
  - Percentile: Yes
- Strengths: Yes
  - Graph (e.g., of elevated scale): Yes
- Areas of concerns/risks: Yes
  - Dichotomous assessment: Yes
- Program evaluation information: Yes
  - Clinical friendly output: Yes
- Continuous assessment: Yes
  - Written feedback: Yes
- Raw Scores: Yes
  - Other: Yes

Training

Training to Administer:
- None: Yes
  - Via manual/video: Yes
  - Must be a psychologist: Yes
  - Prior experience psych testing & interpretation: Yes
  - Training by experienced clinician (<4 hours): Yes

Training to Interpret:
- None: Yes
  - Via manual/video: Yes
  - Must be a psychologist: Yes
  - Prior experience psych testing & interpretation: Yes
  - Training by experienced clinician (<4 hours): Yes
  - Training by experienced clinician (≥4 hours): Yes

Training Notes:
Can be administered by paraprofessionals. Only mental health professionals with appropriate clinical training and experience should interpret the scores.

Parallel or Alternate Forms

- Parallel Forms?: No
- Alternate Forms: No
- Forms for Different Ages: Yes
  - If so, are forms comparable: Yes

Any Altered Versions of Measure: Yes
Describe:
The BDI-II is based on the amended Beck Depression Inventory (BDI-A). Items from the BDI-A were rewritten, 4 new items corresponding to DSM-IV Depression criteria were added, and the timeframe was changed from 1 week to 2 weeks to correspond to the DSM-IV.

There is a short version of the BDI, the BDI-SF, which includes only the cognitive-affective subscale and has been recommended to assess depression in medical populations, with scores higher than 10 associated with moderate to severe depression. The psychometric properties of the BDI-SF have been examined in French (Cathebras, Mosnier, Levy, Bouchou, & Rouset, 1994) and Brazilian (Furlanetto, Mendlovic, & Bueno, 2005) samples.

The Beck Depression Inventory for Youth is for use with children aged 7-14 and has demonstrated good...
convergent validity with the Children’s Depression Inventory (Simith, Schwartz, George, & Panke, 2004).

**Population Used to Develop Measure**

The authors revised the BDI to be more consistent with the criteria for depression found in the DSM-IV. The BDI-II was piloted on 193 psychiatric outpatients diagnosed with various disorders by a psychologist or psychiatrist using the DSM-III or DSM-IV.

**Psychometrics**

**Global Rating (scale based on Hudall Stamm, 1996):**

- Considered a gold standard

**Norms:**
- Yes
  - For separate age groups: No
  - For clinical populations: No
  - Separate for men and women: No
  - For other demographic groups: No

**Notes:**

The normative sample included outpatients from various clinics and hospitals located in New Jersey, Pennsylvania, and Kentucky who were used as part of the measure development for the BDI-II. This population consisted of 317 females and 183 males; 91% Caucasian, 4% African American, 4% Asian American, and 1% Latino. The mean age was 37.20 (SD=15.91).

**Clinical Cutoffs:**

- Yes

**Specify Cutoffs:**

- Raw scores of 0 to 13 indicates minimal depression, 14 to 19 indicates mild depression, 20 to 28 indicates moderate depression, and 29 to 63 indicates severe depression.

**Used in Major Studies:**

- Yes

**Specify Studies:**

- Beck Depression Inventory-Second Edition
- NCTSN Measure Review Database
- www.NCTSN.org
Reliability:

<table>
<thead>
<tr>
<th>Type</th>
<th>Rating</th>
<th>Statistics</th>
<th>Min</th>
<th>Max</th>
<th>Avg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test-Retest-# days:</td>
<td>7</td>
<td>Acceptable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Consistency:</td>
<td>Acceptable</td>
<td>Correlation</td>
<td>0.93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inter-Rater:</td>
<td></td>
<td>Coefficient alpha</td>
<td>0.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parallel/Alternate Forms:</td>
<td></td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes:

From Beck, Steer, & Brown (1996):

Psychometrics were studied with a group with the following demographics: The BDI-II was given as part of a standard intake psychological battery. Five hundred outpatients from various clinics and hospitals located in New Jersey, Pennsylvania, and Kentucky were included. This population consisted of 317 females and 183 males; 91% Caucasian, 4% African American, 4% Asian American, and 1% Latino. The mean age was 37.20 (SD=15.91). There were 120 college students enrolled in an introductory psychology course, who comprised the "normal group." This population consisted of 67 females and 53 males with a mean age of 19.58 (SD=1.84) and was predominately Caucasian.

Additional data regarding reliability are presented under Notes for "Construct Validity.

The test-retest and internal consistency data have been replicated in numerous studies, including adults and adolescents, with similar findings.

Content Validity:

The items on the BDI-II were developed to assess an individual's depressive symptoms based on DSM-IV criteria for depressive disorders.

Osman, Kopper, Guttierrez, Barrios, & Bagge (2004) studied the content validity of the BDI-II by having 10 "experts" rate the relevance and specificity of items for DSM-IV Major Depressive Disorders. Thirteen adolescents aged 13-17 rated the degree to which items were understandable, easy to read, and would correspond to what they would say to a mental health professional about how they feel.

Items receiving low Relevance ratings included item 3 (Past Failure), item 6 (Punishment Feelings), and item 21 (Loss of Interest in Sex). Items receiving low Specificity ratings included item 11 (Agitation), item 19 (Concentration Difficulty), and item 21 (Loss of Interest in Sex).
Construct Validity: (check all that apply)

<table>
<thead>
<tr>
<th>Validity Type</th>
<th>Not known</th>
<th>Not found</th>
<th>Nonclinical Samples</th>
<th>Clinical Samples</th>
<th>Diverse Samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convergent/Concurrent</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Discriminant</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitive to Change</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Intervention Effects</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Longitudinal/Maturation Effects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Sensitive to Theoretically Distinct Groups</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Factorial Validity</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Notes: Given the large number of published studies using the BDI, we focused our efforts on the core psychometric studies and those conducted with adolescents and trauma-exposed populations.

1. Numerous studies have established the reliability and validity of the BDI-II in different populations and cultures. In adults, the BDI-II has been found to correlate with multiple measures of depression including the Center for Epidemiological Studies of Depression Scale (CES-D), Zung Self-Rating Depression Scale, the Beck Hopelessness Scale, and the Revised Hamilton Psychiatric Rating Scale for Depression (Beck, Steer, & Brown, 1996).

2. The BDI-II discriminates depressed from non-depressed patients (Beck, Steer, & Brown, 1996; Sprinkle et al., 1992).

3. It has also been found to be sensitive to change with treatment, including in randomized trials with individuals who have experienced a trauma (Bryant, Moulds, Guthrie & Nixon, 2005) and those diagnosed PTSD (Ehlers et al., 2005).

4. Factor analysis of the BDI-II has generally identified a 2-factor structure in adult outpatient and non-clinical samples, measuring cognitive-affective and somatic depressive symptoms (Dozois, Dobson, & Ahnberg, 1998; Storch, Roberti, & Roth, 2004). Analyses with adult inpatients have identified a single hierarchical depression factor (Cole, Grossman, Prillman, & Hunsaker, 2003). Analyses of adolescents have identified different but related factor solutions (see below).

One study involving a confirmatory factor analysis of the CES-D and the original BDI, failed to validate a single-factor model (Skorikov & Vandervoort, 2003). The authors suggested that the measures assess different underlying aspects of the construct of depression, with the CES-D assessing more of an affective component and the BDI assessing more of a cognitive component. The authors suggested that the measures not be used interchangeably since they may be assessing different aspects of depression. They also interpreted their findings as suggesting that the CES-D may be more effective in non-clinical populations.

5. A number of studies report that females score significantly higher than males do on the BDI in adult (Beck, Steer, & Brown, 1996) and adolescent populations (Kumar, Steer, Teitelman, & Villacis, 2002; Osman, Kopper, Guttierez, Barrios, & Bagge, 2004; Steer, Kumar, Ranieri, & Beck, 1998).
6. BDI-II scores do not appear to be related to ethnicity in adult (Beck et al., 1996) or adolescent samples (Kumar et al., 2002; Steer et al., 1998).

STUDIES WITH ADOLESCENTS
1. Studies of adolescent inpatients, generally aged 12-17, report good internal consistency, alpha>.90 for the total scale and >.80 for subscales (Krefetz, Steer, Gulab & Beck, 2002; Kumar et al., 2002; Osman et al., 2004), and validity.

2. BDI-II scores are correlated with scores on the Reynolds Adolescent Depression Scale, the Beck Hopelessness Scale, the Beck Anxiety Inventory, the MMPI-A, and the Suicidal Behaviors Questionnaire- Revised; and BDI-II scores discriminate between adolescents who do and do not meet DSM-IV criteria for a major depressive disorder (Krefetz et al., 2002; Kumar et al., 2002).

3. Confirmatory factor analyses with adolescent psychiatric inpatients (Osman et al., 2004) identified a 2-factor solution as the most parsimonious and interpretable. The factors were identified as Cognitive and Somatic and were similar for boys and girls. The authors report that the solution differed from that reported for adults in that the first factor contained both cognitive and affective symptoms.

4. Steer et al. (1998) examined the psychometrics of the BDI-II with adolescent outpatients and found good internal consistency. Through principal factor analysis, they identified a single second-order dimension of self-reported depression and three first-order factors. The authors claimed that only two of the first-order factors, Cognitive and Somatic-Affective, were generalizable. These two factors have been identified using the BDI-II with adult outpatients. They found no differences between Caucasians and non-Caucasians but did report significant correlations between age and BDI-II scores.

STUDIES WITH TRAUMA-EXPOSED INDIVIDUALS
The BDI has been used in numerous studies with trauma-exposed individuals. A PsychInfo search of “Beck Depression Inventory” or “BDI” AND “trauma” yielded 681 peer-reviewed journal articles (6/05). It has been used in samples of combat veterans, women who have experienced intimate partner violence and sexual abuse, and in numerous treatment outcome studies for PTSD.

1. The BDI has also been found to be sensitive to intervention effects in and randomized trials with individuals with diagnosed PTSD (e.g., Bryant, Moulds, Guthrie, & Nixon, 2005; Ehlers et al., 2005; Kubany et al., 2004). Individuals treated with interpersonal psychotherapy adapted for PTSD also show decreases in BDI-II scores following treatment (Bleiberg & Markowitz, 2005). Parents of children with PTSD symptoms related to sexual abuse and traumatic bereavement show decreases in BDI symptoms after participating in treatment with their children (Cohen, Deblinger, Mannarino & Steer, 2004; Cohen, Mannarino, & Knudsen, 2004).

2. Among women who have experienced intimate partner violence, those with comorbid PTSD and Major Depression show higher levels of symptomatology on the BDI-II than those with PTSD alone and those with no PTSD or Major Depression (Nixon, Resick, Nishith, 2004).

3. The BDI has also been used with individuals with vicarious traumatization
with scores on a Secondary Trauma Scale related to higher levels of depression (Motta, Newman, Lombardo, & Silverman, 2004).

STUDIES WITH OTHER CULTURAL GROUPS AND DIVERSE POPULATIONS
(This is a sampling of the literature in this area. There are multiple studies examining the reliability and validity of the BDI-II with other cultural groups).

1. Leigh & Tolbert (2001) examined the reliability of the BDI-II with deaf college students and found good internal consistency (alpha=.88), split-half reliability (.76), and one-week test-retest reliability (.77).

2. Grothe, K.B., Dutton, G.R., Jones, GN., Bodenlos, J., Ancona, M., & Brantley, P.J. (2005) factor analyzed data from a low-income African American outpatient sample. Consistent with previous research conducted by Beck, they identified 2 first-order factors (somatic and cognitive) and one second-order factor (depression). They also found high internal consistency (alpha=.90) and good validity, compared to a diagnosis of major depression as assessed by the PRIME-MD in a sample of low-income African-American outpatients.

3. Contreras, S., Fernanedez, Senaida, Malcarne, V.L., Ingram, R.E., & Vaccarino, V.R. (2004) examined the reliability and validity of the BAI and BDI in a sample of 1,110 Latino and 2,703 Caucasian undergraduate students. Scales for both groups had good internal consistencies. They also found similar factor structures for both groups, providing evidence of factorial validity. Although they used the original BDI in this study, they suggested that results would generalize to the BDI-II given the overlap between the two.

4. Cardemil, Kim, Pinedo, & Miller (2005) found high internal consistence (alpha was .90-.92) and change in scores over the course of treatment for both English- and Spanish-speaking Latina women from a predominantly low-income sample.

5. Penley, Wiebe, & Nwosu (2003) examined the psychometrics of the Spanish translation of the BDI II in a sample of predominantly Hispanic adults undergoing medical treatment for hemodialysis, many of whom were of lower SES. They found good internal consistency (alpha=.92), and using confirmatory factor analysis, identified two first-order depression factors and one second-order general depression factor, similar to what has been reported in other samples. They reported that BDI-II scores were negatively correlated to SES and acculturation and positively correlated with disease severity. Bilingual participants completed both English and Spanish versions, with comparable scores across language administrations. However, 30% of bilingual participants would be placed in a different depressive category depending on whether their Spanish or English scores are used. These findings are especially important in light of a study using an earlier version of the BDI that reported item bias when Latinos completed a translated version of the BDI (Azocar, Areán, Miranda & Muñoz, 2001).

6. Carmody (2005) examined the psychometrics of the BDI-II with a diverse group of college students. He found similar psychometrics for the non-clinical sample, but results of his confirmatory factor analysis suggested that a 3-factor model, comprised of negative attitude, performance difficulty, and somatic dimensions, provided a better fit than the traditional 2-factor model.
7. Sanz, Perdigón, & Vásquez (2003) examined the psychometrics of the Spanish adaptation of the BDI-II with 470 non-clinical adults. They found good internal consistency and factor validity, with factor analysis identifying a general dimension of depression and two related factors, cognitive-affective and somatic-motivational, similar to the factor structure reported in the BDI-II manual. The study also provides BDI-II community norms.

8. The BDI has also been found to be related to the Adolescent Dissociative Experiences Survey and to a measure of alexithymia in a sample of Turkish adolescents (Sayar, Kose, Grabe, & Murat, 2005).

9. Byrne, Stewart, & Lee (2004) examined the psychometrics of the Chinese Beck Depression Inventory-II with a sample of Hong Kong community adolescents. They conducted both exploratory and confirmatory factor analysis and found a 2nd order general factor of Depression and three first-order factors: Negative Attitude, Performance Difficulty, and Somatic Elements. Their findings replicate what has been found in Canadian, Swedish, and Bulgarian non-clinical adolescents, but are different from factor analyses conducted with inpatient and outpatient adolescents in the United States. They also reported good internal consistency, test-retest reliability, and convergent validity.

10. The psychometric properties of the Arabic version of the BDI-II has been examined with students aged 18-37 at the University of Bahrain. The authors suggest findings provide support for the BDI-II in this population (Al-Musawi, 2001).

**Criterion Validity: (check all that apply)**

<table>
<thead>
<tr>
<th>Measures used as criterion:</th>
<th>Beck Hopelessness Scale, Center for Epidemiological Studies of Depression, Edinburgh Postnatal Depression Scale, Hamilton Rating Scale for Depression, Hamilton Rating Scale for Anxiety.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predictive Validity:</td>
<td>Not known</td>
</tr>
<tr>
<td>Postdictive Validity:</td>
<td></td>
</tr>
<tr>
<td>Sensitivity Rate(s):</td>
<td>0.81</td>
</tr>
<tr>
<td>Specificity Rate(s):</td>
<td>0.92</td>
</tr>
<tr>
<td>Positive Predictive Power:</td>
<td>0.85</td>
</tr>
<tr>
<td>Negative Predictive Power:</td>
<td>0.83</td>
</tr>
</tbody>
</table>

**Notes:**

1. Dozois, Dobson, & Ahnberg (1998) indicated sensitivity and specificity rates listed above using cutoffs of 0-12 (nondepressed), 13-19 (dysphoric), and 20-63 (dysphoric or depressed).

2. Kumar, Steer, Teitelman, & Villacis (2001) examined adolescents who had cutoff scores of 21 and above. They found a sensitivity of .85 and specificity of .83, as well as the positive and negative predictive power listed above.

3. Sprinkle et al. (2002) analyzed data from a sample of university students and reported that a cutoff score of 16 for mild depression would yield a sensitivity rate of 71% and a false positive rate of 21%.
Limitations of Psychometrics and Other Comments Regarding Psychometrics:
1. Interpretation is based on raw scores only.
2. Norms were based on a predominantly Caucasian sample.
3. The majority of studies conducted with adolescents have been predominantly Caucasian and have not included large numbers of individuals of lower socio-economic status.

Consumer Satisfaction
No known data on this topic.

Languages Other than English

<table>
<thead>
<tr>
<th>Language:</th>
<th>Spanish</th>
<th>Arabic</th>
<th>Japanese</th>
<th>Norwegian</th>
<th>Chinese</th>
<th>German</th>
<th>Turkish</th>
<th>Farsi</th>
<th>Swedish</th>
<th>Japanese</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Use with Trauma Populations

<table>
<thead>
<tr>
<th>Populations for which measure has demonstrated evidence of reliability and validity:</th>
<th>Physical abuse</th>
<th>Natural disaster</th>
<th>Terrorism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Sexual abuse</td>
<td>Accidents</td>
<td>Immigration related trauma</td>
</tr>
<tr>
<td>Yes</td>
<td>Neglect</td>
<td>Imprisonment</td>
<td>Kidnapping/hostage</td>
</tr>
<tr>
<td>Yes</td>
<td>Domestic Violence</td>
<td>Witness death</td>
<td>Traumatic loss (death)</td>
</tr>
<tr>
<td>Yes</td>
<td>Community violence</td>
<td>Assault</td>
<td>Other</td>
</tr>
<tr>
<td>Yes</td>
<td>Medical trauma</td>
<td>War/combat</td>
<td></td>
</tr>
</tbody>
</table>
1. Developmental disability
2. Disabilities
3. Lower socio-economic status
4. Rural populations
5. Deaf/hearing impaired
6. African-Americans

Notes (including other diverse populations):
The BDI-II has been used with so many different populations that they are too numerous to mention.

7. Victims of the 9/11 attacks who either witnessed the attacks, lost loved ones, or were involved in rescue/cleanup/body recovery at the WTC: 1
8. Trauma survivors with PTSD (bodily harm, common assault, sexual assault, or rape): 1
9. Adolescents: 1, 2, 3, 4
10. Substance abuse: 2
11. HIV: 2
12. Other medical illnesses (e.g., breast cancer): 2
13. Older adults: 1, 2

Pros and Cons/Qualitative Impression

Pros:
1. The BDI-II is widely used and accepted as a measure of depressive symptomatology.
2. The BDI-II can be administered orally by an examiner to those with reading difficulties or problems with concentration.
3. The BDI-II is user-friendly; it is easy to administer and score.
4. It has been translated into languages other than English, and its psychometric properties have been established in numerous cultural groups including the deaf population.
5. The BDI-II is designed to assess state-related depression and could be used as a quick weekly screener prior to therapy sessions.
6. The measure has been found to be useful in detecting change in treatment-outcome studies.

Cons:
1. Due to the face validity of the BDI-II, underreporting and overreporting may be likely.
2. Individuals with low education and some Spanish speakers have difficulty with the
response format.

3. The procedure used to determine the cut scores may increase the likelihood of false positives or overdiagnoses of depression among clients.

4. The wording in some items asks the respondent to compare their current state to a prior one (e.g., than usual, as ever). Individuals with chronic trauma since childhood sometimes respond by circling a zero because they do not feel worse than “usual.”

5. The normative sample is predominantly White (91%).

6. Although the measure can be used for adolescents, the norms were gathered with adults.

7. The majority of psychometric studies conducted with adolescents in the United States have involved predominantly Caucasian samples and have not included large numbers of individuals of lower socio-economic status. More research is needed on the use of the BDI-II with diverse groups of adolescents.
The reference for the manual is:

A PsychInfo search (6/05) for "Beck Depression Inventory" or "BDI" anywhere revealed that the BDI has been referenced in 9,013 peer-reviewed journal articles. The BDI-II has been referenced in 586 publications in peer-reviewed journal articles. Below is a sampling of some of these articles:

A PsychInfo search (6/05) anywhere revealed that the Beck Depression Inventory has been referenced in 748 doctoral dissertations and 384 conference presentations. The BDI-II has been referenced in 146 dissertations and 47 conference presentations.

Unpublished References:

A PsychInfo search (6/05) anywhere revealed that the Beck Depression Inventory has been referenced in 748 doctoral dissertations and 384 conference presentations. The BDI-II has been referenced in 146 dissertations and 47 conference presentations.

Number of Published References:

586

(based on author provided information and a PsychInfo search, not including dissertations)

Number of Unpublished References:

193

(based on a PsychInfo search of unpublished doctoral dissertations)

Author Comments:

The author provided comments, which were incorporated.

Citation for Review: Chandra Ghosh Ippen, Ph.D., Connie Wong, M.A.

Editor of Review: Chandra Ghosh Ippen, Ph.D., Robyn Igelman, M.A., Nicole Taylor, Ph.D., Madhur Kulkarni, M.S.

Last Updated: 6/8/2005

PDF Available: yes

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.