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Beck Depression Inventory-II (BDI-II)**

Availability:	Please visit this website for more information about the instrument: Beck Inventory and Scales website.
Classification:	Supplemental – Highly Recommended: Epilepsy Supplemental: Amyotrophic Lateral Sclerosis (ALS), Epilepsy, Headache, Multiple Sclerosis (MS), Parkinson’s Disease (PD), and Traumatic Brain Injury (TBI)
Short Description of Instrument:	Construct measured: This scale measures the existence and severity of symptoms of depression. Generic vs. disease specific: Generic. Means of administration: Self-administered. Intended respondent: Self-Report. # of items: 21 items. # of subscales and names of sub-scales: 2 subscales: Affective and Somatic subscales. # of items per sub-scale: 8 for affective; 13 for somatic.
Comments/Special instructions:	Scoring: Each of the 21 items corresponding to a symptom of depression is summed to give a single score for the Beck Depression Inventory-II (BDI-II). There is a four-point scale for each item ranging from 0 to 3. On two items (16 and 18) there are seven options to indicate either an increase or decrease of appetite and sleep. Cut-off score guidelines for the BDI-II are given with the recommendation that thresholds be adjusted based on the characteristics of the sample, and the purpose for use of the BDI-II. Total score of 0-13 is considered minimal range, 14-19 is mild, 20-28 is moderate, and 29-63 is severe. Background: The BDI-II was developed in 1996 and was derived from the BDI. The 21-item survey is self-administered and is scored on a scale of 0-3 in a list of four statements arranged in increasing severity about a particular symptom of depression, bringing the BDI-II into alignment with DSM-IV criteria. The cutoffs used differ from the original scale: 0–13: minimal depression; 14–19: mild depression; 20–28: moderate depression; and 29–63: severe depression. Higher total scores indicate more severe depressive symptoms.

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Rationale/Justification	<p>Strengths: Easy to use, widely known, results easy to interpret. Item content improved over BDI-I to increase its correspondence with DSM-IV.</p> <p>Weaknesses: Includes several items assessing physical symptoms which may be elevated in ALS patients due to motor neuron degeneration and not depression. However non-ALS clinical studies have provided evidence of the presence of at least two factors, a cognitive-affective factor and a somatic depressive symptom factor, which is more stable than in the BDI. However, this factor structure requires confirmation in ALS.</p> <p>Psychometric Properties:</p> <p><i>Feasibility:</i> Easy to complete, relatively short compared to interview-based assessments.</p> <p><i>Reliability:</i> 1 week test-retest stability is high (.93). Internal consistency (coefficient alpha) is .92-.94 depending on the sample.</p> <p><i>Validity:</i> Construct validity was high when compared to the BDI (.93).</p> <p>Sensitivity to Change: Designed to assess mood within the most recent 2 week period, so comparison across assessments should reflect change over time.</p> <p>Relationships to other variables: BDI-II scores were not correlated with functional disability (ALSFRS-R scores) (Rabkin et al) in late-stage ALS patients, but did correlate with suffering, anger, perceived caregiver burden, weariness, and negative affect. In non-ALS studies, BDI-II scores correlate with measures of hopelessness, suicidal ideation and anxiety.</p> <p>Purpose of Tool: Screening for severity of depression.</p> <p>Used in: Observational studies.</p> <p>Administration time: 5 minutes, scoring 1 minute.</p>
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References:	<p>Key References:</p> <p>Beck AT, Steer RA, Brown GK. <i>Manual for The Beck Depression Inventory Second Edition (BDI-II)</i>. San Antonio: Psychological Corporation; 1996.</p> <p>Beck AT, Steer RA, Ball R, Ranieri W. Comparison of Beck Depression Inventories -IA and -II in psychiatric outpatients. <i>J Pers Assess</i>. 1996; 67(3): 588-97.</p> <p>Steer RA, Ball R, Ranieri WF, Beck AT (January 1999). "Dimensions of the Beck Depression Inventory-II in clinically depressed outpatients". <i>Journal of clinical psychology</i> 55 (1): 117–28.</p> <p>Storch EA, Roberti JW, Roth DA (2004). "Factor structure, concurrent validity, and internal consistency of the Beck Depression Inventory-Second Edition in a sample of college students". <i>Depression and anxiety</i> 19 (3): 187–9.</p> <p>Maizels M, Smitherman TA, Penzien DB. A Review of Screening Tools for Psychiatric Comorbidity in Headache Patients. <i>Headache</i>. 2006; 46 [Suppl 3]:(S98-S109).</p> <p>ALS References:</p> <p>Taylor L, Wicks P, Leigh PN, Goldstein LH. Prevalence of depression in amyotrophic lateral sclerosis and other motor disorders. <i>Eur J Neurol</i>. 2010; 17: 1047-1053.</p> <p>Rabkin JG, Albert SM, Del Bene ML, O’Sullivan MS, Tider T, Rowland LP, Mitsumoto H. Prevalence of depressive disorders and change over time in late-stage ALS. <i>Neurology</i> 2005; 65: 62-67.</p> <p>Trail M, Nelson ND, Van JN, Appel, Lai EC. A study comparing patients with amyotrophic lateral sclerosis and their caregivers on measures of quality of life, depression and their attitudes towards treatment options. <i>J Neurol Sci</i> 2003; 209(1-2):79-85</p>
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