

beck depression inventory manual

beck depression inventory manual is a crucial resource for mental health professionals, researchers, and clinicians who utilize the Beck Depression Inventory (BDI) in assessing the severity of depressive symptoms. This manual provides comprehensive guidance on the administration, scoring, interpretation, and psychometric properties of the inventory. Understanding the manual is essential for ensuring accurate and reliable measurement of depression, facilitating appropriate diagnosis and treatment planning. The Beck Depression Inventory is widely recognized for its validity and ease of use across diverse populations, making its manual indispensable in clinical and research settings. This article explores the core components of the Beck Depression Inventory manual, highlighting its structure, scoring system, reliability, and applications. Readers will gain a detailed understanding of how the manual supports effective use of the BDI and contributes to improved mental health assessment practices.

- Overview of the Beck Depression Inventory Manual
- Administration and Scoring Procedures
- Psychometric Properties and Validation
- Interpretation Guidelines and Clinical Utility
- Applications in Clinical and Research Settings

Overview of the Beck Depression Inventory Manual

The Beck Depression Inventory manual serves as the authoritative guide for the use of the BDI, a self-report questionnaire designed to measure the intensity of depressive symptoms. Developed by Dr. Aaron T. Beck, the inventory has undergone several revisions, with the manual detailing updates and best practices for each version. The manual outlines the theoretical framework behind the inventory, emphasizing cognitive theories of depression. It also provides background information on the development process, item selection, and the rationale for the scoring system. This foundational overview helps users understand the purpose and scope of the inventory, ensuring it is employed appropriately in various settings.

Historical Development

The manual documents the evolution of the Beck Depression Inventory from its original inception in the 1960s through subsequent revisions, including the widely used BDI-II. Each edition reflects advances in clinical psychology and diagnostic criteria, aligning the inventory with the Diagnostic and Statistical Manual of Mental Disorders (DSM) standards. Understanding this historical context is vital for interpreting the manual's instructions and utilizing the inventory effectively.

Structure and Content

The manual is meticulously organized to cover all aspects of the BDI, including detailed descriptions of each item, scoring instructions, and normative data. It also includes guidelines for differentiating among levels of depression severity and identifying potential confounding factors. This comprehensive content ensures the manual meets the needs of both novice and experienced users.

Administration and Scoring Procedures

Proper administration and scoring are critical for obtaining valid results with the Beck Depression Inventory. The manual provides step-by-step instructions to ensure consistency and accuracy in these procedures. It specifies the target populations, recommended settings, and conditions under which the inventory should be administered. Additionally, the manual addresses common challenges and offers solutions to maintain the integrity of the assessment.

Administration Guidelines

The Beck Depression Inventory manual emphasizes the importance of clear instructions to respondents. It recommends a self-administration format, where individuals complete the questionnaire independently, although clinician administration is also discussed. The manual advises on creating a comfortable environment, ensuring confidentiality, and clarifying any queries respondents may have during completion.

Scoring Methodology

Scoring the BDI involves summing the individual item scores, with each item rated on a scale reflecting symptom severity. The manual details the scoring range for each item and explains how to calculate the total score. It also highlights the significance of cutoff scores that distinguish between minimal, mild, moderate, and severe depression levels. Accurate scoring is essential for valid interpretation and subsequent clinical decision-making.

Common Scoring Challenges

The manual addresses potential issues such as incomplete responses, inconsistent answers, or response biases. It provides recommendations for handling missing data and suggests follow-up assessments when results are ambiguous. These guidelines help maintain the reliability of the BDI results across different administration contexts.

Psychometric Properties and Validation

The Beck Depression Inventory manual includes extensive information on the psychometric properties of the inventory, underscoring its reliability and validity. These properties are crucial for establishing the BDI as a trustworthy tool for measuring depressive symptoms. The manual presents data derived from diverse samples, confirming the inventory's applicability across age groups,

cultures, and clinical diagnoses.

Reliability Measures

The manual reports on internal consistency, test-retest reliability, and inter-rater reliability where applicable. High internal consistency indicates that the items cohesively measure the construct of depression, while test-retest reliability ensures stability of scores over time. These metrics confirm the BDI's dependability in both clinical and research environments.

Validity Evidence

Validity is addressed through content, criterion-related, and construct validity analyses. The manual demonstrates how BDI scores correlate with other established measures of depression and clinical diagnoses, supporting its accuracy. Factor analyses detailed in the manual also reveal the inventory's dimensional structure, confirming that it effectively captures the multifaceted nature of depressive symptoms.

Normative Data and Standardization

The manual provides normative data based on large, representative samples. These norms allow practitioners to compare an individual's scores against population benchmarks, facilitating more precise interpretation. Standardization procedures ensure that the BDI maintains consistent performance across different settings and populations.

Interpretation Guidelines and Clinical Utility

Interpreting Beck Depression Inventory scores requires a nuanced understanding of the manual's guidelines. The manual offers detailed recommendations for translating numerical scores into meaningful clinical insights. This section is vital for ensuring that assessment results inform diagnosis, treatment planning, and outcome evaluation effectively.

Score Ranges and Clinical Significance

The manual defines score ranges corresponding to various depression severity levels. These categories assist clinicians in identifying the intensity of depressive symptoms and determining the urgency of intervention. The manual stresses the importance of considering contextual factors, such as comorbid conditions and patient history, when interpreting scores.

Use in Diagnostic Assessment

While the BDI is not a standalone diagnostic tool, the manual clarifies its role as a screening instrument that complements comprehensive clinical evaluations. It provides guidance on integrating BDI results with other assessment data to form a holistic understanding of a patient's

mental health status.

Monitoring Treatment Progress

The manual highlights the utility of the BDI in tracking changes in depressive symptoms over time. Repeated administrations can help assess treatment effectiveness and inform adjustments to therapeutic approaches. This longitudinal use enhances the clinical value of the inventory.

Applications in Clinical and Research Settings

The Beck Depression Inventory manual outlines various applications of the inventory across clinical practice and scientific research. Its versatility makes it a preferred instrument for screening, diagnosis, and outcome measurement in diverse contexts. The manual provides examples and case studies illustrating these applications.

Clinical Practice

In clinical settings, the BDI aids in identifying patients who may benefit from further psychological evaluation or intervention. Mental health professionals use the manual to guide administration and interpretation tailored to specific patient populations, such as adolescents, adults, and elderly individuals. The manual also addresses cultural considerations and adaptations necessary for accurate assessment.

Research Applications

The manual supports researchers in employing the BDI for epidemiological studies, clinical trials, and psychological research. It details standardized procedures that ensure data quality and comparability across studies. Researchers rely on the manual's psychometric evidence to justify the use of the BDI as a primary or secondary outcome measure.

Training and Education

The manual serves as a training tool for students, clinicians, and researchers learning to administer and interpret the BDI. It offers practical exercises, scoring examples, and interpretation scenarios that enhance competency. Proper training ensures ethical and effective use of the inventory in professional settings.

Summary of Key Features

- Standardized administration protocols for consistent assessment
- Detailed scoring instructions with clear cutoff points

- Comprehensive psychometric validation supporting reliability and validity
- Guidelines for clinical interpretation and treatment monitoring
- Versatile applications in clinical practice, research, and education

Frequently Asked Questions

What is the Beck Depression Inventory Manual?

The Beck Depression Inventory Manual is a guide that provides instructions on how to administer, score, and interpret the Beck Depression Inventory (BDI), a widely used self-report questionnaire designed to assess the severity of depression in individuals.

How do I properly use the Beck Depression Inventory Manual for clinical assessments?

To properly use the Beck Depression Inventory Manual in clinical assessments, clinicians should follow the standardized administration procedures outlined in the manual, ensure the patient understands the instructions, score the responses accurately, and interpret the results according to the manual's guidelines to evaluate the level of depressive symptoms.

Are there different versions of the Beck Depression Inventory Manual?

Yes, there are different versions of the Beck Depression Inventory Manual corresponding to the various editions of the BDI, such as BDI-I, BDI-II, and BDI-IA. Each manual reflects updates in scoring, interpretation, and psychometric properties relevant to its version.

Where can I obtain an official copy of the Beck Depression Inventory Manual?

An official copy of the Beck Depression Inventory Manual can be obtained through authorized psychological test distributors, academic publishers like Pearson, or directly from the publisher's website, often requiring purchase or institutional access.

What updates were introduced in the latest edition of the Beck Depression Inventory Manual?

The latest edition of the Beck Depression Inventory Manual includes updated scoring procedures, revised normative data, improved guidelines for interpretation across diverse populations, and enhanced instructions to increase the reliability and validity of the assessment.

Additional Resources

1. *Beck Depression Inventory Manual*

This manual provides comprehensive instructions for the administration, scoring, and interpretation of the Beck Depression Inventory (BDI). It is an essential resource for clinicians and researchers who utilize the BDI in assessing the severity of depression. The manual also discusses the psychometric properties and clinical applications of the inventory.

2. *Cognitive Therapy of Depression* by Aaron T. Beck

This foundational text introduces the principles of cognitive therapy as applied to depression. Aaron T. Beck, the creator of the BDI, outlines how cognitive distortions contribute to depressive symptoms and offers therapeutic strategies for their modification. The book is a crucial read for mental health professionals interested in evidence-based interventions.

3. *Assessment of Depression* edited by David L. Segal and Steven G. Segal

This book offers a broad overview of various assessment tools for depression, including the Beck Depression Inventory. It discusses the strengths and limitations of different instruments and provides guidance on selecting appropriate measures for clinical and research purposes. The text is valuable for psychologists and clinicians focused on accurate diagnosis.

4. *Handbook of Depression* edited by Ian H. Gotlib and Constance L. Hammen

A comprehensive resource covering the etiology, assessment, and treatment of depression, this handbook includes chapters on psychometric tools like the BDI. It integrates perspectives from neuroscience, psychology, and psychiatry to provide a multidisciplinary understanding. The book is suited for advanced students and practitioners.

5. *Clinical Guide to the Use of the Beck Depression Inventory-II* by Steven D. Hollon and colleagues

Focusing on the updated version of the BDI, this guide offers detailed instructions for clinical administration and interpretation. It highlights the inventory's role in treatment planning and monitoring therapeutic outcomes. The guide also addresses cultural considerations and normative data.

6. *Psychometric Theory* by Jum C. Nunnally and Ira H. Bernstein

While not exclusively about depression inventories, this book provides foundational knowledge on psychometric principles underlying tools like the BDI. It explains reliability, validity, and scaling techniques critical for developing and evaluating assessment instruments. Researchers and clinicians benefit from its rigorous approach to test theory.

7. *Measuring Depression: A Review of Depression Scales* by Michael W. O'Hara and Lisa M. Swain

This book reviews multiple depression assessment scales, including the Beck Depression Inventory, discussing their development, usage, and psychometric properties. It offers comparative analyses to help clinicians choose the most suitable instrument. The text serves as a practical reference for mental health assessment.

8. *Depression in Medical Illness: Assessment and Treatment* by William B. Lawson and colleagues

This text addresses the challenges of assessing depression in patients with medical comorbidities, featuring the BDI as a key assessment tool. It explores adaptations of depression inventories for medically ill populations and integrates treatment considerations. The book is useful for healthcare providers working at the intersection of physical and mental health.

9. *Evidence-Based Assessment of Depression in Adults* by Douglas L. DelBello and L. Eugene Arnold

This book emphasizes evidence-based approaches to diagnosing and evaluating depression, with thorough coverage of the Beck Depression Inventory and other standardized measures. It provides clinicians with guidelines for integrating assessment data into clinical decision-making. The volume is geared toward improving diagnostic accuracy and treatment outcomes.

Beck Depression Inventory Manual

Beck Depression Inventory Manual: Your Comprehensive Guide to Understanding and Applying the BDI

Are you struggling to accurately assess and understand the severity of depression in your patients or yourself? Do you find existing resources confusing or overly technical? Are you searching for a practical, easy-to-understand guide to the gold-standard Beck Depression Inventory (BDI)? Then look no further. This manual provides the clarity and expertise you need to effectively utilize the BDI-II and BDI-III.

This book, *The Beck Depression Inventory (BDI-II & BDI-III) Manual: A Clinician's and Self-Help Guide*, offers a comprehensive exploration of the BDI, equipping you with the knowledge and skills to confidently administer, interpret, and apply its findings.

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The Beck Depression Inventory (BDI-II & BDI-III) Manual: A Clinician's and Self-Help Guide

Introduction: Understanding Depression and the BDI

Depression, a pervasive mood disorder, affects millions worldwide. Accurate diagnosis and monitoring are crucial for effective treatment. The Beck Depression Inventory (BDI), in its second (BDI-II) and third (BDI-III) iterations, remains a cornerstone in assessing the severity of depressive symptoms. This manual serves as a practical guide for clinicians and individuals seeking a deeper understanding of this widely-used tool. We'll explore the history, administration, scoring, interpretation, and ethical considerations associated with the BDI-II and BDI-III. The goal is to empower you to utilize the BDI effectively and ethically.

Chapter 1: The History and Development of the BDI-II and BDI-III

Keywords: Beck Depression Inventory, BDI-II, BDI-III, Aaron Beck, Cognitive Therapy, Depression Assessment, History of BDI

The BDI's origins lie in the groundbreaking work of Aaron T. Beck, a pioneer in cognitive therapy. The original BDI, published in 1961, laid the foundation for a standardized assessment of depressive symptoms. However, advancements in understanding depression and psychometrics led to the development of the BDI-II in 1996, addressing some limitations of the original version. The BDI-II improved upon item clarity, response options, and psychometric properties, making it a more reliable and valid instrument. More recently, the BDI-III was developed, focusing on further refinement and addressing evolving clinical needs. It enhanced the clarity and interpretability and updated the language to be more inclusive.

This chapter will delve into the evolution of the BDI, highlighting the key improvements incorporated in each version, from its initial conceptualization to its current iterations. We'll examine the theoretical underpinnings of the BDI, grounded in Beck's cognitive model of depression, which posits that negative thoughts, feelings, and behaviors contribute to the development and maintenance of depressive disorders. Understanding this theoretical framework is crucial for interpreting BDI scores effectively. We will also examine the psychometric properties that made the BDI-II and BDI-III widely accepted as reliable and valid tools for assessing depressive symptoms.

Chapter 2: Administering the BDI-II and BDI-III: Step-by-Step Instructions

Keywords: BDI-II Administration, BDI-III Administration, Self-Report, Interviewing Techniques, Scoring Procedure, Practical Application

This chapter provides clear, step-by-step instructions for administering both the BDI-II and BDI-III. The BDI is a self-report measure, meaning individuals complete the questionnaire themselves. However, careful administration is vital to ensure accurate and reliable results. For individuals with cognitive impairments or difficulty reading, administering the BDI through an interview approach might be necessary, a technique we'll detail with best-practice considerations. We will analyze the nuances of each question and discuss how to address potential misunderstandings or difficulties

patients might encounter during the process.

The chapter will also emphasize the importance of establishing rapport with the individual, creating a comfortable and non-judgmental environment. This helps ensure the individual provides honest and accurate responses. We will provide guidance on how to manage potential challenges, such as respondent reluctance or difficulty understanding specific items, alongside considerations of cultural sensitivity and linguistic differences. We'll guide you through the process of effectively explaining the purpose of the assessment and answering any questions the respondent may have.

Chapter 3: Scoring and Interpreting BDI-II and BDI-III Results

Keywords: BDI-II Scoring, BDI-III Scoring, Interpretation of Scores, Severity Levels, Clinical Significance, Normative Data

Accurate scoring and interpretation of BDI-II and BDI-III scores are crucial for proper diagnosis and treatment planning. This chapter will provide a detailed explanation of the scoring procedures for both versions, along with tables illustrating the corresponding severity levels of depression. We'll address the specific scoring differences between the BDI-II and BDI-III. We will discuss how to interpret the scores within the context of other clinical information, such as the individual's history, symptoms, and overall presentation.

This chapter also clarifies the clinical significance of different score ranges, explaining the implications for diagnosis and treatment planning. Normative data will be examined to aid in comparing an individual's score to a broader population. The limitations of solely relying on the BDI score for diagnosis will also be discussed, emphasizing the importance of integrating BDI results with other clinical assessments and professional judgment. We'll explore different approaches to interpreting ambiguous scores and the potential need for further investigation.

Chapter 4: Clinical Applications of the BDI: Diagnosis, Treatment Planning, and Monitoring Progress

Keywords: BDI and Diagnosis, Treatment Planning, Monitoring Progress, Therapeutic Interventions, Clinical Decision Making

The BDI is not simply a diagnostic tool; it plays a significant role in treatment planning and monitoring treatment progress. This chapter will explore the various clinical applications of the BDI, demonstrating its usefulness in various settings such as primary care, mental health clinics, and research settings. We will demonstrate how BDI scores can inform decisions about appropriate interventions, tailoring treatment plans to address specific symptoms.

We will examine how the BDI assists in identifying suitable treatment modalities, such as medication, psychotherapy (especially cognitive behavioral therapy), or a combination of approaches. The chapter also details how the BDI can be used to track treatment response and make adjustments to the treatment plan as needed. We'll provide examples of how to use the BDI to evaluate the effectiveness of interventions and make evidence-based decisions regarding treatment modifications.

Chapter 5: Limitations of the BDI and Alternative Assessment Tools

Keywords: BDI Limitations, Alternative Assessment Tools, Differential Diagnosis, Strengths and Weaknesses of BDI

While the BDI is a valuable tool, it's essential to acknowledge its limitations. This chapter will critically evaluate the BDI's potential shortcomings, such as its reliance on self-report and the possibility of response biases. We will discuss potential limitations regarding its use with specific populations, such as children, adolescents, and individuals with cognitive impairments. We'll further explore the importance of considering the cultural context when interpreting scores.

This chapter also provides an overview of alternative assessment tools for depression, examining their strengths and weaknesses in comparison to the BDI. Understanding these alternatives allows for a more comprehensive and nuanced assessment of depressive symptoms. We'll provide examples of other questionnaires, structured clinical interviews, and observational measures that clinicians might incorporate into their assessment process.

Chapter 6: Ethical Considerations and Best Practices

Keywords: Ethical Use of BDI, Informed Consent, Confidentiality, Cultural Competence, Professional Responsibility

Ethical considerations are paramount when using the BDI. This chapter will address the ethical responsibilities associated with administering, interpreting, and utilizing BDI scores. We will emphasize the importance of obtaining informed consent from individuals before administering the assessment, ensuring they understand the purpose and limitations of the BDI. Confidentiality and data protection will be discussed, highlighting the importance of protecting sensitive information. The chapter also addresses cultural competence in the administration and interpretation of the BDI, recognizing potential cultural biases and the need for culturally sensitive approaches.

Chapter 7: Case Studies and Real-World Examples

Keywords: BDI Case Studies, Clinical Examples, Practical Application, Interpretation of Results

This chapter presents several real-world case studies, illustrating the practical application of the BDI in different clinical scenarios. Each case study will detail the individual's presentation, BDI score, and subsequent treatment plan. The chapter emphasizes the importance of contextualizing the BDI score with other clinical information to make accurate diagnoses and develop effective treatment strategies. Analyzing these case studies provides valuable insights into the practical use of the BDI in diverse clinical settings.

Conclusion: Integrating the BDI into Your Practice

This manual has provided a comprehensive understanding of the BDI-II and BDI-III, covering administration, scoring, interpretation, ethical considerations, and limitations. Integrating the BDI into your clinical practice requires a thoughtful and nuanced approach. Remember that the BDI is a valuable tool but should be used in conjunction with other clinical assessments and professional judgment. By understanding the strengths and weaknesses of the BDI, clinicians can leverage its utility while remaining aware of its limitations.

FAQs

1. What is the difference between the BDI-II and BDI-III? The BDI-III offers updated language for improved clarity and cultural sensitivity, minor revisions to some questions, and enhanced psychometric properties compared to the BDI-II.
2. Can I use the BDI to diagnose depression? The BDI is a valuable assessment tool, but it shouldn't be the sole basis for a diagnosis. A comprehensive clinical evaluation is necessary.
3. How long does it take to administer the BDI? The administration time typically ranges from 5 to 10 minutes.
4. What are the scoring ranges for the BDI? The scoring ranges and their interpretations are clearly outlined in the manual and the test itself.
5. Is the BDI appropriate for all age groups? While versions exist for adults, the BDI might not be entirely suitable for children or adolescents; other age-appropriate assessments are available.
6. What are the limitations of self-report measures like the BDI? Self-report measures can be vulnerable to response biases, such as social desirability bias, and may not capture the full spectrum of a person's experience.

7. How can I interpret a borderline BDI score? Borderline scores require careful consideration of the individual's overall presentation and other clinical information.
8. How often should the BDI be administered? The frequency of administration depends on the clinical context; it's often used at baseline and regularly during treatment to monitor progress.
9. Where can I find the BDI-II and BDI-III? The BDI-II and BDI-III are available through authorized publishers and psychological assessment companies. Their purchase should only be made through official channels.

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1960s two overlapping but fairly distinct research communities and traditions have developed concerning ideas about the quality of life, individually and collectively, one with a fairly narrow focus on health-related issues and one with a quite broad focus. In many ways, the central issues of these fields have roots extending to the observations and speculations of ancient philosophers, creating a continuous exploration by diverse explorers in diverse historic and cultural circumstances over several centuries of the qualities of human existence. What we have not had so far is a single, multidimensional reference work connecting the most salient and important contributions to the relevant fields. Entries are organized alphabetically and cover basic concepts, relatively well established facts, lawlike and causal relations, theories, methods, standardized tests, biographic entries on significant figures, organizational profiles, indicators and indexes of qualities of individuals and of communities of diverse sizes, including rural areas, towns, cities, counties, provinces, states, regions, countries and groups of countries.

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costs, translations, and contact information for each measure. This handy compendium includes both diagnostic tools and measures of symptoms, function and quality of life, medication side effects, and other clinically relevant parameters. It focuses on measures that can be most readily used in either clinical practice or research. Most of the measures are designed to improve the reliability and validity of patient assessment over what might be accomplished in a standard clinical interview. The measures also demonstrate that the use of formal measures can improve the collection, synthesis, and reporting of information as compared with the use of unstructured examinations. Seventeen disorder-specific chapters, organized in DSM-IV-TR order, include measures for: Disorders of childhood and adolescence Cognitive disorders Sexual dysfunction Eating disorders Sleep disorders Aggression and much more. The discussion of each measure includes goals, description, practical issues, psychometric properties, and clinical utility, followed by references and suggested readings. This revised edition includes updated measure descriptions, new measure variants and research, and newly selected measures particularly appropriate to the domain of discussion. As a clinical tool, this book Describes how, when, and to what purpose measures are used Points out practical issues to consider in choosing a measure for clinical use Addresses limitations in the use of measures including ethnic, cultural, and socioeconomic factors that influence their interpretation Use of this special resource is further enhanced by a CD-ROM containing the full text of more than 150 of these measures -- an invaluable aid for reference and clinical decision-making.

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fit in with treatment planning. The volume is organized in three sections, beginning with general issues, followed by evaluations of specific disorders and problems, and closing with special issues. To ensure cross chapter consistency in the coverage of disorders, these chapters are formatted to contain an introduction, assessment strategies, research basis, clinical utility, conceptualization and treatment planning, a case study, and summary. Special issue coverage includes computerized assessment, evaluating older adults, behavioral neuropsychology, ethical-legal issues, work-related issues, and value change in adults with acquired disabilities. Suitable for beginning and established clinicians in practice, this handbook will provide a ready reference toward effective adult behavioral assessment.

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Determination Institute of Medicine, Board on the Health of Select Populations, Committee on Psychological Testing, Including Validity Testing, for Social Security Administration Disability Determinations, 2015-06-29 The United States Social Security Administration (SSA) administers two disability programs: Social Security Disability Insurance (SSDI), for disabled individuals, and their dependent family members, who have worked and contributed to the Social Security trust funds, and Supplemental Security Income (SSSI), which is a means-tested program based on income and financial assets for adults aged 65 years or older and disabled adults and children. Both programs require that claimants have a disability and meet specific medical criteria in order to qualify for benefits. SSA establishes the presence of a medically-determined impairment in individuals with mental disorders other than intellectual disability through the use of standard diagnostic criteria, which include symptoms and signs. These impairments are established largely on reports of signs and symptoms of impairment and functional limitation. Psychological Testing in the Service of Disability Determination considers the use of psychological tests in evaluating disability claims submitted to the SSA. This report critically reviews selected psychological tests, including symptom validity tests, that could contribute to SSA disability determinations. The report discusses the possible uses of such tests and their contribution to disability determinations. Psychological Testing in the Service of Disability Determination discusses testing norms, qualifications for administration of tests, administration of tests, and reporting results. The recommendations of this report will help SSA improve the consistency and accuracy of disability determination in certain cases.

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comparison of the quality of the instruments reviewed, followed by a detailed description of each method, covering its purpose and conceptual basis, its reliability and validity and, where possible, shows a copy of the actual scale. To ensure accuracy of the information, each review has been approved by the original author of each instrument or by an acknowledged expert.

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