* for study purposes only

increase the content validity of the measure. With regard to construct validity, the convergent validity of the BDI-II was assessed by administration of the BDI-1A and the BDI-II to two sub-samples of outpatients (N=191). The order of presentation was counterbalanced and at least one other measure was administered between these two versions of the BDI, yielding a correlation of .93 ($p<.001$) and means of 18.92 (SD = 11.32) and 21.888 (SD = 12.69) the mean BDI-II score being 2.96 points higher than the BDI-1A. A calibration study of the two scales was also conducted, and these results are available in the BDI-II manual. Consistent with the comparison of mean differences, the BDI-II scores are 3 points higher than the BDI-1A scores in the middle of the scale. Factorial Validity has been established by the inter-correlations of the 21 items calculated from the sample responses.

**Norms:** The normative sample included 500 outpatients from rural and suburban locations. All patients were diagnosed according to DSM-III-R or DSM-IV criteria were used to investigate the psychometric characteristics of BDI-II. The group was comprised of 63% women, and 37% men, the mean age was 37.20 years, range of 13-86 years. The racial/ethnic makeup was 91% White, 4% African American, 4% Asian American, and 1% Hispanic. A student sample of 120 college students in Canada served as a comparative normal group.

**Suggested use:** The BDI-II is intended to assess the severity of depression in psychiatrically diagnosed adults and adolescents 13 years of age and older. It is not meant to serve as an instrument of diagnosis, but rather to identify the presence and severity of symptoms consistent with the criteria of the DSM-IV. The authors warn against the use of this instrument as a sole diagnostic measure, as depressive symptoms may be part of other primary diagnostic disorders.