The high prevalence of depressive symptoms, both in the general population and in several types of clinical settings, including the psychiatric one, makes the assessment of depressive symptomatology an extremely important aspect of psychological assessment.

Self-report instruments, such as questionnaires or inventories, present several advantages including the simplicity of the administration procedure (as compared to structured clinical interviews, for example), the simplicity and objectivity of the scoring procedures, and the existence of normative data to help the interpretation of the results.

There are several inventories for the assessment of the severity of depressive symptomatology and the Beck Depression Inventory is one of the most often used and investigated (Dozois & Covin, 2004; Piotrowski, Sherry, & Keller, 1985; Ritterband & Spielberger, 1996). Hiroe et al. (2005) state that the BDI-II, because of its psychometric properties, is likely to remain the most popular instrument to assess the severity of depressive symptomatology, like its predecessor, the BDI-A. The BDI-II score is a good index of the severity of present depressive symptoms often used in clinical practice and in research (Brantley, Dutton, & Wood, 2004). It is a suitable instrument for measuring depressive symptoms in college student samples (e.g., Carmody, 2005; Sanz, Navarro, & Vázquez, 2003), as well as in the general population (e.g., Abdel-Khalek, 2001; Sanz, Perdigón, & Vázquez, 2003), and adolescent samples (Carnals, Bladé, Carbajo, & Domènech-Labería, 2001). Despite this, it is worth mentioning that the BDI-II is not a diagnostic instrument, but rather assesses the presence and the severity of depressive symptoms.

The first version of BDI dates back to 1961 (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). The 21 items were developed only to assess the severity of depressive symptoms and not to reflect a particular theory of depression. They were developed on the basis of the clinical observation of depressed patients and of their own descriptions of their symptoms (Beck & Steer, 1987). These clinical observations and descriptions were systematically structured in 21 symptoms or symptomatic groups. In 1979 a revised version, the BDI-A, was published (Beck & Steer, 1987). The authors compared the psychometric characteristics of both versions and concluded that they were similar in the assessment of depression in psychiatric patients. The modifications were not significant. The wording of some items was slightly changed and the number of responses per item was reduced to four alternatives per symptom. In the original version the items had four, five, or even six response alternatives.

The Beck Depression Inventory-II (Beck, Steer, & Brown, 1996) was published in 1996, and was developed to assess symptoms corresponding to diagnostic criteria for depressive disorders listed in the DSM-IV. This version also contains 21 items and can be administered to individuals of at least 13 years of age. Four items were dropped...