

Name \_\_\_\_\_ Date \_\_\_\_\_

**BASIS - 32™**  
**BEHAVIOR AND SYMPTOM IDENTIFICATION SCALE**

Below is a list of problems and areas of life functioning in which some people experience difficulties. Using the scale given below, fill in the box with the answer that best describes the degree of difficulty you have been experiencing in each area during the PAST WEEK.

Please respond to each item. *Do not leave any blank.* If there is an area that you consider to be inapplicable, indicate that it is *No Difficulty (0)*.

For each question, please fill in one and only one response scale number in the box.

- 0 = No difficulty**
- 1 = A little difficulty**
- 2 = Moderate difficulty**
- 3 = Quite a bit of difficulty**
- 4 = Extreme difficulty**

*To what extent are you experiencing difficulty in the area of:*

- 1. **Managing Day-to-Day Life.** (For example, getting places on time, handling money, making everyday decisions) ..... 1
- 2. **Household Responsibilities.** (For example, shopping, cooking, laundry, cleaning, other chores) ..... 2
- 3. **Work.** (For example, completing tasks, performance level, finding/keeping a job)..... 3
- 4. **School.** (For example, academic performance, completing assignments, attendance) ..... 4
- 5. **Leisure time or recreations activities.** ..... 5
- 6. **Adjusting to major life stresses.** (For example, separation, divorce, moving, new job, new school, a death)..... 6
- 7. **Relationships with family members.** ..... 7
- 8. **Getting along with people outside of the family.**..... 8
- 9. **Isolation or feelings of loneliness.**..... 9
- 10. **Being able to feel close to others.**..... 10
- 11. **Being realistic about yourself or others.**..... 11
- 12. **Recognizing and expressing emotions appropriately.**..... 12

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- |   |    |                      |
|---|----|----------------------|
| 13. <b>Developing independence, autonomy.</b> .....   | 13 | <input type="text"/> |
| 14. <b>Goals or direction in life.</b> .....  | 14 | <input type="text"/> |
| 15. <b>Lack of self-confidence, feeling bad about yourself.</b> .....   | 15 | <input type="text"/> |
| 16. <b>Apathy, lack of interest in things.</b> .....  | 16 | <input type="text"/> |
| 17. <b>Depression, hopelessness.</b> .....  | 17 | <input type="text"/> |
| 18. <b>Suicidal feelings or behavior.</b> .....   | 18 | <input type="text"/> |
| 19. <b>Physical symptoms.</b> (For example, headaches, aches and pains, sleep disturbance, stomach aches, dizziness)..... | 19 | <input type="text"/> |
| 20. <b>Fear, anxiety, or panic.</b> .....   | 20 | <input type="text"/> |
| 21. <b>Confusion, concentration, memory.</b> .....  | 21 | <input type="text"/> |
| 22. <b>Disturbing or unreal thoughts or beliefs.</b> .....  | 22 | <input type="text"/> |
| 23. <b>Hearing voices, seeing things.</b> .....   | 23 | <input type="text"/> |
| 24. <b>Manic, bizarre behavior.</b> .....   | 24 | <input type="text"/> |
| 25. <b>Mood swings, unstable moods.</b> .....   | 25 | <input type="text"/> |
| 26. <b>Uncontrollable, compulsive behavior.</b> (For example, eating disorder, hand-washing, hurting yourself).....       | 26 | <input type="text"/> |
| 27. <b>Sexual activity or preoccupation.</b> .....  | 27 | <input type="text"/> |
| 28. <b>Drinking alcoholic beverages.</b> .....  | 28 | <input type="text"/> |
| 29. <b>Taking illegal drugs, misusing drugs.</b> .....  | 29 | <input type="text"/> |
| 30. <b>Controlling temper, outbursts of anger, violence.</b> .....  | 30 | <input type="text"/> |
| 31. <b>Impulsive, illegal, or reckless behavior.</b> .....  | 31 | <input type="text"/> |
| 32. <b>Feeling satisfaction with your life.</b> .....   | 32 | <input type="text"/> |