

JANICE SULTENFUSS, PH.D.
BASIS 32 (Behavior and Symptom Identification Scale)

NAME: _____ Date: _____

Instructions: Below is a list of problems and areas of life functioning in which some people experience difficulties. Using the scale below, WRITE IN THE BOX, THE NUMBER THAT BEST DESCRIBES THE DEGREE OF DIFFICULTY YOU HAVE BEEN EXPERIENCING IN EACH AREA DURING THE PAST WEEK.

- 0 – No Difficulty
- 1 – A Little
- 2 – Moderate
- 3 – Quite a bit
- 4 - Extreme

Please respond to each item. Please do not leave any blank. If there is an area that you consider to be inapplicable, indicate it is No Difficulty (0). EXAMPLE: To what extent are you experiencing difficulty in the area of Friendship? (2)

TO WHAT EXTENT ARE YOU EXPERIENCING DIFFICULTY IN THE AREA OF :

- Managing day-to-day life (e.g., getting to places on time, handling money, making every day decisions). (____)
- Household responsibilities (e.g., shopping, cooking, laundry, keeping room clean, other chores). (____)
- Work (e.g., completing tasks, performance level, finding/keeping a job). (____)
- School (e.g., academic performance, completing assignments, attendance). (____)
- Leisure time or recreational activities. (____)
- Adjusting to major life stresses (e.g., separation, divorce, moving, new job, new school, death). (____)
- Relationships with family members. (____)
- Getting along with people outside of the family. (____)
- Isolation or feelings of loneliness. (____)
- Being able to feel close to others. (____)
- Being realistic about yourself or others. (____)
- Recognizing and expressing emotions appropriately. (____)
- Developing independence, autonomy. (____)
- Goals or directions in life. (____)

- Lack of self-confidence, feeling bad about yourself. (____)
- Apathy, lack of interest in things. (____)
- Depression, hopelessness. (____)
- Suicidal feelings or behavior. (____)
- Physical symptoms (e.g., headaches, aches & pains, sleep disturbance, stomach aches, dizziness). (____)
- Fear, anxiety, or panic. (____)
- Confusion, concentration, memory. (____)
- Disturbing or unreal thoughts or beliefs. (____)
- Hearing voices, seeing things. (____)
- Manic, bizarre behavior. (____)
- Mood swings, unstable moods. (____)
- Uncontrollable, compulsive behavior (e.g., disorder, hand washing, hurting yourself). (____)
- Sexual activity or preoccupation. (____)
- Drinking alcoholic beverages. (____)
- Taking illegal drugs, misusing drugs. (____)
- Controlling temper, outburst of anger, violence. (____)
- Impulsive, illegal or reckless behavior. (____)
- Feeling satisfaction with your life. (____)

What is the most important problem you would like help with?

PLEASE FILL IN THE INFORMATION BELOW:

- Age: (_____)
- Sex: (male: _____), (female: _____)
- Marital Status: (Single: _____), (Married: _____), (Separated/Divorced: _____), (Widowed: _____)
- Education, (last grade completed): (_____)
- Current Occupation, (include student or homemaker): (_____)
- Were you working at a paid job anytime in the last month? (YES: _____), (NO: _____)
- If so, how many hours a week? (_____)
- Were you in school anytime in the past month? (YES: _____), (NO: _____)
- If so, was it part-time or full-time? (Part-time _____), (Full-time _____)
- If you were in school, what kind of program was it? (Non-degree _____), (Degree _____)
- What was your usual living arrangement in the past month?
(w/parents _____), (w/spouse and/or children _____), (w/friends: _____), (Alone: _____),
(Dorm: _____)
Other, specify: _____