

Instructions to Staff: Please fill in the following information.	Site Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Patient ID Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Admission/Intake Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
Time Point: 1 = Admission/Intake 3 = Discharge/Termination 2 = Mid-Treatment 4 = Post-Treatment Follow-up.... <input type="text"/>	Level of Care: 1 = Inpatient 3 = Partial/Day Hospital 2 = Outpatient 4 = Residential..... <input type="text"/>
Program Type: 1 = general adult 2 = child/adolescent 3 = geriatric 4 = affective/mood disorders 5 = psychotic disorders 6 = anxiety disorders/trauma 7 = substance abuse/chemical dependency 8 = dual diagnosis 9 = other..... <input type="text"/>	

BASIS-32™ (Behavior And Symptom Identification Scale)

Instructions To Respondent: Below is a list of problems and areas of life functioning in which some people experience difficulties. Using the scale below, fill in the box with the answer that best describes how much difficulty you have been having in each area **DURING THE PAST WEEK.**

- 0 = No Difficulty
- 1 = A Little Difficulty
- 2 = Moderate Difficulty
- 3 = Quite A Bit of Difficulty
- 4 = Extreme Difficulty

Please answer each item. **Do not leave any blank.**

If there is an area that you consider to be inapplicable, indicate that it is *0=No Difficulty*.

IN THE PAST WEEK, how much difficulty have you been having in the area of:

1. Managing day-to-day life. (For example, getting places on time, handling money, making everyday decisions).....	1	<input type="text"/>
2. Household responsibilities. (For example, shopping, cooking, laundry, cleaning, other chores).....	2	<input type="text"/>
3. Work. (For example, completing tasks, performance level, finding/keeping a job).....	3	<input type="text"/>
4. School. (For example, academic performance, completing assignments, attendance).....	4	<input type="text"/>
5. Leisure time or recreational activities	5	<input type="text"/>
6. Adjusting to major life stresses. (For example, separation, divorce, moving, new job, new school, a death).....	6	<input type="text"/>
7. Relationships with family members	7	<input type="text"/>
8. Getting along with people outside of the family	8	<input type="text"/>
9. Isolation or feelings of loneliness	9	<input type="text"/>
10. Being able to feel close to others	10	<input type="text"/>
11. Being realistic about yourself or others	11	<input type="text"/>
12. Recognizing and expressing emotions appropriately	12	<input type="text"/>
13. Developing independence, autonomy	13	<input type="text"/>
14. Goals or direction in life	14	<input type="text"/>
15. Lack of self-confidence, feeling bad about yourself	15	<input type="text"/>
16. Apathy, lack of interest in things	16	<input type="text"/>
17. Depression, hopelessness	17	<input type="text"/>
18. Suicidal feelings or behavior	18	<input type="text"/>
19. Physical symptoms. (For example, headaches, aches and pains, sleep disturbance, stomach aches, dizziness).....	19	<input type="text"/>
20. Fear, anxiety, or panic	20	<input type="text"/>
21. Confusion, concentration, memory	21	<input type="text"/>

0 = No Difficulty
 1 = A Little Difficulty
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 4 = Extreme Difficulty

IN THE PAST WEEK, how much difficulty have you been having in the area of:

- 22. Disturbing or unreal thoughts or beliefs.....22
- 23. Hearing voices, seeing things.....23
- 24. Manic, bizarre behavior.....24
- 25. Mood swings, unstable moods.....25
- 26. Uncontrollable, compulsive behavior. (For example, eating disorder, hand-washing, hurting yourself).....26
- 27. Sexual activity or preoccupation.....27
- 28. Drinking alcoholic beverages.....28
- 29. Taking illegal drugs, misusing drugs.....29
- 30. Controlling temper, outbursts of anger, violence.....30
- 31. Impulsive, illegal, or reckless behavior.....31
- 32. Feeling satisfaction with your life.....32

For the following questions, please write the response code in the appropriate box.

- 33. How old were you on your last birthday? (age in years).....33
- 34. What is your sex? 1 = Male 2 = Female.....34
- 35. What is your race? 1 = Black/African American 2 = White/Caucasian 3 = Asian/Pacific Islander 4 = American Indian/Alaskan 5 = Multiracial/Other.....35
- 36. Are you Hispanic or Latino? 1 = Yes 2 = No.....36
- 37. What is your marital status? 1 = Never married 2 = Married 3 = Separated 4 = Divorced 5 = Widowed.....37
- 38. Outside of your treatment providers, what is your main source of social support? 1 = Spouse/partner 2 = Other family 3 = Friends/roommates 4 = Community/church 5 = Other 6 = None... 38
- 39. How much school have you completed? 1 = 8th grade or less 2 = Some high school 3 = High school graduate/GED 4 = Some college 5 = 4-year college graduate.....39
- 40. In the past 30 days, what were your USUAL living arrangements? 1 = Hospital or detox center 2 = Nursing home/assisted living 3 = Residential center/halfway house/ Group home/board & care home/supervised housing 4 = Apartment or house 5 = Shelter/street 6 = Jail/prison 7 = Other.....40
- 41. At any time in the past 30 days, did you work at a paying job? 1 = No 2 = Yes, 1-10 hours per week 3 = Yes, 11 - 30 hours per week 4 = Yes, more than 30 hours per week.....41
- 42. At any time in the past 30 days, did you work at a volunteer job? 1 = No 2 = Yes, 1-10 hours per week 3 = Yes, 11- 30 hours per week 4 = Yes, more than 30 hours per week.....42
- 43. At any time in the past 30 days, were you a student at a high school, job training program, college or university degree program? 1 = Yes 2 = No..... 43
- 44. Today's date.....44
 Month Day Year