



GILEAD

COMMUNITY SERVICES, INC. • Serving Middlesex County

Improving Lives, Building Futures

BASIS-24 (Behavior And Symptom Identification Scale)

Instruction to Staff: Please fill in the following information completely.

Client Name: _____

Staff Name: _____

Date: ____ / ____ / ____

Instructions to Respondents:

This survey asks about how you are feeling and doing in different areas of life. Please check the box to the left of you answer that best describes yourself during the **PAST WEEK**. Please answer every question. If you are unsure about how to answer, please give the best answer you can.

EXAMPLE: *During the past week, how much difficulty did you have sleeping?*

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

During the PAST WEEK, how much difficulty did you have...

During the PAST WEEK, how much of the time did you...

1. Managing your day-to-day life?

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

2. Coping with problems in your life?

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

4. Get along with people in your family?

- 0 None of the time
- 1 A Little of the time
- 2 Half of the time
- 3 Most of the time
- 4 All of the time

5. Get along with people outside your family?

- 0 None of the time
- 1 A Little of the time
- 2 Half of the time
- 3 Most of the time
- 4 All of the time

3. Concentrating?

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

6. Get along well in social situations?

- 0 None of the time
- 1 A Little of the time
- 2 Half of the time
- 3 Most of the time
- 4 All of the time

BASIS-24 (Behavior And Symptom Identification Scale)

During the PAST WEEK, how much of the time did you...

7. Feel close to another person?

- 0 None of the time
- 1 A Little of the time
- 2 Half of the time
- 3 Most of the time
- 4 All of the time

8. Feel like you had someone to turn to if you needed help?

- 0 None of the time
- 1 A Little of the time
- 2 Half of the time
- 3 Most of the time
- 4 All of the time

9. Feel confident in yourself?

- 0 None of the time
- 1 A Little of the time
- 2 Half of the time
- 3 Most of the time
- 4 All of the time

During the PAST WEEK, how much of the time did you...

10. Feel sad or depressed?

- 0 None of the time
- 1 A Little of the time
- 2 Half of the time
- 3 Most of the time
- 4 All of the time

11. Think about ending your life?

- 0 None of the time
- 1 A Little of the time
- 2 Half of the time
- 3 Most of the time
- 4 All of the time

12. Feel nervous?

During the PAST WEEK, how often did you...

13. Have thoughts racing through your head?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always

14. Think you had special powers?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always

15. Hear voices or see things?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always

During the PAST WEEK, how often did you...

16. Think people were watching you?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always

17. Think people were against you?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always

18. Have mood swings?

- 0 None of the time
- 1 A Little of the time
- 2 Half of the time
- 3 Most of the time
- 4 All of the time

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always

BASIS-24 (Behavior And Symptom Identification Scale)

During the PAST WEEK, how often did you...

19. Feel short-tempered?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always

20. Think about hurting yourself?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always

During the PAST WEEK, how often...

21. Did you have an urge to drink alcohol or take street drugs?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always

22. Did anyone talk to you about your drinking and drug use?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always

23. Did you try to hide your drinking or drug use?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always

24. Did you have problems from your drinking or drug use?

- 0 Never
- 1 Rarely
- 2 Sometimes
- 3 Often
- 4 Always