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Behavior And Symptom Identification Scale

Name _____ Date _____

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 FEW WEEKS.**

0 = No Difficulty 1 = A Little 2 = Moderate 3 = Quite A Bit 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.

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

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 FEW WEEKS.**

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20. Fear, anxiety, or panic b ☐

21. Confusion, concentration, memory c ☐

22. Disturbing or unreal thoughts or beliefs e ☐

23. Hearing voices, seeing things e ☐

24. Manic, bizarre behavior e ☐

25. Mood swings, unstable moods d ☐

26. Uncontrollable, compulsive behavior. (For example, eating disorder, hand-washing, hurting yourself) d ☐

27. Sexual activity or preoccupation e ☐

28. Drinking alcoholic beverages d ☐

29. Taking illegal drugs, misusing drugs d ☐

30. Controlling temper, outbursts of anger, violence d ☐

31. Impulsive, illegal, or reckless behavior d ☐

32. Feeling satisfaction with your life e ☐

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a __ __ __ __ __ __ __ - __ T.S. ____M

b __ __ __ __ __ __ - __ T.S. ____M

c __ (__ __ __) __ __ __ __ __ - __ T.S. ____M

d __ __ __ __ __ __ - __ T.S. ____M

e __ __ __ __ - __ T.S. ____M

____ B.T.S ____M.B.S