BASIS-24® (Behavior And Symptom Identification Scale)

ADULT VERSION

During the PAST WEEK, how often did you…		Never	Rarely	Sometimes	Often	Always
18	Have mood swings?	☐	☐	☐	☐	☐
19	Feel short-tempered?	☐	☐	☐	☐	☐
20	Think about hurting yourself?	☐	☐	☐	☐	☐

During the *PAST WEEK*, how often…		Never	Rarely	Sometimes	Often	Always
21	Did you have an urge to drink alcohol or take street drugs?	☐	☐	☐	☐	☐
22	Did anyone talk to you about your drinking or drug use?	☐	☐	☐	☐	☐
23	Did you try to hide your drinking or drug use?	☐	☐	☐	☐	☐
24	Did you have problems from your drinking or drug use?	☐	☐	☐	☐	☐

ABOUT YOU

25. How old are you? _____

26. What is your sex?
1☐Male
2☐Female

27. Are you…
1☐Hispanic or Latino
2☐NOT Hispanic or Latino

28. What is your racial background? (Select one.)
1☐American Indian or Alaskan native
2☐Asian
3☐Black or African-American
4☐White/Caucasian

Copyright McLean Hospital, 2011

To Be Completed By Hospital Staff

Program Type (Select one):
1☐ General adult
2☐ Child/adolescent
3☐ Geriatric
4☐ Affective/mood disorders
5☐ Psychotic disorders
6☐ Anxiety disorders/trauma
7☐ Substance abuse/chemical dependency/trauma
8☐ Dual diagnosis
9☐ Other (fill in) ____________________

Primary Payer:
1☐ Self pay
2☐ BC/BS
3☐ Medicaid
4☐ Medicare
5☐ Commercial
6☐ Uninsured Primary payer:

Managed Care/HMO:
1☐ Yes
2☐ No
3☐ Unknown Managed Care/HMO: