Dear BASIS-32® User:

Thank you for your interest in our work. Enclosed is a sample packet of material including the BASIS-32®, a patient self-report symptom and problem difficulty rating scale. Included in your payment is a one year subscription to our BASIS-32® Users Group newsletter that highlights current research initiatives and institutional experiences in behavioral health outcomes assessment using the BASIS-32®, on-line access to our staff for questions regarding the BASIS-32®, and discounted reporting rates if you choose to be part of our BASIS-32® benchmark database.

BASIS-32® can be given to patients at the beginning of a treatment episode, during the course of treatment, at its conclusion, and/or at a later follow-up point. Questions 1-44 should be completed by the patient or client. The shaded gray areas should be completed by a staff member. Also included in the packet are an instruction manual including scoring algorithms, a scoring sheet to facilitate hand-scoring, and reprints presenting methodological issues, reliability and validity data.

As the copyright holder of the BASIS-32®, McLean Hospital gives permission to mental health care providers or facilities to reproduce copies of questionnaire versions of BASIS-32® for the purpose of outcome assessment of their own patients or clients (for internal use only), provided that:

1) ethical principles regarding informed consent and patient confidentiality are observed;
2) McLean Hospital is clearly identified as the copyright holder, e.g. ©COPYRIGHT McLean Hospital, Belmont, MA; and
3) users of the BASIS-32® do not sell the instrument to others or use the BASIS-32® for commercial consulting or software development purposes (If you are interested in developing an outcome assessment package or software to market to other mental health providers, we offer a non-exclusive licensing arrangement.)

For accreditation purposes, the BASIS-32® is also now part of the Joint Commission approved McLean BASIS-32® plus™ Performance Measurement System. If you are interested in participating in our performance measurement system, JCAHO reporting, or obtaining a consulting license/contract for commercial use of BASIS-32®, please call Alex Speredelozzi at (617) 855-2190.

I hope you find this material useful. Best of luck with your work.

Sincerely,

Susan V. Eisen, Ph.D.
BASIS-32 Rating Scale

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

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