

The Behavioural and Symptom Identification Scale (BASIS-32)

| | No difficulty | A little difficulty | Moderate difficulty | Quite a bit difficulty | Extreme difficulty |
|---|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| To what extent are you experiencing difficulty in the area of: | | | | | |
| 1. Managing day-to-day life (for example, getting to places on time, handling money, making everyday decisions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Household responsibilities (for example, shopping, cooking, laundry, keeping room clean, other chores) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Work (for example, completing tasks, performance level, finding/keeping a job) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. School (for example, academic performance, completing assignments, attendance) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To what extent are you experiencing difficulty in the area of: | | | | | |
| 5. Leisure time or recreational activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Adjusting to major life stresses (for example, separation, divorce, moving, new job, new school, a death) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Relationships with family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Getting along with people outside the family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Isolation or feelings of loneliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| To what extent are you experiencing difficulty in the area of: | | | | | |
| 10. Being able to feel close to others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Being realistic about yourself or others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Recognising and expressing emotions appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Developing independence, autonomy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Goals or direction in life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Lack of self-confidence, feeling bad about yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | No difficulty | A little difficulty | Moderate difficulty | Quite a bit difficulty | Extreme difficulty |
|--|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| To what extent are you experiencing difficulty in the area of: | | | | | |
| 16. Apathy, lack of interest in things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Depression, hopelessness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Suicidal feeling or behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Physical symptoms (for example, headaches, aches and pains, sleep disturbance, stomach aches, dizziness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Fear, anxiety or panic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent are you experiencing difficulty in the area of: | | | | | |
| 21. Confusion, concentration, memory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Disturbing or unreal thoughts of beliefs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Hearing voices, seeing things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Manic, bizarre behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Mood swings, unstable moods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Uncontrollable, compulsive behaviour (for example, eating disorder, hand-washing, hurting yourself) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please specify:

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| To what extent are you experiencing difficulty in the area of: | | | | | |
| 27. Sexual activity or preoccupation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Drinking alcoholic beverages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Taking illegal drugs misusing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Controlling temper, outbursts of anger, violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Impulsive, illegal or reckless behaviour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Feeling satisfaction with your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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<http://www.basissurvey.org/>

NOTE: The BASIS32 form displayed above is from the Victorian Mental Health Outcomes Training Manual.

Rating Period

McLean Hospital recommends a rating period of the 'last one week'. The three jurisdictions that are or will be incorporating the BASIS32 into their routine collections have amended the rating period to the 'past two weeks' primarily to align the measure with the clinician rated measure to facilitate comparison.

BASIS scoring and subscales

BASIS-32 is scored into five subscales and an overall average. Just as each item is rated on a 5-point scale (from 0 for least difficulty to 4 for greatest difficulty), subscale and overall mean scores also range from 0 to 4. The lowest possible score is 0 (if every item is rated "no difficulty"). The highest possible score is 4 (if every item is rated "extreme difficulty"). The items comprising each subscale are as follows:

| | |
|-------------------------------|---|
| Relation to self/others | Items 7, 8, 10, 11, 12, 14, and 15 |
| Depression/anxiety | Items 6, 9, 17, 18, 19 and 20 |
| Daily living/role functioning | Items 1, (2, 3, 4*), 5, 13, 16, 21 and 32 |
| Impulsive/addictive behaviour | Items 25, 26, 28, 29, 30 and 31 |
| Psychosis | Items 22, 23, 24 and 27 |
| BASIS-32 | Items 1 to 32 |

Four of the five subscale scores and the BASIS-32 average are computed by averaging the ratings for component items using the number of non-missing items as the denominator. The four subscale scores computed this way are: Relation to self/others, Depression/anxiety, Impulsive/addictive behaviour and Psychosis.

For example, if the respondent answers all items in the Relation to self/others subscale, the subscale score is the sum of the ratings for items 7, 8, 10, 11, 12, 14, and 15 divided by 7. If one item is omitted, the subscale score is the sum of the ratings for the items answered, divided by 6.

The same process is followed for the three other subscales noted above, using the items comprising each subscale. The only exception to this scoring process is for the Daily living/role functioning scale. In this case, items 2, 3, and 4 are used to create one "role functioning" rating by taking the highest of the three ratings (indicating greatest difficulty). The role functioning item can be created if a rating is available for at least one of the three items (2, 3, or 4).

Licensing

The BASIS-32[®] Site License includes an instruction manual with a copy of the survey, a set of reproduction-quality forms, a scoring algorithm, a reference list and several published papers regarding methodology, reliability and validity. For further information please see:

<http://www.basissurvey.org/>

SOURCE: *Mental Health National Outcomes and Casemix Collection: Overview of clinician-rated and consumer self-report measures, Version 1.50*. Department of Health and Ageing, Canberra, 2003.