

Your life...your health...your voice!

You are the expert on your health. You know how you're feeling and coping with everyday life.

You are invited to fill in the attached BASIS-32[®] (Behaviour and Symptom Identification Scale) questionnaire. Mental health services use a number of outcome measures to help assess your mental health, wellbeing and recovery. The BASIS-32[®] is completed by consumers, the other outcome measures are completed by case managers.



You can give your
Ask the

Department of Human Services

Client ID label

Behaviour and Symptom Identification Scale
BASIS-32[®]

Date of rating: _____ Case manager: _____ Admission:
 Review:
 Discretionary:
 Discharge:

Below is a list of activities, thoughts and feelings in which some people experience difficulties.

Instructions: Put a tick in the circle which best describes the degree of difficulty you have been experiencing in each area during the PAST TWO WEEKS.

	No difficulty	A little difficulty	Moderate difficulty	Quite a bit of difficulty	Extremely difficult
To what extent are you experiencing difficulty in the area of:					
1 Managing day-to-day life (eg. getting to places on time, handling money, making everyday decisions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Household responsibilities (eg. shopping, cooking, laundry, cleaning, other chores)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Work (eg. completing tasks, performance level, finding/keeping a job)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 School (eg. staying on track, completing assignments)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Instructions: Put a tick in the circle which best describes the degree of difficulty you have been experiencing in each area during the PAST TWO WEEKS.

To what extent are you experiencing difficulty in the area of:

	No difficulty	A little difficulty	Moderate difficulty	Quite a bit of difficulty	Extremely difficult
15 Lack of self-confidence, feeling bad about yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Apathy, lack of interest in things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Depression, hopelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Suspicious feelings or behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Physical symptoms (eg. headaches, aches and pains, sleep disturbance, stomach aches, dizziness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Fear, anxiety or panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Confusion, concentration, memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Disturbing or unreal thoughts or beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 Disturbing or unreal things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24 Hearing voices, seeing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Manic, bizarre behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Mood swings, unstable moods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28 Uncontrollable, compulsive behaviour (eg. eating disorder, handwashing, hurting yourself). Please specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Sexual activity or preoccupation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29 Drinking alcoholic beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30 Taking illegal drugs, misusing drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31 Controlling temper, outbursts of anger, violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 Impulsive, illegal or reckless behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 Feeling satisfaction with your life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank you for taking the time to complete the BASIS-32[®], now if you are comfortable doing so, you can return it to your case manager or doctor. Make sure you ask them to discuss your answers with you and also how your concerns will be reflected in your care plan.

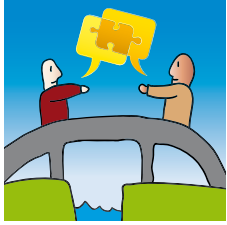
About BASIS-32[®]

Behaviour and Symptom Identification Scale form

Your life...
your health...
your voice!



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 provided by the Commonwealth Department of Health and Ageing.



BASIS-32[®] is a questionnaire to find out about how you think things are going.

The questionnaire:

- is not a test – there are no right or wrong answers
- is offered at regular time points
- includes 32 questions covering areas such as:
 - relation to self and others
 - daily living
 - depression and anxiety
 - impulsive and addictive behaviour
 - psychosis.
- can be jointly filled out by you and a translator, family member/carer, friend or consumer consultant.

Your privacy will be protected.

Your completed BASIS-32[®]:

- becomes part of your confidential medical record
- may be discussed as part of your treating team review
- is available to your service without identifying you personally to improve services for you and other consumers.

It can be used as a conversation starter between you and your case manager, helping track your recovery over time.

The questionnaire can help you:

- chat about your responses
- plan and achieve your goals
- be involved in your recovery plan
- help your case manager know how you are travelling (which may be different to how they think you are travelling!)
- used to involve your friends and family.

Your views are important and you have the right to:

- not complete the BASIS-32[®] or to only answer the questions you are comfortable with
- ask your case manager about anything you are unsure about
- ask for a copy of your BASIS-32[®] responses mapped over time
- ask for a copy of your recovery, care or treatment plan.

Feedback from some consumers about the BASIS-32[®] includes:

'You see how far you've come and whether you've slid back'

'I found the BASIS-32[®] useful when clinicians showed me the outcomes graph over time. Once it was explained I really could see treatment making a difference'

'I sometimes feel like I am treading water and not getting anywhere. The graph that my clinician showed me, which was based on my answers, showed that I WAS making progress.'

'I do like having a mini debate about where I'm at.'

'A lot is pretty confronting – sometimes for the better.'

'Some of these things you would never have thought of.'

'Anything that makes you aware has got to be beneficial.'