

Basis-24 Survey

This survey asks about how you are feeling and doing in different areas of life. Please select the answer that best describes yourself during the **PAST WEEK**. Please answer every question. If you are unsure about how to answer, please give the best answer you can. **PLEASE MARK ONLY ONE ANSWER.**

*During the **PAST WEEK**, how much difficulty did you have...*

1. Managing your day-to-day life?

No
Difficulty

A Little
Difficulty

Moderate
Difficulty

Quite a Bit of
Difficulty

Extreme
Difficulty

2. Coping with problems in your life?

No
Difficulty

A Little
Difficulty

Moderate
Difficulty

Quite a Bit of
Difficulty

Extreme
Difficulty

3. Concentrating?

No
Difficulty

A Little
Difficulty

Moderate
Difficulty

Quite a Bit of
Difficulty

Extreme
Difficulty

*During the **PAST WEEK**, how much of the time did you...*

4. Get along with people **in** your family?

None of
the Time

A Little of
the Time

Half of
the Time

Most of
the Time

All of
the Time

5. Get along with people **outside** your family?

None of
the Time

A Little of
the Time

Half of
the Time

Most of
the Time

All of
the Time

6. Get along well in social situations?

None of
the Time

A Little of
the Time

Half of
the Time

Most of
the Time

All of
the Time

*During the **PAST WEEK**, how much of the time did you...*

7. Feel close to another person?

None of
the Time

A Little of
the Time

Half of
the Time

Most of
the Time

All of
the Time

8. Feel like you had someone to turn to if you needed help?

None of
the Time

A Little of
the Time

Half of
the Time

Most of
the Time

All of
the Time

9. Feel confident in yourself?

None of
the Time

A Little of
the Time

Half of
the Time

Most of
the Time

All of
the Time

*During the **PAST WEEK**, how much of the time did you...*

10. Feel sad or depressed?

None of
the Time

A Little of
the Time

Half of
the Time

Most of
the Time

All of
the Time

11. Think about ending your life?

None of
the Time

A Little of
the Time

Half of
the Time

Most of
the Time

All of
the Time

12. Feel nervous?

None of
the Time

A Little of
the Time

Half of
the Time

Most of
the Time

All of
the Time

*During the **PAST WEEK**, how often did you...*

13. Have thoughts racing through your head?

Never

Rarely

Sometimes

Often

Always

14. Think you had special powers?

Never

Rarely

Sometimes

Often

Always

15. Hear voices or see things?

Never

Rarely

Sometimes

Often

Always

16. Think people were watching you?

Never

Rarely

Sometimes

Often

Always

17. Think people were against you?

Never

Rarely

Sometimes

Often

Always

*During the **PAST WEEK**, how often did you...*

18. Have mood swings?

Never

Rarely

Sometimes

Often

Always

19. Feel short-tempered?

Never

Rarely

Sometimes

Often

Always

20. Think about hurting yourself?

Never

Rarely

Sometimes

Often

Always

*During the **PAST WEEK**, how often...*

21. Did you have an urge to drink alcohol or take street drugs?

Never

Rarely

Sometimes

Often

Always

22. Did anyone talk to you about your drinking or drug use?

Never

Rarely

Sometimes

Often

Always

23. Did you try to hide your drinking or drug use?

Never

Rarely

Sometimes

Often

Always

24. Did you have problems from your drinking or drug use?

Never

Rarely

Sometimes

Often

Always

