Brief Symptom Inventory (BSI)

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Description of Measure Purpose To identify self-reported clinically relevant psychological symptoms in adolescents and adults.

First Name: _____ **Last Name:** _____

Date of birth: _____ dd / mm / yyyy **Date of assessment:** _____ dd / mm / yyyy

Assessor's First Name: _____ **Assessor's Last Name:** _____

Please rate each item based on how much you were bothered by that symptom during the past week, including today. Use the following scale for your responses: 0 - Not at all, 1 - A little bit, 2 - Moderately, 3 - Quite a bit, 4 - Extremely

Headaches

○ ○ ○ ○ ○
0 1 2 3 4

Nausea or upset stomach

○ ○ ○ ○ ○
0 1 2 3 4

Pain in heart or chest

○ ○ ○ ○ ○
0 1 2 3 4

Trouble concentrating

○ ○ ○ ○ ○
0 1 2 3 4

Unwanted thoughts

○ ○ ○ ○ ○
0 1 2 3 4

Having to do things very slowly to ensure correctness

○ ○ ○ ○ ○
0 1 2 3 4

Feeling uncomfortable around others

○ ○ ○ ○ ○
0 1 2 3 4

Feeling inferior to others

○ ○ ○ ○ ○
0 1 2 3 4

Feeling easily hurt by criticism or slight

○ ○ ○ ○ ○
0 1 2 3 4

Feeling no interest in things

○ ○ ○ ○ ○
0 1 2 3 4

Feeling low in energy or slowed down

○ ○ ○ ○ ○
0 1 2 3 4

Blaming yourself for things

○ ○ ○ ○ ○
0 1 2 3 4

Nervousness or shakiness inside

○ ○ ○ ○ ○

Feeling fearful

0 1 2 3 4

Feeling tense or keyed up

0 1 2 3 4

Feeling easily annoyed or irritated

0 1 2 3 4

Temper outbursts that you could not control

0 1 2 3 4

Having urges to beat, injure, or harm someone

0 1 2 3 4

Feeling afraid to go out of your house alone

0 1 2 3 4

Avoiding certain things, places, or activities

0 1 2 3 4

Feeling terrified or panic-stricken

0 1 2 3 4

Feeling that most people cannot be trusted

0 1 2 3 4

Feeling that you are watched or talked about by others

0 1 2 3 4

Feeling that others are to blame for your troubles

0 1 2 3 4

Hearing voices that other people do not hear

0 1 2 3 4

Having thoughts that are not your own

0 1 2 3 4

Having visions or seeing things that other people do not see

0 1 2 3 4

Patient's Responses/Comments

Assessor's Notes

Patient's signature

Date: _____ dd / mm / yyyy

Assessor's signature

Date: _____ dd / mm / yyyy