



BSI[®] 18

Brief Symptom Inventory 18

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Name _____

ID Number _____ Date Tested _____

Gender _____ Age _____

Scored By _____

INSTRUCTIONS:

Below is a list of problems people sometimes have. Read each one carefully and fill in the circle that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Blacken the circle for only one number for each problem. Do not skip any items. If you change your mind, erase your first mark carefully and then fill in your new choice. Read the example before beginning. If you have any questions, please ask them now.

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	
	0	1	2	3	4	EXAMPLE HOW MUCH WERE YOU DISTRESSED BY: Bodyaches
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY		1	2	3
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Faintness or dizziness	<u>1</u>		
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling no interest in things		<u>2</u>	
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nervousness or shakiness inside			<u>3</u>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pains in heart or chest	<u>1</u>		
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling lonely		<u>2</u>	
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling tense or keyed up			<u>3</u>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nausea or upset stomach	<u>1</u>		
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling blue		<u>2</u>	
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suddenly scared for no reason			<u>3</u>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trouble getting your breath	<u>1</u>		
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feelings of worthlessness		<u>2</u>	
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Spells of terror or panic			<u>3</u>
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Numbness or tingling in parts of your body	<u>1</u>		
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling hopeless about the future		<u>2</u>	
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling so restless you couldn't sit still			<u>3</u>
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling weak in parts of your body	<u>1</u>		
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thoughts of ending your life		<u>2</u>	
18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Feeling fearful			<u>3</u>
							<u>1</u>	<u>2</u>	<u>3</u>

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