

Behavior and Symptoms Identification Scale (BASIS)

About the BASIS

What does it measure?

The Behavior and Symptom Identification Scale (BASIS) is a self-report instrument designed to measure common symptoms and functioning difficulties experienced by people engaged in mental health treatment, e.g., inpatient, general outpatient mental health treatment or substance use treatment. It is not designed to measure any specific diagnosis.

There are two versions of the BASIS - the BASIS-24 and the BASIS-32, with the version number corresponding to the number of items in the scale. The BASIS-24 is a revision of the earlier BASIS-32.

The BASIS-32 was comprised of five subscales including 1) Relation to Self/Others; 2) Depression/Anxiety; 3) Daily Living/Role Functioning; 4) Impulsive/Addictive Behaviors; and 5) Psychosis.

Besides a total score, the BASIS-24 has six sub-scales that assess psychiatric symptoms and functioning including 1) Depression/Functioning; 2) Relationships; 3) Self-Harm; 4) Emotional Lability; 5) Psychosis; and 6) Substance Abuse.

Availability

The BASIS is a copyrighted survey. Use of the instrument requires an end-user license through McLean Hospital: Harvard Medical School Affiliate. The BASIS-24 is included in the battery of measures available within the Behavior Health Data Portal (BHDP). The BHDP is a software platform used to measure and examine patient-level clinical outcomes in military behavioral health clinics.

Scoring the BASIS-24

What is the scoring range?

Each item is rated on a five-point scale from 0, indicating the lowest severity of symptoms, to 4, indicating greatest severity of symptoms. It is important to note that the rating values for items 4 through 9 are reversed. Subscale and overall mean scores also range from 0 to 4. The overall range for this 24-item questionnaire is 0-96, with higher global scores indicating greater functional impairment.

The six distinct subscales are calculated by summing up and then dividing by the number of non-missing items for that subscale. An overall mean score is also calculated. For example, the Depression/Functioning subscale consists of six items. If the respondent answers all items in this subscale, then the subscale score is the mean of all six items. If one item is omitted, then the subscale score is the sum rating of the items answered, divided by five.

BASIS-24* Questions And Response Options

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

1. Managing your day-to-day life?

- 0 No difficulty
- 1 A little difficulty
- 2 Moderate difficulty
- 3 Quite a bit of difficulty
- 4 Extreme difficulty

2. Coping with problems in your life?

- 0 No difficulty
- 1 A little difficulty
- 2 Moderate difficulty
- 3 Quite a bit of difficulty
- 4 Extreme difficulty

3. Concentrating?

- 0 No difficulty
- 1 A little difficulty
- 2 Moderate difficulty
- 3 Quite a bit of difficulty
- 4 Extreme difficulty

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

4. Get along with people in your family?

- 0 None of the time
- 1 A Little of the time
- 2 Half of the time
- 3 Most of the time
- 4 All of the time

5. Get along with people outside your family?

- 0 None of the time
- 1 A Little of the time
- 2 Half of the time
- 3 Most of the time
- 4 All of the time

What are the clinical cutoffs, if any?

There are no specified clinical cutoffs for the BASIS-24. Subjective interpretation of scores is made by the provider based on patient history and further investigation of reported symptoms. How should a provider interpret results? The BASIS-24 has shown good reliability and validity to assess functioning and mental health from the client's perspective with well-established psycho-metric properties. Test-retest reliability ranged from .75 to .89 for inpatients and .77 to .91 for outpatients.

Using the BASIS-24 in Practice

How should providers use the results in treatment planning?

The BASIS-24 can provide important clinical insights that can inform treatment planning and outcome monitoring on an individual and systemic level. On an individual level, results can help prioritize symptoms and problems according to the patient. BASIS-24 results can also inform the referral process for providers working in general outpatient clinics. For example, providers may want to refer patients to specialty clinics specializing in substance use disorders if a patient endorses substance use as his or her primary problem. Lastly, the BASIS-24 can be administered regularly with patients throughout treatment to assess treatment progress. On a systemic level, the BASIS-24 can identify symptom endorsement patterns and prevalence of problems endorsed by patients at a particular clinic or program, which can inform program planning for leaders.

References

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