

Behavioral Health Measure – 20[®] (BHM-20[®])

Please answer these questions as they relate to the past two weeks.

1. How distressed have you been with your life?

- (0) *Extremely distressed* (1) *Very distressed* (2) *Moderately distressed* (3) *A little bit distressed* (4) *Not at all distressed*

2. How satisfied have you been with your life?

- (0) *Not satisfied at all* (1) *Mildly satisfied* (2) *Somewhat satisfied* (3) *Satisfied* (4) *Very Satisfied*

3. How energetic and motivated have you been feeling?

- (0) *Not at all energetic and motivated* (1) *A little bit energetic and motivated* (2) *Somewhat energetic and motivated*
 (3) *Energetic and motivated* (4) *Very energetic and motivated*

In the past two weeks how much have you been distressed by:

Please use the following rating scale:

	<i>Almost Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>A Little Bit</i>	<i>Never</i>
4. Feeling fearful, scared.	0	1	2	3	4
5. Alcohol/drug use interfering with your performance at school or work. (Select 4 if you NEVER use alcohol or drugs)	0	1	2	3	4
6. Wanting to harm someone.	0	1	2	3	4
7. Not liking yourself.	0	1	2	3	4
8. Difficulty concentrating.	0	1	2	3	4
9. Eating problem interfering with your relationships with your family or friends.	0	1	2	3	4
10. Thoughts of ending your life.	0	1	2	3	4
11. Feeling sad most of the time.	0	1	2	3	4
12. Feeling hopeless about the future.	0	1	2	3	4
13. Powerful, intense mood swings (highs and lows).	0	1	2	3	4
14. Alcohol/drug use interfering with your relationships with family and/or friends. (Select 4 if you NEVER use alcohol or drugs)	0	1	2	3	4
15. Feeling nervous.	0	1	2	3	4
16. Heart pounding or racing.	0	1	2	3	4

How have you been getting along in the following areas of your life over the past two weeks?

Please use the following rating scale:

	<i>Terrible</i>	<i>Poorly</i>	<i>Fair</i>	<i>Well</i>	<i>Very Well</i>
17. Nonfamily Social Relationship/Friends (for example, communication, closeness, level of activity).	0	1	2	3	4
18. Life Enjoyment (for example, recreation, life appreciation, leisure activities).	0	1	2	3	4
19. Work/School (for example, performance, attendance). (Leave blank if this item does not apply)	0	1	2	3	4
20. Intimate Relationships (for example, support, communication, closeness). (Leave blank if this item does not apply)	0	1	2	3	4

21. If you answered 0-3 on #10 above, please check below to indicate your overall risk of suicide.

- (0) *Extremely high risk* (1) *High risk* (2) *Moderate risk* (3) *Low risk* (4) *No risk*

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