



Name: _____ Today's Date: _____

**Behavioral Health Measure – 20™
College Counseling Version**

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

1. How distressed have you been?

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

2. How satisfied have you been with your life?

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

3. How energetic and motivated have you been feeling?

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

How have you been getting along in the following areas of your life over the past two weeks? *Leave blank if the item does not apply.*

(0) Very Well (1) Well (2) Fair (3) Poorly (4) Terribly

- 1. Work/School
(example: performance, attendance) (0) (1) (2) (3) (4)
- 2. Intimate Relationships
(example: support, communication, closeness) (0) (1) (2) (3) (4)
- 3. Non-family Social Relationships/Friends
(example: communication, closeness, activity) (0) (1) (2) (3) (4)
- 4. Life Enjoyment
(example: recreation, life appreciation, leisure) (0) (1) (2) (3) (4)

Please turn over and complete the other side

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

(0) Never (1) A Little Bit (2) Sometimes (3) Often (4) Almost Always

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|---|-----|-----|-----|-----|-----|
| 1. Feeling fearful, scared | (0) | (1) | (2) | (3) | (4) |
| 2. Alcohol/drug use interfering with your performance at school or work | (0) | (1) | (2) | (3) | (4) |
| 3. Wanting to harm someone | (0) | (1) | (2) | (3) | (4) |
| 4. Not liking yourself | (0) | (1) | (2) | (3) | (4) |
| 5. Difficulty concentrating | (0) | (1) | (2) | (3) | (4) |
| 6. Eating problem interfering with relationship (family or friends) | (0) | (1) | (2) | (3) | (4) |
| 7. Thoughts of ending your life | (0) | (1) | (2) | (3) | (4) |
| 8. Feeling sad most of the time | (0) | (1) | (2) | (3) | (4) |
| 9. Feeling hopeless about the future | (0) | (1) | (2) | (3) | (4) |
| 10. Powerful, intense mood swings (highs and lows) | (0) | (1) | (2) | (3) | (4) |
| 11. Alcohol/drug use interfering with your relationships with family and/or friends | (0) | (1) | (2) | (3) | (4) |
| 12. Feeling nervous | (0) | (1) | (2) | (3) | (4) |
| 13. Heart pounding or racing | (0) | (1) | (2) | (3) | (4) |