

HALT-C Trial

Brief Symptom Inventory (BSI) – Cognitive Effects AS

Form # 154 Version B: 07/16/2001

SECTION A: GENERAL INFORMATION

- A1. Affix ID Label Here → _____ - _____ - ____
- A2. Patient initials: __ __ __
- A3. Visit number: _____
- A4. Date form completed: (MM/DD/YYYY) __ / __ / _____
- A5. Initials of person completing form: __ __ __

SECTION B: BRIEF SYMPTOM INVENTORY – PROFILE REPORT

B1. Date test was administered: (MM/DD/YYYY) __ / __ / _____

B2. Scale	T-score (0-100)
a. Somatization (SOM)	__ __ __
b. Obsessive-compulsive (O-C)	__ __ __
c. Interpersonal Sensitivity (I-S)	__ __ __
d. Depression (DEP)	__ __ __
e. Anxiety (ANX)	__ __ __
f. Hostility (HOS)	__ __ __
g. Phobic Anxiety (PHOB)	__ __ __
h. Paranoid Ideation (PAR)	__ __ __
i. Psychoticism (PSY)	__ __ __
j. Global Severity Index (GSI)	__ __ __
k. Positive Symptom Distress Index (PSDI)	__ __ __
l. Positive Symptom Total (PST)	__ __ __