



Please print

For office use only
ID #

Rating
Period #

Days in
interval:

BRIEF PROBLEM MONITOR FOR AGES 18-59 (BPM/18-59)

FULL NAME OF PERSON BEING RATED	First	Middle	Last	PERSON'S GENDER	PERSON'S AGE	PERSON'S BIRTHDATE (if known)
				<input type="checkbox"/> Male <input type="checkbox"/> Female		Mo. ___ Day ___ Year ___

PLEASE COMPLETE THIS FORM BY:	THIS FORM FILLED OUT BY:	Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mo. ___ Day ___ Year ___	(print your name) _____	Your relation to person being rated:
TODAY'S DATE:		<input type="checkbox"/> Self
Mo. ___ Day ___ Year ___		<input type="checkbox"/> Other (specify): _____

Below is a list of items that describe people. Please rate each item to describe the person being rated (or yourself, if rating yourself) **now or within the last _____ days**. Please circle the **2** if the item is **very true**. Circle the **1** if the item is **somewhat true**. If the item is **not true**, circle the **0**. **Please rate all items as well as you can, even if some do not seem to apply to the person being rated (or to yourself, if rating yourself).**

0 = Not True (as far as you know) 1 = Somewhat True 2 = Very True

Comments

- | | | | | |
|---|---|---|--|-------|
| 0 | 1 | 2 | 1. Can't concentrate, can't pay attention for long | _____ |
| 0 | 1 | 2 | 2. Feels worthless or inferior | _____ |
| 0 | 1 | 2 | 3. Impulsive or acts without thinking | _____ |
| 0 | 1 | 2 | 4. Lacks self-confidence | _____ |
| 0 | 1 | 2 | 5. Not liked by others | _____ |
| 0 | 1 | 2 | 6. Trouble planning for the future | _____ |
| 0 | 1 | 2 | 7. Fails to finish things that should be done | _____ |
| 0 | 1 | 2 | 8. Poor work performance | _____ |
| 0 | 1 | 2 | 9. Trouble setting priorities | _____ |
| 0 | 1 | 2 | 10. Trouble making or keeping friends | _____ |
| 0 | 1 | 2 | 11. Very changeable behavior | _____ |
| 0 | 1 | 2 | 12. Trouble making decisions | _____ |
| 0 | 1 | 2 | 13. Hot temper | _____ |
| 0 | 1 | 2 | 14. Threatens to hurt people | _____ |
| 0 | 1 | 2 | 15. Unhappy, sad, or depressed | _____ |
| 0 | 1 | 2 | 16. Feels he/she can't succeed | _____ |
| 0 | 1 | 2 | 17. Gets upset too easily | _____ |
| 0 | 1 | 2 | 18. Too impatient | _____ |

Additional items

- | | | | | |
|---|---|---|-------|-------|
| 0 | 1 | 2 | _____ | _____ |
| 0 | 1 | 2 | _____ | _____ |
| 0 | 1 | 2 | _____ | _____ |

Please be sure you answered all items.

