BRIEF EMOTIONAL DISTRESS SCALE FOR YOUTH (BEDSY)

Your Name: 
Date: ______________________

HERE IS A LIST OF WAYS THAT YOU COULD FEEL. PLEASE PUT A CIRCLE AROUND THE ANSWER THAT BEST DESCRIBES YOUR FEELINGS OVER THE LAST 4 WEEKS. THERE ARE NO RIGHT OR WRONG ANSWERS.

1. I feel really sad 
   - Never
   - Sometimes
   - Often
   - Always

2. I feel nervous
   - Never
   - Sometimes
   - Often
   - Always

3. I feel really alone
   - Never
   - Sometimes
   - Often
   - Always

4. I worry that something bad will happen to me
   - Never
   - Sometimes
   - Often
   - Always

5. I feel like there is nothing to look forward to
   - Never
   - Sometimes
   - Often
   - Always

6. I feel afraid
   - Never
   - Sometimes
   - Often
   - Always

7. I just don't enjoy things anymore
   - Never
   - Sometimes
   - Often
   - Always

8. All of a sudden, I feel really scared for no reason at all
   - Never
   - Sometimes
   - Often
   - Always

© 2021 Susan H. Spence and Ronald M Rapee