

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