

Brief Symptom Rating Scale (BSRS-5)

student ID : name : phone number :

Instructions : In order to understand the physical and mental health of your own, please rate based on the level of distress personal feeling about each item during the past week .

0 : not at all 1 : a little 2 : moderately
3 : quite a bit 4 : extremely

1.Trouble falling asleep.....	0	1	2	3	4
2.Feeling tense or keyed up.....	0	1	2	3	4
3.Feeling easily annoyed or irritated.....	0	1	2	3	4
4.Feeling blue	0	1	2	3	4
5.Feeling inferior to others	0	1	2	3	4
*Having suicidal thoughts.....	0	1	2	3	4

Scores and Recommendations :

IF your total score from Q1–Q5 is

- 1) **Lower than 5 :** Congratulations ! You are very well adjusted.
- 2) **Within 6 to 9 :** You have slight mental stress. We recommend that you seek emotional support by talking to your friends or families.
- 3) **Higher than 10 :** You are under great mental stress. We recommend that you seek psychological counseling and medical service.

***24-hour free consulting hotline : 1925**

Thank you for taking the time to fill out this questionnaire.