

Brief Psychiatric Rating Scale (BPRS)

Response Categories:

Not present

Very Mild

Mild

Moderate

Moderately Severe

Severe

Extremely Severe

This form consists of 24 symptom constructs, each to be rated in a 7-point scale of severity ranging from 'not present' to 'extremely severe' If a specific symptom is not rated, mark 'NA' (not assessed). Circle the number headed by the term that best describes the patient's present condition.

1 Somatic concern	NA	1	2	3	4	5	6	7
2 Anxiety	NA	1	2	3	4	5	6	7
3 Depression	NA	1	2	3	4	5	6	7
4 Suicidality	NA	1	2	3	4	5	6	7
5 Guilt	NA	1	2	3	4	5	6	7
6 Hostility	NA	1	2	3	4	5	6	7
7 Elated Mood	NA	1	2	3	4	5	6	7
8 Grandiosity	NA	1	2	3	4	5	6	7
9 Suspiciousness	NA	1	2	3	4	5	6	7
10 Hallucinations	NA	1	2	3	4	5	6	7
11 Unusual thought content	NA	1	2	3	4	5	6	7
12 Bizarre behaviour	NA	1	2	3	4	5	6	7
13 Self-neglect	NA	1	2	3	4	5	6	7
14 Disorientation	NA	1	2	3	4	5	6	7
15 Conceptual disorganisation	NA	1	2	3	4	5	6	7
16 Blunted affect	NA	1	2	3	4	5	6	7
17 Emotional withdrawal	NA	1	2	3	4	5	6	7
18 Motor retardation	NA	1	2	3	4	5	6	7
19 Tension	NA	1	2	3	4	5	6	7
20 Uncooperativeness	NA	1	2	3	4	5	6	7
21 Excitement	NA	1	2	3	4	5	6	7

22 Distractibility	NA	1	2	3	4	5	6	7
23 Motor hyperactivity	NA	1	2	3	4	5	6	7
24 Mannerisms and posturing	NA	1	2	3	4	5	6	7

The following consists of four of the above constructs being measured:

For the following selected items, rate items based on patient's self-report.

(#4) Suicidality: Expressed desire, intent or actions to harm or kill self.

Have you felt that life wasn't worth living? Have you thought about harming or killing yourself? Have you felt tired of living or as though you would be better off dead? Have you ever felt like ending it all?

[If patient reports suicidal ideation, ask the following:]

How often have you thought about [use patient's description]?

Did you [Do you] have a specific plan?

2 Very Mild

Occasional feelings of being tired of living. Not overt suicidal thoughts

3 Mild

Occasional suicidal thoughts without intent or specific plan OR he/she feels they would be better off dead.

4 Moderate

Suicidal thoughts frequent without intent or plan

5 Moderately Severe

Many fantasies of suicide by various methods. May seriously consider making an attempt with specific time and plan OR impulsive suicide attempt using non-lethal method or in full view of potential saviors.

6 Severe

Clearly wants to kill self. Searches for appropriate means and time, OR potentially serious suicide attempt with patient knowledge of possible rescue.

7 Extremely Severe

Specific suicidal plan and intent (e.g., "as soon as _____. I will do it by doing X"), OR suicide attempt characterized by plan patient thought was lethal or attempt in secluded environment.

(#10) Hallucinations: Reports of perceptual experiences in the absence of relevant external stimuli. When rating degree to which functioning is disrupted by hallucinations, include preoccupation with the content and experience of the hallucinations, as well as functioning disrupted by acting out on the hallucinatory content (e.g., engaging in deviant behavior due to command hallucinations). Include thoughts aloud ("gedankenlautwerden") or pseudohallucinations (e.g., hears a voice inside heard) if a voice quality is present.

Do you ever seem to hear your name being called?

*Have you heard any sounds or people talking to you or about you when there has been nobody around?
[If hears voices:] What does the voice/voices say? Did it have a voice quality?*

Do you ever have visions or see things that others do not see? What about smell odors that others do not smell?

[If the patient reports hallucinations, ask the following]:

Have these experiences interfered with your ability to perform your usual activities/work? How do you explain them? How often do they occur?

2 Very Mild

While resting or going to sleep, sees visions, smells odors, or hears voices, sounds or whispers in the absence of external stimulation, but no impairment in functioning.

3 Mild

While in a clear state of consciousness, hears a voice calling the subject's name, experiences non-verbal auditory hallucinations (e.g., sounds or whispers), formless visual hallucinations, or has sensory experiences in the presence of a modality-relevant stimulus (e.g., visual illusions) infrequently (e.g., 1-2 times per week) and with no functional impairment.

4 Moderate

Occasional verbal, visual, gustatory, olfactory, or tactile hallucinations with no functional impairment OR non-verbal auditory hallucinations/visual illusions more than infrequently or impairment.

5 Moderately Severe

Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.

6 Severe

Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by these hallucinations.

7 Extremely Severe

Persistent verbal or visual hallucinations throughout the day OR most areas of functioning are disrupted by these hallucinations.

(#11) Unusual Thought Content: Unusual, odd, strange or bizarre thought content. Rate the degree of unusualness, not the degree of disorganization of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with partial or full conviction. Consider the patient to have full conviction if he/she has acted as though the delusional belief were true. Ideas of reference/persecution can be differentiated from delusions in that ideas are expressed with much doubt and contain more elements of reality. Include thought insertion, withdrawal and broadcast. Include grandiose, somatic and persecutory delusions even if rated elsewhere.

Have you been receiving any special messages from people or from the way things are arranged around you? Have you seen any reference to yourself on TV or in the newspaper?

Can anyone read your mind?

Do you have a special relationship with God?

Is anything like electricity, X-rays, or radio waves affecting you?

Are thoughts put into your head that are not your own?

Have you felt that you were under the control of another person or force?

[If patient reports any odd ideas/delusions, ask the following]:

How often do you think about [use patient's description]?

Have you told anyone about these experiences? How do you explain the things that have been happening [specific]?

2 Very Mild

Ideas of references (people may stare or may laugh at him), ideas of persecution (people may mistreat him). Unusual beliefs in psychic powers, spirits, UFO's, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.

3 Mild

Same as 2, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content may be typical of delusions (even bizarre), but without full conviction. The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience.

4 Moderate

Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.

5 Moderately Severe

Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.

6 Severe

Full delusion(s) present with much preoccupation OR many areas of functioning are disrupted by delusional thinking.

7 Extremely Severe

Full delusion(s) present with almost total preoccupation OR most areas of functioning are disrupted by delusional thinking.

(#12) Bizarre Behavior: Reports of behaviors which are odd, unusual, or psychotically criminal. Not limited to interview period. Include inappropriate sexual behavior and inappropriate affect.

Have you done anything that has attracted the attention of others?

Have you done anything that could have gotten you into trouble with the police?

Have you done anything that seemed unusual or disturbing to others?

2 Very Mild

Slightly odd or eccentric public behavior, e.g., occasionally giggles to self, fails to make appropriate eye contact, that does not seem to attract the attention of others OR unusual behavior conducted in private, e.g., innocuous rituals that would not attract the attention of others.

3 Mild

Noticeably peculiar public behavior, e.g., inappropriately loud talking, makes inappropriate eye contact, OR private behavior that occasionally, but not always, attracts the attention of others, e.g., hoards food, conducts unusual rituals, wears gloves indoors.

4 Moderate

Clearly bizarre behavior that attracts or would attract (if done privately) the attention or concern of others, but with no corrective intervention necessary. Behavior occurs occasionally, e.g., fixated staring into space for several minutes, talks back to voices once, inappropriate giggling/laughter on 1-2 occasions, talking loudly to self.

5 Moderately Severe

Clearly bizarre behavior that attracts or would attract (if done privately) the attention of others or the authorities, e.g., fixated staring in a socially disruptive way, frequent inappropriate giggling/laughter, occasionally responds to voices, or eats non-foods.

6 Severe

Bizarre behavior that attracts attention of others and intervention by authorities, e.g., directing traffic, public nudity, staring into space for long periods, carrying on a conversation with hallucinations, frequent inappropriate giggling/laughter.

7 Extremely Severe

Serious crimes committed in a bizarre way that attract the attention of others and the control of authorities, e.g., sets fires and stares at flames

OR almost constant bizarre behavior, e.g., inappropriate giggling/laughter, responds only to hallucinations