

BRIEF PSYCHIATRIC RATING SCALE

The Brief Psychiatric Rating Scale (BPRS) is a widely used instrument for assessing the positive, negative, and affective symptoms of individuals who have psychotic disorders, especially schizophrenia. It has proven particularly valuable for documenting the efficacy of treatment in patients who have moderate to severe disease.

The patient's behaviour over the past 2-3 days is typically considered in the assessment process. The behaviour may be observed by the clinician, or reported by the patient's family.

The BPRS was first published in 1962 as a 16-construct tool by Drs. John Overall and Donald Gorham. Two additional items were later added, followed by another extension with a further four. The BPRS is used widely today to assess the effectiveness of treatment.

1) Somatic Concern

Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the individual, whether complaints have realistic bases or not. Somatic delusions should be rated in the severe range with or without somatic concern. Note: be sure to assess the degree of impairment due to somatic concerns only and not other symptoms, e.g., depression. **In addition, if the individual rates 'Severe' or 'Extremely severe' due to somatic delusions, then you must rate 'Unusual Thought Content' at least 'Moderate' or above.**

- Not assessed.**
- Not present.**
- Very mild.** Occasional somatic concerns that tend to be kept to self.
- Mild.** Occasional somatic concerns that tend to be voiced to others (e.g., family, doctor).
- Moderate.** Frequent expressions of somatic concern or exaggerations of existing ills OR some preoccupation, but no impairment in functioning. Not delusional.
- Moderately severe.** Frequent expressions of somatic concern or exaggerations of existing ills OR some preoccupation and moderate impairment of functioning. Not delusional.
- Severe.** Preoccupation with somatic complaints with much impairment in functioning OR somatic delusions without acting on them or disclosing to others.
- Extremely severe.** Preoccupation with somatic complaints with severe impairment in functioning OR somatic delusions that tend to be acted on or disclosed to others.

2. Anxiety

Reported apprehension, tension, fear, panic or worry. Rate only the individual's statements - not observed anxiety which is rated under '**Tension**'.

- Not assessed.**
- Not present.**
- Very mild.** Reports some discomfort due to worry OR infrequent worries that occur more than usual for most normal individuals.
- Mild.** Worried frequently but can readily turn attention to other things.
- Moderate.** Worried most of the time and cannot turn attention to other things easily but no impairment in functioning OR occasional anxiety with autonomic accompaniment but no impairment in functioning.
- Moderately severe.** Frequent, but not daily, periods of anxiety with autonomic accompaniment OR some areas of functioning are disrupted by anxiety or worry.
- Severe.** Anxiety with autonomic accompaniment daily but not persisting throughout the day OR many areas of functioning are disrupted by anxiety or constant worry.
- Extremely severe.** Anxiety with autonomic accompaniment persisting throughout the day OR most areas of functioning are disrupted by anxiety or constant worry.

3. Depression

Include sadness, unhappiness, anhedonia and preoccupation with depressing topics (can't attend to TV or conversations due to depression), hopeless, loss of self-esteem (dissatisfied or disgusted with self or feelings of worthlessness). Do not include vegetative symptoms, e.g., motor retardation, early waking or the amotivation that accompanies the deficit syndrome.

- Not assessed.**
- Not present.**
- Very mild.** Occasionally feels sad, unhappy or depressed.
- Mild.** Frequently feels sad or unhappy but can readily turn attention to other things.
- Moderate.** Frequent periods of feeling very sad, unhappy, moderately depressed, but able to function with extra effort.
- Moderately severe.** Frequent, but not daily, periods of deep depression OR some areas of functioning are disrupted by depression.
- Severe.** Deeply depressed daily but not persisting throughout the day OR many areas of functioning are disrupted by depression.
- Extremely severe.** Deeply depressed daily OR most areas of functioning are disrupted by depression.

4. Suicidality

Expressed desire, intent, or actions to harm or kill self.

- Not assessed.**
- Not present.**
- Very mild.** Occasional feelings of being tired of living. No overt suicidal thoughts.
- Mild.** Occasional suicidal thoughts without intent or specific plan OR he/she feels they would be better off dead.
- Moderate.** Suicidal thoughts frequent without intent or plan.
- Moderately severe.** Many fantasies of suicide by various methods. May seriously consider making an attempt with specific time and plan OR impulsive suicide attempt.
- Severe.** Clearly wants to kill self. Searches for appropriate means and time, OR potentially serious suicide attempt with individual knowledge of possible rescue.
- Extremely severe.** Specific suicidal plan and intent (e.g. 'as soon as ___ I will do it by doing X'), OR anticipated suicide attempt described.

5. Guilt

Overconcern or remorse for past behaviour. Rate only individual's statements, do not infer guilt feelings from depression, anxiety, or neurotic defences. **Note: if the individual rates 'Severe' or 'Extremely severe' due to delusions of guilt, then you must rate 'Unusual Thought Content' at least 'Moderate' or above, depending on level of preoccupation and impairment.**

- Not assessed.**
- Not present.**
- Very mild.** Concerned about having failed someone, or at something, but not preoccupied. Can shift thoughts to other matters easily.
- Mild.** Concerned about having failed someone, or at something, with some preoccupation. Tends to voice guilt to others.
- Moderate.** Disproportionate preoccupation with guilt, having done wrong, injured others by doing or failing to do something, but can readily turn attention to other things.
- Moderately severe.** Preoccupation with guilt, having failed someone or at something, can turn attention to other things, but only with great effort. Not delusional.
- Severe.** Delusional guilt OR unreasonable self-reproach very out of proportion to circumstances. Moderate preoccupation present.
- Extremely severe.** Delusional guilt OR unreasonable self-reproach grossly out of proportion to circumstances. Individual is very preoccupied with guilt and is likely to disclose to others or act on delusions.

6. Hostility

Animosity, contempt, belligerence, threats, arguments, tantrums, property destruction, fights, and any other expression of hostile attitudes or actions. Do not infer hostility from neurotic defences, anxiety or somatic complaints. Do not include incidents of appropriate anger or obvious self-defence.

- Not assessed.**
- Not present.**
- Very mild.** Irritable or grumpy, but not overtly expressed.
- Mild.** Argumentative or sarcastic.
- Moderate.** Overtly angry on several occasions OR yelled at others excessively.
- Moderately severe.** Has threatened, slammed about or thrown things.
- Severe.** Has assaulted others but with no harm likely, e.g., slapped or pushed, OR destroyed property, e.g., knocked over furniture, broken windows.
- Extremely severe.** Has attacked others with definite possibility of harming them or with actual harm, e.g., assault with hammer or weapon.

7. Elevated Mood

A pervasive, sustained and exaggerated feeling of well-being, cheerfulness, euphoria (implying a pathological mood), optimism that is out of proportion to the circumstances. Do not infer elation from increased activity or from grandiose statements alone.

- Not assessed.**
- Not present.**
- Very mild.** Seems to be very happy, cheerful without much reason.
- Mild.** Some unaccountable feelings of well-being that persist.
- Moderate.** Reports excessive or unrealistic feelings of well-being, cheerfulness, confidence or optimism inappropriate to circumstances, some of the time. May frequently joke, smile, be giddy, or overly enthusiastic OR few instances of marked elevated mood with euphoria.
- Moderately severe.** Reports many instances of marked elevated mood with euphoria OR mood definitely elevated almost constantly throughout interview and inappropriate to content.
- Severe.** Reports many instances of marked elevated mood with euphoria OR mood definitely elevated almost constantly throughout interview and inappropriate to content.
- Extremely severe.** Individual reports being elated or appears almost intoxicated, laughing, joking, giggling, constantly euphoric, feeling invulnerable, all inappropriate to immediate circumstances.

8. Grandiosity

Exaggerated self-opinion, self-enhancing conviction of special abilities or powers or identity as someone rich or famous. Rate only individual's statements about himself, not his/her demeanour. **Note: if the individual rates 'Severe' or 'Extremely severe' due to grandiose delusions, you must rate 'Unusual Thought Content' at least 'Moderate' or above.**

- Not assessed.**
- Not present.**
- Very mild.** Feels great and denies obvious problems, but not unrealistic.
- Mild.** Exaggerated self-opinion beyond abilities and training.
- Moderate.** Inappropriate boastfulness, e.g., claims to be brilliant, insightful or gifted beyond realistic proportions, but rarely self-discloses or acts on these inflated selfconcepts. Does not claim that grandiose accomplishments have actually occurred.
- Moderately severe.** Same as 'Moderate' but often self-discloses and acts on these grandiose ideas. May have doubts about the reality of the grandiose ideas. Not delusional.
- Severe.** Delusional - claims to have special powers like ESP, to have millions of dollars, invented new machines, worked at jobs when it is known that he/she was never employed in these capacities, be Jesus Christ, or the Prime Minister. Individual may not be very preoccupied.
- Extremely severe.** Delusional - same as 'Severe' but individual seems very preoccupied and tends to disclose or act on grandiose delusions.

9. Suspiciousness

Expressed or apparent belief that other persons have acted maliciously or with discriminatory intent. Include persecution by supernatural or other non-human agencies (e.g., the devil). **Note: ratings of 'Moderate' or above should also be rated under 'Unusual Thought Content'.**

- Not assessed.**
- Not present.**
- Very mild.** Seems on guard. Reluctant to respond to some 'personal' questions. Reports being overly self-conscious in public. preoccupation.
- Mild.** Describes incidents in which others have harmed or wanted to harm him/her that sound plausible. Individual feels as if others are watching, laughing or criticising him/her in public, but this occurs only occasionally or rarely. Little or no preoccupation.
- Moderate.** Says other persons are talking about him/her maliciously, have negative intentions or may harm him/her. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.
- Moderately severe.** Same as 'Moderate', but incidents occur frequently, such as more than once per week. Individual is moderately preoccupied with ideas of persecution OR individual reports persecutory delusions expressed with much doubt (e.g., partial delusion).
- Severe.** Delusional - speaks of Mafia plots, the FBI or others poisoning his/her food, persecution by supernatural forces.
- Extremely severe.** Same as 'Severe', but the beliefs are bizarre.

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 behaviour due to command hallucinations). Include thoughts aloud or pseudohallucinations (e.g., hears a voice inside head) if a voice quality is present.

- Not assessed.**
- Not present.**
- Very mild.** While resting or going to sleep, sees visions, smells odours or hears voices, sounds, or whispers in the absence of external stimulation, but no impairment in functioning.
- Mild.** While in a clear state of consciousness, hears a voice calling the individual'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.
- Moderate.** Occasional verbal, visual, gustatory, olfactory or tactile hallucinations with no functional impairment OR non-verbal auditory hallucinations/visual illusions more than infrequently or with impairment.
- Moderately severe.** Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.
- Severe.** Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by these hallucinations.
- 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 disorganisation of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the individual to have full conviction if he/she has acted as though the delusional belief was 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. **Note: if 'Somatic Concern', 'Guilt', 'Suspiciousness' or 'Grandiosity' are rated 'Severe' or 'Extremely severe' due to delusions, then Unusual Thought Content must be rated 'Moderate' or above.**

- Not assessed.**
- Not present.**
- Very mild.** Ideas of reference (people may stare or may laugh at him), ideas of persecution (people may mistreat him). Unusual beliefs in psychic powers, spirits, UFOs, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.
- 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.
- Moderate.** Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.
- Moderately severe.** Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.
- Severe.** Full delusion(s) present with much preoccupation OR many areas of functioning are disrupted by delusional thinking.
- Extremely severe.** Full delusion(s) present with almost total preoccupation OR most areas of functioning disrupted by delusional thinking.

12. Bizarre Behaviour

Reports of behaviours which are odd, unusual, or psychotically criminal. Not limited to interview period. Include inappropriate sexual behaviour and inappropriate affect.

- Not assessed.**
- Not present.**
- Very mild.** Slightly odd or eccentric public behaviour, e.g., occasionally giggles to self, fails to make appropriate eye contact, that does not seem to attract the attention of others OR unusual behaviour conducted in private, e.g., innocuous rituals, that would not attract the attention of others.
- Mild.** Noticeably peculiar public behaviour, e.g., inappropriately loud talking, makes inappropriate eye contact, OR private behaviour that occasionally, but not always, attracts the attention of others, e.g., hoards food, conducts unusual rituals, wears gloves indoors.
- Moderate.** Clearly bizarre behaviour that attracts or would attract (if done privately) the attention or concern of others, but with no corrective intervention necessary. Behaviour 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.
- Moderately severe.** Has threatened, slammed about or thrown things.
- Severe.** Bizarre behaviour 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.
- 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 behaviour, e.g., inappropriate giggling/laughter, responds only to hallucinations and cannot be engaged in interaction.

13. Self-neglect

Hygiene, appearance, or eating behaviour below usual expectations, below socially acceptable standards or life threatening.

- Not assessed.**
- Not present.**
- Very mild.** Hygiene/appearance slightly below usual community standards, e.g., shirt out of pants, buttons unbuttoned, shoe laces untied, but no social or medical consequences.
- Mild.** Hygiene/appearance occasionally below usual community standards, e.g., irregular bathing, clothing is stained, hair uncombed, occasionally skips an important meal. No social or medical consequences.
- Moderate.** Hygiene/appearance is noticeably below usual community standards, e.g., fails to bathe or change clothes, clothing very soiled, hair unkempt, needs prompting, noticeable by others OR irregular eating and drinking with minimal medical concerns and consequences.
- Moderately severe.** Several areas of hygiene/appearance are below usual community standards OR poor grooming draws criticism by others and requires regular prompting. Eating or hydration are irregular and poor, causing some medical problems.
- Severe.** Many areas of hygiene/appearance are below usual community standards, does not always bathe or change clothes even if prompted. Poor grooming has caused social ostracism at school/residence/work, or required intervention. Eating erratic and poor, may require medical intervention.
- Extremely severe.** Most areas of hygiene/appearance/nutrition are extremely poor and easily noticed as below usual community standards OR hygiene/appearance/nutrition require urgent and immediate medical intervention.

14. Disorientation

Does not comprehend situations or communications, such as questions asked during the entire BPRS interview. Confusion regarding person, place, or time. Do not rate if incorrect responses are due to delusions.

- Not assessed.**
- Not present.**
- Very mild.** Seems muddled or mildly confused 1-2 times during interview. Oriented to person, place and time.
- Mild.** Occasionally muddled or mildly confused 3-4 times during interview. Minor inaccuracies in person, place, or time, e.g., date off by more than 2 days, or gives wrong division of hospital or community centre.
- Moderate.** Frequently confused during interview. Minor inaccuracies in person, place, or time are noted, as in 3 above. In addition, may have difficulty remembering general information, e.g., name of Prime Minister.
- Moderately severe.** Markedly confused during interview, or to person, place, or time. Significant inaccuracies are noted, e.g., date off by more than one week, or cannot give correct name of hospital. Has difficulty remembering personal information, e.g., where he/she was born or recognising familiar people.
- Severe.** Disoriented as to person, place, or time, e.g., cannot give correct month and year. Disoriented in 2 out of 3 spheres.
- Extremely severe.** Grossly disoriented as to person, place, or time, e.g., cannot give name or age. Disoriented in all three spheres.

15. Conceptual Disorganization

Degree to which speech is confused, disconnected, vague or disorganised. Rate tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders. Do not rate content of speech.

- Not assessed.**
- Not present.**
- Very mild.** Peculiar use of words or rambling but speech is comprehensible.
- Mild.** Speech a bit hard to understand or make sense of due to tangentiality, circumstantiality, or sudden topic shifts.
- Moderate.** Speech difficult to understand due to tangentiality, circumstantiality, idiosyncratic speech, or topic shifts on many occasions OR 1-2 instances of incoherent phrases.
- Moderately severe.** Speech difficult to understand due to circumstantiality, tangentiality, neologisms, blocking or topic shifts most of the time, OR 3-5 instances of incoherent phrases.
- Severe.** Speech is incomprehensible due to severe impairment most of the time. Many BPRS items cannot be rated by self-report alone.
- Extremely severe.** Speech is incomprehensible throughout interview.

16. Blunted Affect

Restricted range in emotional expressiveness of face, voice, and gestures. Marked indifference or flatness even when discussing distressing topics. In the case of euphoric or dysphoric individuals, rate Blunted Affect if a flat quality is also clearly present.

- Not assessed.**
- Not present.**
- Very mild.** Emotional range is slightly subdued or reserved but displays appropriate facial expressions and tone of voice that are within normal limits.
- Mild.** Emotional range overall is diminished, subdued or reserved, without many spontaneous and appropriate emotional responses. Voice tone is slightly monotonous.
- Moderate.** Emotional range is noticeably diminished, individual doesn't show emotion, smile or react to distressing topics except infrequently. Voice tone is monotonous or there is noticeable decrease in spontaneous movements. Displays of emotion or gestures are usually followed by a return to flattened affect.
- Moderately severe.** Emotional range very diminished, individual doesn't show emotion, smile, or react to distressing topics except minimally, few gestures, facial expression does not change very often. Voice tone is monotonous much of the time.
- Severe.** Very little emotional range or expression. Mechanical in speech and gestures most of the time. Unchanging facial expression. Voice tone is monotonous most of the time.
- Extremely severe.** Virtually no emotional range or expressiveness, stiff movements. Voice tone is monotonous all of the time.

17. Emotional Withdrawal

Deficiency in individual's ability to relate emotionally during interview situation. Use your own feeling as to the presence of an 'invisible barrier' between individual and interviewer. Include withdrawal apparently due to psychotic processes.

- Not assessed.**
- Not present.**
- Very mild.** Lack of emotional involvement shown by occasional failure to make reciprocal comments, appearing preoccupied, or smiling in a stilted manner, but spontaneously engages the interviewer most of the time.
- Mild.** Lack of emotional involvement shown by noticeable failure to make reciprocal comments, appearing preoccupied, or lacking in warmth, but responds to interviewer when approached.
- Moderate.** Emotional contact not present much of the interview because individual does not elaborate responses, fails to make eye contact, doesn't seem to care if interviewer is listening, or may be preoccupied with psychotic material.
- Moderately severe.** Same as 'Moderate', but emotional contact not present most of the interview.
- Severe.** Actively avoids emotional participation. Frequently unresponsive or responds with yes/no answers (not solely due to persecutory delusions). Responds with only minimal affect.
- Extremely severe.** Consistently avoids emotional participation. Unresponsive or responds with yes/no answers (not solely due to persecutory delusions). May leave during interview or just not respond at all.

18. Motor Retardation

Reduction in energy level evidenced by slowed movements and speech, reduced body tone, decreased number of spontaneous body movements. Rate on the basis of observed behaviour of the individual only. Do not rate on the basis of individual's subjective impression of his own energy level. Rate regardless of medication effects.

- Not assessed.**
- Not present.**
- Very mild.** Slightly slowed or reduced movements or speech compared to most people.
- Mild.** Noticeably slowed or reduced movements or speech compared to most people.
- Moderate.** Large reduction or slowness in movements or speech.
- Moderately severe.** Seldom moves or speaks spontaneously OR very mechanical or stiff movements
- Severe.** Does not move or speak unless prodded or urged.
- Extremely severe.** Frozen, catatonic.

19. Tension

Observable physical and motor manifestations of tension, 'nervousness' and agitation. Self-reported experiences of tension should be rated under the item on anxiety. Do not rate if restlessness is solely akathisia, but do rate if akathisia is exacerbated by tension.

- Not assessed.**
- Not present.**
- Very mild.** More fidgety than most but within normal range. A few transient signs of tension, e.g., picking at fingernails, foot wagging, scratching scalp several times or finger tapping.
- Mild.** Same as 'Very mild', but with more frequent or exaggerated signs of tension.
- Moderate.** Many and frequent signs of motor tension with one or more signs sometimes occurring simultaneously, e.g., wagging one's foot while wringing hands together. There are times when no signs of tension are present.
- Moderately severe.** Many and frequent signs of motor tension with one or more signs often occurring simultaneously. There are still rare times when no signs of tension are present.
- Severe.** Same as 'Moderately severe', but signs of tension are continuous.
- Extremely severe.** Multiple motor manifestations of tension are continuously present, e.g., continuous pacing and hand wringing.

20. Uncooperativeness

Resistance and lack of willingness to co-operate with the interview. The uncooperativeness might result from suspiciousness. Rate only uncooperativeness in relation to the interview, not behaviours involving peers and relatives.

- Not assessed.**
- Not present.**
- Very mild.** Shows non-verbal signs of reluctance, but does not complain or argue.
- Mild.** Gripes or tries to avoid complying, but goes ahead without argument.
- Moderate.** Verbally resists but eventually complies after questions are rephrased or repeated.
- Moderately severe.** Same as 'Moderate', but some information necessary for accurate ratings is withheld.
- Severe.** Refuses to co-operate with interview, but remains in interview situation.
- Extremely severe.** Same as 'Severe', with active efforts to escape the interview

21. Excitement

Heightened emotional tone or increased emotional reactivity to interviewer or topics being discussed, as evidenced by increased intensity of facial expressions, voice tone, expressive gestures or increase in speech quantity and speed.

- Not assessed.**
- Not present.**
- Very mild.** Heightened emotional tone or increased emotional reactivity to interviewer or topics being discussed, as evidenced by increased intensity of facial expressions, voice tone, expressive gestures or increase in speech quantity and speed.
- Mild.** Subtle and fleeting or questionable increase in emotional intensity. For example, at times seems keyed-up or overly alert.
- Moderate.** Definite but occasional increase in emotional intensity. For example, reacts to interviewer or topics that are discussed with noticeable emotional intensity. Some pressured speech.
- Moderately severe.** Definite and persistent increase in emotional intensity. For example, reacts to many stimuli, whether relevant or not, with considerable emotional intensity. Frequent pressured speech.
- Severe.** Marked increase in emotional intensity. For example, reacts to most stimuli with inappropriate emotional intensity. Has difficulty settling down or staying on task. Often restless, impulsive, or speech is often pressured.
- Extremely severe.** Marked and persistent increase in emotional intensity. Reacts to all stimuli with inappropriate intensity, impulsiveness. Cannot settle down or stay on task. Very restless and impulsive most of the time. Constant pressured speech.

22. Distractibility

Degree to which observed sequences of speech and actions are interrupted by stimuli unrelated to the interview. Distractibility is rated when the individual shows a change in the focus of attention as characterised by a pause in speech or a marked shift in gaze. Individual's attention may be drawn to noise in adjoining room, books on a shelf, interviewer's clothing, etc. Do not rate circumstantiality, tangentiality or flight of ideas. Also, do not rate rumination with delusional material. Rate even if the distracting stimulus cannot be identified.

- Not assessed.**
- Not present.**
- Very mild.** Generally can focus on interviewer's questions with only 1 distraction or inappropriate shift of attention of brief duration.
- Mild.** Individual shifts focus of attention to matters unrelated to the interview 2-3 times.
- Moderate.** Often responsive to irrelevant stimuli in the room, e.g., averts gaze from the interviewer.
- Moderately severe.** Same as above, but now distractibility clearly interferes with the flow of the interview.
- Severe.** Extremely difficult to conduct interview or pursue a topic due to preoccupation with irrelevant stimuli.
- Extremely severe.** Impossible to conduct interview due to preoccupation with irrelevant stimuli.

23. Motor Hyperactivity

Increase in energy level evidenced in more frequent movement and/or rapid speech. Do not rate if restlessness is due to akathisia.

- Not assessed.**
- Not present.**
- Very mild.** Some restlessness, difficulty sitting still, lively facial expressions, or somewhat talkative.
- Mild.** Occasionally very restless, definite increase in motor activity, lively gestures, 1-3 brief instances of pressured speech.
- Moderate.** Very restless, fidgety, excessive facial expressions, or non-productive and repetitious motor movements. Much pressured speech, up to one-third of the interview.
- Moderately severe.** Frequently restless, fidgety. Many instances of excessive non-productive and repetitious motor movements. On the move most of the time. Frequent pressured speech, difficult to interrupt. Rises on 1-2 occasions to pace.
- Severe.** Extremely difficult to conduct interview or pursue a topic due to preoccupation with irrelevant stimuli.
- Extremely severe.** Constant excessive motor activity throughout entire interview, e.g., constant pacing, constant pressured speech with no pauses, individual can only be interrupted briefly and only small amounts of relevant information can be obtained.

24. Mannerisms and Posturing

Unusual and bizarre behaviour, stylised movements or acts, or any postures which are clearly uncomfortable or inappropriate. Exclude obvious manifestations of medication side effects. Do not include nervous mannerisms that are not odd or unusual.

- Not assessed.**
- Not present.**
- Very mild.** Eccentric or odd mannerisms or activity that ordinary persons would have difficulty explaining, e.g., grimacing, picking. Observed once for a brief period.
- Mild.** Same as 'Very mild', but occurring on two occasions of brief duration.
- Moderate.** Mannerisms or posturing, e.g., stylised movements or acts, rocking, nodding, rubbing, or grimacing, observed on several occasions for brief periods or infrequently but very odd. For example, uncomfortable posture maintained for 5 seconds more than twice.
- Moderately severe.** Same as 'Moderate', but occurring often, or several examples of very odd mannerisms or posturing that are idiosyncratic to the individual.
- Severe.** Frequent stereotyped behaviour, assumes and maintains uncomfortable or inappropriate postures, intense rocking, smearing, strange rituals or foetal posturing. Individual can interact with people and the environment for brief periods despite these behaviours.
- Extremely severe.** Same as 'Severe', but individual cannot interact with people or the environment due to these behaviours.

Select a date to score

Date

Rater (Your initials)

1) SOMATIC CONCERN	___	___	___	___	___	___	___	___
2) ANXIETY	___	___	___	___	___	___	___	___
3) DEPRESSION	___	___	___	___	___	___	___	___
4) SUICIDALITY	___	___	___	___	___	___	___	___
5) GUILT	___	___	___	___	___	___	___	___
6) HOSTILITY	___	___	___	___	___	___	___	___
7) ELATED MOOD	___	___	___	___	___	___	___	___
8) GRANDIOSITY	___	___	___	___	___	___	___	___
9) SUSPICIOUSNESS	___	___	___	___	___	___	___	___
10) HALLUCINATIONS	___	___	___	___	___	___	___	___
11) UNUSUAL THOUGHT CONTENT	___	___	___	___	___	___	___	___
12) BIZARRE BEHAVIOUR	___	___	___	___	___	___	___	___
13) SELF-NEGLECT	___	___	___	___	___	___	___	___
14) DISORIENTATION	___	___	___	___	___	___	___	___
15) CONCEPTUAL DISORGANIZATION	___	___	___	___	___	___	___	___
16) BLUNTED AFFECT	___	___	___	___	___	___	___	___
17) EMOTIONAL WITHDRAWAL	___	___	___	___	___	___	___	___
18) MOTOR RETARDATION	___	___	___	___	___	___	___	___
19) TENSION	___	___	___	___	___	___	___	___
20) UNCOOPERATIVENESS	___	___	___	___	___	___	___	___
21) EXCITEMENT	___	___	___	___	___	___	___	___
22) DISTRACTIBILITY	___	___	___	___	___	___	___	___
23) MOTOR HYPERACTIVITY	___	___	___	___	___	___	___	___
24) MANNERISMS AND POSTURING	___	___	___	___	___	___	___	___

Brief Psychiatric Rating Scale Score

Remember to save the document as: Surname, Initials and NHI!

Quality-of-service related information

The BPRS is referenced in **Kaplan & Sadock's Comprehensive Textbook of Psychiatry, 8th edition, 2005** by Benjamin J. Sadock, Virginia A. Sadock and Harold I. Kaplan (ed), and published by Lippincott Williams & Wilkins, 2005 as useful in both the clinical and research context.

As is true for all psychometric instruments, the BPRS is a diagnostic tool that seeks to aid the process of clinical investigation and formulation. It is subject to the limitations that characterize all psychometric instruments.

There are literally hundreds of peer reviewed journal articles that reference the BPRS, such as those below:

Overall, John E. and Gorham, Donald R. (1962) The Brief Psychiatric Rating Scale. Psychological Reports: Volume 10, 799-812.

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Questionnaire data, whilst of great value in the diagnostic process can never render a conclusive diagnosis. Many diseases are associated with symptoms as recorded in questionnaires of this sort, and where significant scores are registered on any of them, more specific and specialized assessment and investigation is indicated.

ALL questionnaire data must be evaluated for clinical significance by a clinician qualified to do so.