

# Brief Psychiatric Rating Scale Training

# Brief Psychiatric Rating Scale: Introduction

- The Brief Psychiatric Rating Scale (BPRS) has been in use since 1962 for rating patient behaviors and symptoms
- Developed by Overall and Gorham, it is probably the most widely used rating scale in Psychiatry
- The BPRS is comprised of 24 items that can be rated from not present (1) to extremely severe (7)

# BPRS: Items Rated (24 item version)

- |     |                         |     |                            |
|-----|-------------------------|-----|----------------------------|
| 1.  | Somatic Concern         | 13. | Self-Neglect               |
| 2.  | Anxiety                 | 14. | Disorientation             |
| 3.  | Depression              | 15. | Conceptual Disorganization |
| 4.  | Suicidality             | 16. | Blunted Affect             |
| 5.  | Guilt                   | 17. | Emotional Withdrawal       |
| 6.  | Hostility               | 18. | Motor Retardation          |
| 7.  | Elevated Mood           | 19. | Tension                    |
| 8.  | Grandiosity             | 20. | Uncooperativeness          |
| 9.  | Suspiciousness          | 21. | Excitement                 |
| 10. | Hallucinations          | 22. | Distractibility            |
| 11. | Unusual Thought Content | 23. | Motor Hyperactivity        |
| 12. | Bizarre Behavior        | 24. | Mannerisms and Posturing   |

# BPRS: Scoring

- A total pathology score can be obtained by adding the scores from each item and sub-scores can be derived by adding scores on specific items together

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## **1) Thinking Disturbance:**

- Conceptual Disorganization
- Hallucinatory Behavior
- Unusual Thought Content

## **3) Hostile/Suspiciousness:**

- Hostility
- Suspiciousness
- Uncooperativeness

## **2) Withdrawal/Retardation:**

- Emotional Withdrawal
- Motor Retardation
- Blunted Affect

## **4) Anxious/Depression:**

- Anxiety
- Guilt Feelings
- Depressive Mood

# BPRS: General Guidelines

- Evaluate patients on the basis of symptoms they've had in a specified time frame
- Rate according to the following criteria:
  - Is the symptom present
  - How frequently does it occur
  - What is the degree of impairment

# BPRS: General Guidelines (cont'd)

- Do not compare the client to other clients with the same diagnosis
- Rate the client only on the basis of your observations, the client's self-report, and, for some items, information obtained from collateral sources
- If unsure on particular rating, always rate 'up'

# BPRS: Definitions and Anchors

- Definitions
  - Are operational
  - Are precise enough to be rated accurately and consistently
  - Promote high inter-rater reliability
- Anchors
  - Provide basis for assigning severity
  - Enhance inter-rater reliability

# BPRS: Somatic Concern

## Degree of concern over present bodily health

- 1: Not present - denies physical symptoms
- 2: Very mild - occasional physical complaints that tend to be kept to self
- 3: Mild - occasional concerns that the client tends to express to others, e.g. family members or physician
- 4: Moderate - some preoccupation with somatic concerns with no impairment in functioning
- 5: Moderately severe - some preoccupation with somatic concerns with moderate impairment in functioning not delusional
- 6: Severe - preoccupation with somatic concerns with much impairment in functioning or somatic delusions that the client does not act on
- 7: Very severe - preoccupation with somatic concerns with severe impairment in functioning or somatic delusions that tend to be acted on

# Suggested Questions: Somatic Concern

- “Have you been concerned about your physical health?”
- “What does the doctor say is wrong?”
- “Have your concerns interfered with your ability to perform your usual activities or work?”

# BPRS: Anxiety

Worry, fear, or over concern for present or future

- 1: Not present - denies any symptoms
- 2: Very mild - reports some discomfort due to worry
- 3: Mild - worried frequently but can readily pay attention to other things
- 4: Moderate - worried most of the time and cannot pay attention to other things with no impairment in functioning
- 5: Moderately severe - frequent (not daily) periods of anxiety or some areas of functioning disrupted by worry
- 6: Severe - anxiety daily or persisting throughout the day or many areas of functioning disrupted by anxiety or worry
- 7: Very severe - anxiety persisting throughout the day or most areas of functioning are disrupted by anxiety or constant worry

# Suggested Questions: Anxiety

- Have you been worried a lot during the past week?
- Have you been nervous or apprehensive?
- How much of the time have you been worried or anxious during the past week?
- Has it interfered with your ability to perform your usual work or activities?

## Note: Anxiety

- Rate only on the basis of the client's self-report of worry or fear.
- Do not rate according to your observations of any physical signs of nervousness, they are rated under "Tension."

# BPRS: Depressive Mood

Despondency in mood, sadness

- 1: Not present
- 2: Very mild - occasionally feels sad, unhappy or depressed
- 3: Mild - frequently feels sad or unhappy, readily turn attention to other things
- 4: Moderate - frequent periods of feeling very sad, unhappy or moderately depressed; is able to function with extra effort
- 5: Moderately severe - frequent, but not daily, periods of daily depression; some areas of functioning are disrupted by depression
- 6: Severe - deeply depressed daily; many areas of functioning are disrupted by depression
- 7: Extremely severe - deeply depressed daily; most areas of functioning are disrupted by depression

# Suggested Questions: Depressive Mood

- “How has your mood been lately?”
- “Have you felt depressed?”
- “How long do these feelings last?”
- “Have these feelings interfered with your ability to perform your usual activities or work?”

# Note: Depressive Mood

- Rate on the basis of expression of depression, hopelessness, loss of self-esteem, pessimism, helplessness, preoccupation with depressing topics.
- Do not rate on the basis of motor retardation, guilt, or somatic complaints.

# BPRS: Suicidality

Expressed desire, intent or actions to harm or kill self

1. Not Present
2. Very mild – occasional feelings of being tired of living, no avert suicidal thoughts
3. Mild – occasional suicidal thoughts without intent or specific plan, feels would be better off dead
4. Moderate – suicidal thoughts frequent but without intent or plan
5. Moderately severe – fantasies of suicide by various methods, considers attempting with specific time or plan
6. Severe – clearly wants to kill self, needs an appropriate means and time, serious suicide attempt knowing rescue possible
7. Extremely severe – specific suicidal plan and intent, suicide attempt patient thought was lethal or in secluded environment

# Suggested Questions: Suicidality

## Initial

- 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?

## Follow-up

- How often have you thought about \_\_\_\_\_?
- Did you (do you) have a specific plan?

# BPRS: Guilt Feelings

Over concern or remorse for past behavior

- 1: Denies guilt feelings
- 2: Very mild - concerned about having failed someone or at something but is not preoccupied. Can shift thoughts to other matters easily
- 3: Mild - concerned about having failed someone or at something with some preoccupation, tends to voice guilt to others
- 4: 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
- 5: Moderately severe - preoccupation with guilt, having failed someone are at something, can turn attention to other things but only with great effort, not delusional
- 6: Severe - delusional guilt or unreasonable self-reproach, very out of proportion to circumstances
- 7: Extremely severe - delusional guilt or unreasonable self-reproach grossly out of proportion to circumstances

# Suggested Questions: Guilt Feelings

- “Is there anything you have said or done that made you feel guilty?”
- “Have you been thinking about past problems?”
- “How bad does it make you feel?”
- “How much time do you spend thinking about it?”
- “Have you talked to others about your guilt feelings?”

# Note: Guilt Feelings

- Rate only the patient's statements
- Don't infer guilt feelings from depression, anxiety, or defenses
- Refers to specific past behaviors which the patient now believes were wrong
- Memories are a source of conscious concern

# BPRS: Hostility

Animosity, contempt, belligerence, disdain for other people outside the interview situation

- 1: Not present
- 2: Very mild - irritable but not overtly expressed
- 3: Mild - argumentative or sarcastic
- 4: Moderate - overtly angry on several occasions or yelled at others excessively
- 5: Moderately severe - has threatened, slammed things around or thrown things
- 6: Severe - has assaulted others but no harm likely - e.g., slapped or pushed others, or destroyed property, e.g., knocked over furniture or broken windows
- 7: Extremely severe - has attacked others with definite possibility of harming them or actual harm, e.g., assault with a hammer or weapon

# Suggested Questions: Hostility

- “How have you been getting along with others?”
- “Have you been so irritable that you start fights or shout at people?”
- “Have you hit anyone?”
- “Have you destroyed any property/?“

## Note: Hostility

- Rate only the patient's self-report of feelings and actions towards others.
- Rate hostility towards the interviewer in the interview on the "Uncooperativeness" scale.
- Do not include incidents of appropriate anger or obvious self-defense.

# BPRS: Elevated Mood

Pervasive feeling of well being out of proportion to circumstances

1. Not present
2. Very mild – seems to be very happy, cheerful without reason
3. Mild – some unaccountable feelings of well-being that persist
4. Moderate – reports some excessive or unrealistic feelings of well being inappropriate to circumstances
5. Moderately severe – reports frequent excessive or unrealistic feelings of well-being inappropriate to circumstances
6. Severe – reports many instances of marked elevated mood with euphoria, mood definitely elevated almost constantly
7. Extremely severe – patient reports being elated or appears almost intoxicated, inappropriate to immediate circumstances

# Suggested Questions: Elevated Mood

## **Initial**

- Have you felt so good or high that other people thought that you were not your normal self?
- Have you been feeling cheerful and 'on top of the world' without any reason?

## **Follow-up**

- Did it seem like more than just feeling good?
- How long did it last?

# Note: Elevated Mood

- Do not infer elation from increased activity or from grandiose statements alone.

# BPRS: Grandiosity

Exaggerated self-opinion, conviction of unusual ability or powers

- 1: Not present
- 2: Very mild - feels great but is realistic
- 3: Mild - exaggerated self-opinion beyond abilities and training
- 4: Moderate - inappropriate boastfulness, claims to be brilliant, insightful or gifted beyond realistic proportions, but rarely discloses or acts on these inflated self-concepts
- 5: Moderately severe - same as 4 but discloses and acts on these grandiose ideas, not delusional
- 6: Severe - delusional, claims to have special powers like ESP, have millions of dollars, be Jesus Christ or the President, patient may not be very preoccupied
- 7: Extremely severe - delusional, same as 6, but patient seems very preoccupied and discloses or acts on delusions

# Suggested Questions: Grandiosity

- “Do you have any special powers?”
- “Have you thought you might be somebody rich or famous?”
  - If yes:
    - “How often have you thought about this?”
    - “Have you told anyone about what you’ve been thinking?”
    - “Have you acted on any of these ideas?”

# Note: Grandiosity

- Rate only the patient's statement about him/herself.
- Don't infer grandiosity from the patient's demeanor.

# BPRS: Suspiciousness

Belief (delusional or otherwise) that others have now or have had in the past, malicious or discriminatory intent toward the patient

- 1: Not present
- 2: Very mild - seems on guard; reluctant to respond to 'personal' questions, reports feeling overly self-conscious in public
- 3: Mild - describes incidents in which others have harmed or wanted to harm him/her that sounds plausible. Feels others occasionally watch, laugh at, or criticizes him/her in public
- 4: Moderate - says others are talking about him/her maliciously, have negative intentions or may harm him/her. Beyond the likelihood of plausibility, but not delusional
- 5: Moderately severe - same as 4, but incidents occur frequently (such as more than once per week)
- 6: Severe - delusional, patient speaks of Mafia plot, the CIA or FBI, others poisoning his/her food, persecution by supernatural
- 7: Extremely severe - same as 6, but beliefs are more bizarre and more preoccupying, patient tends to disclose or act on persecutory delusions

# Suggested Questions: Suspiciousness

- “Do you ever feel uncomfortable in public?”
- “Is anyone going out of their way to give you a hard time or trying to hurt you?”
- “Do you feel like you’re in any danger?”

If patient reports any persecutory ideas or delusions, ask:

- “How long have you been concerned about this?”
- “Have you told anyone about these experiences?”

# Note: Suspiciousness

- Rate the degree to which the patient:
  - Projects blame
  - Accuses other people or forces of malicious intent or discrimination.
- Include persecution by supernatural or other non human entities, i.e., God or the devil.
- Ratings of three or above should also be rated under “Unusual Thought Content.”

# BPRS: Hallucinatory Behavior

Perceptions without normal external stimulus  
correspondence

- 1: Not present
- 2: Very mild - when resting or going to sleep, sees visions, hears voices or whispers in the absence of external stimulation, no impairment in functioning
- 3: Mild - when in a clear state of consciousness, hears a voice calling his/her name, sees formless visual hallucinations about 1-2 times per week
- 4: Moderate - occasional verbal, visual, gustatory, olfactory or tactile hallucinations with no functional impairment
- 5: Moderately severe - experiences daily hallucinations; some areas of functioning are disrupted
- 6: Severe - experiences verbal or visual hallucinations several times per day; many areas of functioning are disrupted
- 7: Extremely severe - persistent verbal or visual hallucinations throughout the day

# Suggested Questions: Hallucinatory Behavior

- “Have you heard people talking to you, or about you, when there’s nobody around?”

If yes:

- “What do the voices (or voices) say?”
- Do you ever see things others don’t see?”
- Have these experiences interfered with your ability to perform usual activities or work?”
- How often do they occur?”

# Note: Hallucinatory Behavior

- Include preoccupation with the content and experience of hallucinations
- Include acting out, e.g. engaging in behavior due to command hallucinations

# BPRS: Unusual Thought Content

Unusual, odd, bizarre thought content

- 1: Not present
- 2: Very mild - has ideas of reference or persecution, unusual beliefs in psychic powers, spirits, not strongly held beliefs
- 3: Mild - same as 2, but the degree of reality distortion is more severe (i.e. has highly usual ideas or greater conviction)
- 4: Moderate - delusion present, with no preoccupation or functional impairment, may be an encapsulated delusion
- 5: Moderately severe - full delusion(s) present, with some preoccupation
- 6: Severe - full delusion(s) present, with much preoccupation
- 7: Extremely severe - full delusion(s) present with almost total preoccupation

# Suggested Questions: Unusual Thought Content

- “Have you been receiving special messages?”
- “Have you seen any reference to yourself on radio or TV or in the newspaper?”
- “Can anyone read your mind?”
- “Do things like electricity, x-rays, or radio waves affect you?”
- “Are there in any thoughts out into your head that are not your own?”
- “Have you ever felt like you were under the control of another person or force?”

If yes:

- “How often do you think about these experiences?”
- “Have you ever told anyone about these experiences?”

# Note: Unusual Thought Content

- Consider the degree of the patient's conviction.
- Consider the effect of unusual thought content on the patient's action.
- Rate only the unusualness –not the degree of organization or disorganization in which the patient talks about his thought content

# BPRS: Bizarre Behavior

Odd, unusual, or psychotically criminal behaviors

1. Not present
2. Very mild – slightly odd or eccentric public behavior
3. Mild – noticeably peculiar public behavior
4. Moderate – clearly bizarre behavior that attracts, or would attract the attention or concern of others, without corrective intervention
5. Moderately severe – clearly bizarre behavior that attracts or would attract the attention of others or the authorities
6. Severe – bizarre behavior that attracts attention of others and intervention by authorities
7. Extremely severe – serious crimes committed in a bizarre way that attracts the attention of others and the control of authorities

# Suggested Questions: Bizarre Behavior

- 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?

# Note: Bizarre Behavior

- Include inappropriate sexual behavior and inappropriate affect.

# BPRS: Self-Neglect

Hygiene, appearance, or eating behavior below socially acceptable standards

1. Not present
2. Very mild – hygiene/ appearance slightly below usual community standards
3. Mild – hygiene/ appearance occasionally below usual community standards
4. Moderate – hygiene/ appearance is noticeably below usual community standards
5. Moderately severe – several areas of hygiene/ appearance below community standards drawing criticism and requiring prompting
6. Severe – many areas of hygiene/ appearance are below usual community standards
7. Extremely severe – most areas of hygiene/ appearance/ nutrition are extremely poor and easily noticed as below usual community standards, or requires medical intervention

# Suggested Questions: Self Neglect

- How has your grooming been lately?
- How often do you change your clothes?
- How often do you take showers?
- Has anyone (parents/staff) complained about your grooming or dress?
- Do you eat regular meals?

# BPRS: Disorientation

Confusion or lack of proper association for person, place, or time

- 1: Not present
- 2: Very mild - seems mildly confused 1-2 times during interview, oriented to person, place and time
- 3: Mild - mildly confused 3-4 times during the interview, minor inaccuracies in person, place and time
- 4: Moderate - frequently confused during interview, may have difficulty remembering general information, like who the President is
- 5: Moderately severe - markedly confused during interview, or to person, place and time, has difficulty remembering personal information
- 6: Severe - disoriented to person, place or time, e.g., cannot give correct month and year
- 7: Extremely severe - grossly disoriented to person, place or time, e.g., cannot give name or age

# Suggested Questions: Disorientation

- “How old are you?”
- “What is the date (allow  $\pm 2$  days)”
- “What is this place called?”
- “What year were you born?”
- “Who is the president?”

## Note: Disorientation

- Do not rate if incorrect responses are due to delusions.

# BPRS: Conceptual Disorganization

Degree to which thought processes are confused, disconnected, or disorganized

- 1: Not present
- 2: Very mild - peculiar use of words, or rambling, but thought processes are comprehensible
- 3: Mild - thought processes are a bit hard to understand or make sense of due to tangentially, circumstantially, or sudden topic shifts.
- 4: Moderate - thought processes are difficult to understand due to tangentially, circumstantially or topic shifts on many occasions
5. Moderately severe - thought processes are difficult to understand most of the time
6. Severe - thought processes are incomprehensible due to severe impairments most of the time
7. Extremely severe - thought processes are incomprehensible throughout the interview

# Note: Conceptual Disorganization

- Look for loose associations, incoherence, flight of ideas, neologisms, confusion, irrelevance, unusual chain of association, tangentially, inconsistency, disjointedness, blocking, and confabulation.

# BPRS: Blunted Affect

Reduced emotional tone, apparent lack of normal feeling or involvement

- 1: Not present
- 2: Very mild - emotional range is slightly subdued or reserved
- 3: Mild - emotional range is overall diminished, subdued or reserved. Few spontaneous and appropriate emotional responses.
- 4: Moderate - emotional range is noticeably diminished. Patient doesn't show emotion, smile or react to distressing topics except infrequently, voice tone is monotonous
- 5: Moderately severe - emotional range very diminished, minimal expressions of emotion, voice tone monotonous much of the time
- 6: Severe - very little emotional range or expression, unchanging facial expression, voice tone is monotonous most of the time
- 7: Extremely severe - virtually no emotional range or expression, stiff movements, voice monotonous all of the time

# BPRS: Emotional Withdrawal

## Deficiency in relating to the interviewer and to the interview situation

- 1: Not present - client is completely engaged with the interviewer throughout the interview
- 2: Very mild - occasional failure to make reciprocal comment; occasionally appears preoccupied; spontaneously engages with interviewer most of the time
- 3: Mild - noticeable failure to make reciprocal comment; appears preoccupied; responds to interviewer when approached
- 4: Moderate - client does not elaborate on responses; fails to make eye contact; doesn't seem to care if interviewer is listening; may be preoccupied with psychotic thoughts; emotional contact not present for much of the interview
- 5: Moderately severe - same as 4, but emotional contact not present for most of the interview
- 6: Severe - actively avoids emotional contact; frequently unresponsive or responds with yes/no answers
- 7: Very severe - consistently avoids emotional contact; unresponsiveness or answers with yes/no answers; may leave during interview

# Note: Emotional Withdrawal

- Can be described as the clinician's impression that an "invisible wall" exists between the client and the clinician.
- Do not rate on the basis of general motor retardation.
- Include withdrawal apparently due to psychotic processes.

# BPRS: Motor Retardation

Reduction in energy level evidenced in slowed movements

- 1: Not present
- 2: Very mild - slightly slowly or reduced movements or speech compared to most people
- 3: Mild - noticeably slowed or reduced movements or speech
- 4: Moderate - large reduction or slowness in movements or speech
- 5: Moderately severe - seldom moves or speaks spontaneously
- 6: Severe - does not move or speak unless urged to do so
- 7: Extremely severe - catatonic

# Note: Motor Retardation

- Speech and motor behavior are most often affected by reduced energy level.
- Speech becomes: slowed, weakened in volume, and reduced in amount.
- Motor behavior becomes: slowed, weakened, and less frequent.

# BPRS: Tension

Physical and motor manifestations of tension, "nervousness," and heightened activation level

- 1: Not present
- 2: Very mild - more fidgety than most but within normal range, has a few transient signs of tension, for example finger tapping, picking at fingernails, foot wagging
- 3: Mild - same as 2, but more frequent or exaggerated
- 4: Moderate - many and frequent signs of motor tension. There may be times during the interview when no signs are present.
- 5: Moderately severe - many and frequent signs of motor tension, with one or more signs occurring simultaneously. There may be a rare time when no signs of tension are present.
- 6: Severe - same as 5, but signs of tension are continuous
- 7: Extremely severe - multiple motor signs of tension are continuously present, i.e., continuous pacing or handwringing

# Note: Tension

- Rate according to your observations of the number and nature of signs of tension. These include nervousness, fidgeting, tremors, twitching, sweating, frequent changes in posture, hypertonicity of movements, and heightened muscle tone.
- Don't rate according to patient's self-reported experiences of tension—these are rated under “Anxiety.”

# BPRS: Uncooperativeness

Evidence of resistance, unfriendliness, resentment, and lack of readiness to cooperate with the interviewer

- 1: Not present
- 2: Very mild - shows non-verbal signs of reluctance but does not complain or argue
- 3: Mild - gripes about the interview, but goes ahead with it without arguing
- 4: Moderate - verbally resists but eventually complies after questions are rephrased or repeated
- 5: Moderately severe - same as 4, but withholds some information that is necessary for making accurate ratings
- 6: Severe - refuses to cooperate, but remains in the interview situation
- 7: Extremely severe - actively tries to leave the interview situation

# Note: Uncooperativeness

- Rate only the degree of resistance to the interviewer and interview situation.
- Rate hostile responses to others under “hostility.”

# BPRS: Excitement

Heightened emotional tone, agitation, increased reactivity

- 1: Not present
- 2: Very mild - subtle increase in emotional intensity - may at times seem overly alert or keyed up
- 3: Mild - subtle but persistent increase in emotional tone, i.e. lively use of gestures or variation in voice tone
- 4: Moderate - definite or occasional increase in emotional intensity, reacts to interviewer with noticeable emotional intensity, some pressured speech
- 5: Moderately severe - definite and persistent increase in emotional intensity, reacts to many stimuli, whether relevant or not, with considerable emotional intensity, frequent pressured speech
- 6: Severe - marked increase in emotional intensity, has difficulty settling down or staying on task,, restless, impulsive, or speech is often pressured
- 7: Extremely severe - reacts to all stimuli with inappropriate intensity or impulsiveness, cannot settle down or stay on task, very restless and impulsive most of the time, constant pressured speech

# Note: Excitement

Evidenced by increased intensity of:

- Facial expression
- Voice tone
- Expressive gestures
- Increased speech quantity and speed

# BPRS: Distractibility

Degree to which observed sequence of speech/actions are interrupted

1. Not present
2. Very mild – generally can focus on interviewer's questions with only 1 distraction
3. Mild – patient shifts focus of attention to matters unrelated to interview 2-3 times
4. Moderate – often responsive to irrelevant stimuli in the room
5. Moderately severe – same as Moderate, but now distractibility clearly interferes with the flow of the interview
6. Severe – extremely difficult to conduct interview or pursue a topic due to preoccupation with irrelevant stimuli
7. Extremely severe – impossible to conduct interview due to preoccupation with irrelevant stimuli

# Note: Distractibility

- Distractibility is rated when the patient shows a change in the focus of attention as characterized by a pause in speech or a marked shift in gaze.
- Patient'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.
- Do not rate rumination with delusional material.
- Rate even if the distracting stimulus cannot be identified.

# BPRS: Motor Hyperactivity

Increase in energy level, more frequent movement and/or rapid speech

1. Not present
2. Very mild – some restlessness, difficulty sitting still, lively facial expressions, or somewhat talkative
3. Mild – occasionally very restless, definite increase in motor activity, lively gestures
4. Moderate – very restless, up to one-third of the interview
5. Moderately severe – frequently restless, fidgety, rises on 1-2 occasions to pace
6. Severe – excessive motor activity, restlessness, fidgety, rises on 3-4 occasions to pace
7. Extremely severe – constant excessive motor activity, can only be interrupted briefly, little relevant information obtained

# Note: Motor Hyperactivity

- Do not rate if restlessness is due to akathisia.

# BPRS: Mannerisms and Posturing

Unusual and unnatural motor behavior, the type of motor behavior which causes patients to stand out in crowd

- 1: Not present
- 2: Very mild - eccentric or odd mannerisms or activity observed once for a brief period
- 3: Mild - same as 2, but occurring on two occasions of brief duration
- 4: Moderate - mannerisms or posturing (e.g., stylized movements or acts, rocking, nodding, or grimacing, observed on several occasions for brief periods
- 5: Moderately severe - same as 4, but occurring often, or several examples of very odd mannerisms or posturing that are idiosyncratic to the patient
6. Severe - frequent stereotyped behavior, assumes and maintains uncomfortable or inappropriate or fetal posturing. Patient can interact with others despite these behaviors.
- 7: Extremely severe - same as 6, but patient is unable to interact with others due to these behaviors

# Note: Mannerisms and Posturing

- This scale is designed to measure the type of motor behavior that causes people to “stand out” as unusual or unnatural. Exclude obvious manifestations of medication side effects.
- Rate only abnormality of movements.
- Do not rate on the basis of heightened motor activity.
- Include:
  - Stylized movements or acts
  - Any postures that are clearly uncomfortable or inappropriate.
- Exclude obvious manifestations of medication side effects.

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# BRIEF PSYCHIATRIC RATING SCALE (BPRS)

Patient Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Please enter the score for the term that best describes the patient's condition.

**0 = Not assessed, 1 = Not present, 2 = Very mild, 3 = Mild, 4 = Moderate, 5 = Moderately severe, 6 = Severe, 7 = Extremely severe**

Score

**1. SOMATIC CONCERN**

Preoccupation with physical health, fear of physical illness, hypochondriasis.

**2. ANXIETY**

Worry, fear, over-concern for present or future, uneasiness.

**3. EMOTIONAL WITHDRAWAL**

Lack of spontaneous interaction, isolation deficiency in relating to others.

**4. CONCEPTUAL DISORGANIZATION**

Thought processes confused, disconnected, disorganized, disrupted.

**5. GUILT FEELINGS**

Self-blame, shame, remorse for past behavior.

**6. TENSION**

Physical and motor manifestations of nervousness, over-activation.

**7. MANNERISMS AND POSTURING**

Peculiar, bizarre, unnatural motor behavior (not including tic).

**8. GRANDIOSITY**

Exaggerated self-opinion, arrogance, conviction of unusual power or abilities.

**9. DEPRESSIVE MOOD**

Sorrow, sadness, despondency, pessimism.

**10. HOSTILITY**

Animosity, contempt, belligerence, disdain for others.

**11. SUSPICIOUSNESS**

Mistrust, belief others harbor malicious or discriminatory intent.

**12. HALLUCINATORY BEHAVIOR**

Perceptions without normal external stimulus correspondence.

**13. MOTOR RETARDATION**

Slowed, weakened movements or speech, reduced body tone.

**14. UNCOOPERATIVENESS**

Resistance, guardedness, rejection of authority.

**15. UNUSUAL THOUGHT CONTENT**

Unusual, odd, strange, bizarre thought content.

**16. BLUNTED AFFECT**

Reduced emotional tone, reduction in formal intensity of feelings, flatness.

**17. EXCITEMENT**

Heightened emotional tone, agitation, increased reactivity.

**18. DISORIENTATION**

Confusion or lack of proper association for person, place or time.

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# BRIEF PSYCHIATRIC RATING SCALE (BPRS)

## Instructions for the Clinician:

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.

It should be administered by a clinician who is knowledgeable concerning psychotic disorders and able to interpret the constructs used in the assessment. Also considered is the individual's behavior over the previous 2-3 days and this can be reported by the patient's family.

The BPRS consists of 18 symptom constructs and takes 20-30 minutes for the interview and scoring. The rater should enter a number ranging from 1 (not present) to 7 (extremely severe). 0 is entered if the item is not assessed.

First published in 1962 as a 16-construct tool by Drs. John Overall and Donald Gorham, the developers added two additional items, resulting in the 18-item scale used widely today to assess the effectiveness of treatment.

## BPRS Scoring Instructions:

**Sum the scores from the 18 items. Record the total score and compare the total score from one evaluation to the next as the measure of response to treatment.**