

# Brief Psychiatric Rating Scale Bprs

## Instructions For The

NAME: \_\_\_\_\_  
PATIENT ID#: \_\_\_\_\_

DATE: \_\_\_\_\_  
MO: \_\_\_\_\_

### BRIEF PSYCHIATRIC RATING SCALE (BPRS)

Please enter the score for the term which 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

<b>1. SOMATIC CONCERN</b> Degree of concern over present bodily health. Rate the degree to which physical health is perceived as a problem by the patient, whether complaints have a realistic basis or not. SCORE <input type="text"/>	<b>10. HOSTILITY</b> Animosity, contempt, belligerence, disdain for other people outside the interview situation. Rate solely on the basis of the verbal report of feelings and actions of the patient toward others; do not infer hostility from neurotic defenses, anxiety, nor somatic complaints. (Rate attitude toward interviewer under "uncooperativeness"). SCORE <input type="text"/>
<b>2. ANXIETY</b> Worry, fear, or over-concern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences. Do not infer anxiety from physical signs or from neurotic defense mechanisms. SCORE <input type="text"/>	<b>11. SUSPICIOUSNESS</b> Brief (delusional or otherwise) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of verbal report, rate only those suspicions which are currently held whether they concern past or present circumstances. SCORE <input type="text"/>
<b>3. EMOTIONAL WITHDRAWAL</b> Deficiency in relating to the interviewer and to the interview situation. Rate only the degree to which the patient gives the impression of failing to be in emotional contact with other people in the interview situation. SCORE <input type="text"/>	<b>12. HALLUCINATORY BEHAVIOR</b> Perceptions without normal external stimulus correspondence. Rate only those experiences which are reported to have occurred within the last week and which are described as distinctly different from the thought and imagery processes of normal people. SCORE <input type="text"/>
<b>4. CONCEPTUAL DISORGANIZATION</b> Degree to which the thought processes are confused, disconnected, or disorganized. Rate on the basis of integration of the verbal products of the patient; do not rate on the basis of patient's subjective impression of his own level of functioning. SCORE <input type="text"/>	<b>13. MOTOR RETARDATION</b> Reduction in energy level evidenced in slowed movements. Rate on the basis of observed behavior of the patient only; do not rate on the basis of patient's subjective impression of own energy level. SCORE <input type="text"/>
<b>5. GUILT FEELINGS</b> Over-concern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report with appropriate affect; do not infer guilt feelings from depression, anxiety or neurotic defenses. SCORE <input type="text"/>	<b>14. UNCOOPERATIVENESS</b> Evidence of resistance, unfriendliness, resentment, and lack of readiness to cooperate with the interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation; do not rate on basis of reported resentment or uncooperativeness outside the interview situation. SCORE <input type="text"/>
<b>6. TENSION</b> Physical and motor manifestations of tension "nervousness", and heightened activation level. Tension should be rated solely on the basis of physical signs and motor behavior and not on the basis of subjective experiences of tension reported by the patient. SCORE <input type="text"/>	<b>15. UNUSUAL THOUGHT CONTENT</b> Unusual, odd, strange or bizarre thought content. Rate here the degree of unusualness, not the degree of disorganization of thought processes. SCORE <input type="text"/>
<b>7. MANNERISMS AND POSTURING</b> Unusual and unnatural motor behavior, the type of motor behavior which causes certain mental patients to stand out in a crowd of normal people. Rate only abnormality of movements; do not rate simple heightened motor activity here. SCORE <input type="text"/>	<b>16. BLUNTED AFFECT</b> Reduced emotional tone, apparent lack of normal feeling or involvement. SCORE <input type="text"/>
<b>8. GRANDIOSITY</b> Exaggerated self-opinion, conviction of unusual ability or powers. Rate only on the basis of patient's statements about himself or self-in-relation-to-others, not on the basis of his demeanor in the interview situation. SCORE <input type="text"/>	<b>17. EXCITEMENT</b> Heightened emotional tone, agitation, increased reactivity. SCORE <input type="text"/>
<b>9. DEPRESSIVE MOOD</b> Despondency in mood, sadness. Rate only degree of despondency; do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints. SCORE <input type="text"/>	<b>18. DISORIENTATION</b> Confusion or lack of proper association for person, place or time. SCORE <input type="text"/>

### Brief Psychiatric Rating Scale (BPRS) Instructions for the Use of the Scale

The Brief Psychiatric Rating Scale (BPRS) is a widely utilized tool in psychiatric research and clinical practice for assessing psychiatric symptoms. Developed in the 1960s, the BPRS aims to provide a comprehensive evaluation of the severity of symptoms in patients with psychotic disorders, mood disorders, and other psychiatric conditions. This article serves as a guide for the proper use and interpretation of the BPRS, detailing its structure, scoring, and application in various settings.

# Overview of the BPRS

The BPRS is designed to assess a range of psychiatric symptoms by evaluating 18 different items that reflect various aspects of mental health. Each item is rated on a 7-point Likert scale, allowing for nuanced assessments of symptom severity. The BPRS is particularly useful in monitoring changes over time, making it an essential instrument in both clinical and research contexts.

## Purpose of the BPRS

The primary objectives of the BPRS include:

1. **Assessing Symptom Severity:** The BPRS provides a structured method for evaluating the severity of symptoms in patients with psychiatric disorders.
2. **Tracking Treatment Progress:** The scale can be used to monitor changes in a patient's condition over time, aiding in the evaluation of treatment efficacy.
3. **Facilitating Communication:** The standardized format of the BPRS allows for consistent communication among healthcare providers regarding patient symptoms.

## Structure of the BPRS

The BPRS consists of 18 items, each reflecting a specific psychiatric symptom. These items cover a range of domains, including:

- **Positive Symptoms:** Hallucinations, delusions, conceptual disorganization
- **Negative Symptoms:** Blunted affect, emotional withdrawal, lack of spontaneity
- **Mood Symptoms:** Depression, anxiety, and hostility
- **Cognitive Symptoms:** Difficulty concentrating, unusual thought content

Each symptom is rated based on the clinician's observations and the patient's self-reporting over the past week.

## Rating Scale

The BPRS uses a 7-point scale for scoring, with the following ratings:

- 1: Not present
- 2: Very mild
- 3: Mild
- 4: Moderate

- 5: Moderately severe
- 6: Severe
- 7: Extremely severe

The clinician should consider the frequency, intensity, and duration of each symptom when assigning scores.

## **Administration of the BPRS**

The administration of the BPRS requires careful attention to detail to ensure accuracy and reliability. Here are the steps to follow:

### **Preparation**

1. Familiarize Yourself with the Scale: Before administering the BPRS, clinicians should thoroughly review the scale and its items to understand the nuances of each symptom.
2. Select an Appropriate Setting: Conduct the assessment in a quiet, private environment to facilitate open communication with the patient.
3. Gather Necessary Information: Collect relevant background information, including the patient's history and current treatment regimen.

### **Conducting the Assessment**

1. Engage the Patient: Begin the session by establishing rapport with the patient. Explain the purpose of the assessment and assure them of confidentiality.
2. Ask Open-Ended Questions: Encourage the patient to express their feelings and experiences related to each symptom. Use open-ended questions to facilitate discussion.
3. Rate Each Item: After discussing each item, assign a score based on the patient's responses and your observations. Use the rating scale to guide your scoring.

### **Scoring the BPRS**

After completing the assessment, the next step is to score the BPRS. Follow these guidelines:

## Calculating the Total Score

1. Sum the Scores: Add the individual scores for all 18 items to obtain a total score. The total score can range from 18 to 126, with higher scores indicating greater symptom severity.
2. Interpret the Score: Use the total score to evaluate the patient's condition:
  - 18-36: Minimal or no symptoms
  - 37-54: Mild to moderate symptoms
  - 55-72: Moderate to severe symptoms
  - 73-126: Severe symptoms

## Item Analysis

In addition to the total score, clinicians may want to analyze individual item scores to identify specific areas of concern. This can help tailor treatment plans to address the most pressing symptoms.

## Interpreting BPRS Results

The interpretation of BPRS results requires a comprehensive understanding of the patient's clinical context. Consider the following factors:

### Contextual Factors

1. Patient History: Take into account the patient's psychiatric history, including prior diagnoses and treatments.
2. Current Treatment: Consider the impact of current medications or therapies on the patient's symptoms.
3. Social and Environmental Factors: Assess external factors such as family dynamics, employment status, and social support, which may influence symptom expression.

## Limitations of the BPRS

While the BPRS is a valuable tool, it is essential to recognize its limitations, including:

- Subjectivity: Ratings are influenced by the clinician's judgment and the patient's self-report, which can introduce variability.
- Cultural Differences: Cultural factors may affect how symptoms are expressed and interpreted, potentially impacting scoring.

- Non-Specificity: The BPRS assesses a range of symptoms but does not provide a definitive diagnosis; it should be used in conjunction with other assessment tools.

## **Applications of the BPRS**

The BPRS has a variety of applications in clinical and research settings. Here are some common uses:

### **Clinical Settings**

- Treatment Monitoring: Clinicians can use the BPRS to regularly monitor patient symptoms and adjust treatment plans accordingly.
- Diagnostic Assessment: The BPRS can aid in the differential diagnosis of psychiatric conditions by highlighting specific symptom profiles.

### **Research Settings**

- Clinical Trials: The BPRS is often employed in clinical trials to assess the efficacy of new medications and interventions.
- Epidemiological Studies: Researchers may use the BPRS to gather data on the prevalence and severity of psychiatric symptoms in various populations.

## **Conclusion**

The Brief Psychiatric Rating Scale (BPRS) is an essential tool for assessing psychiatric symptoms, facilitating communication between healthcare providers, and tracking treatment progress. While it has its limitations, when used correctly, the BPRS can provide valuable insights into a patient's mental health status, guiding appropriate interventions and enhancing overall care. Understanding the proper administration, scoring, and interpretation of the BPRS is vital for clinicians working in psychiatric settings, ensuring they can effectively support their patients throughout the treatment process.

## **Frequently Asked Questions**

### **What is the Brief Psychiatric Rating Scale (BPRS)?**

The BPRS is a standardized tool used to assess psychiatric symptoms such as depression, anxiety, hallucinations, and unusual behavior in individuals with mental health disorders.



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