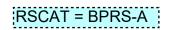
RS (Disease Response and Clin Classification)



BRIEF PSYCHIATRIC RATING SCALE-ANCHORED (BPRS-A)

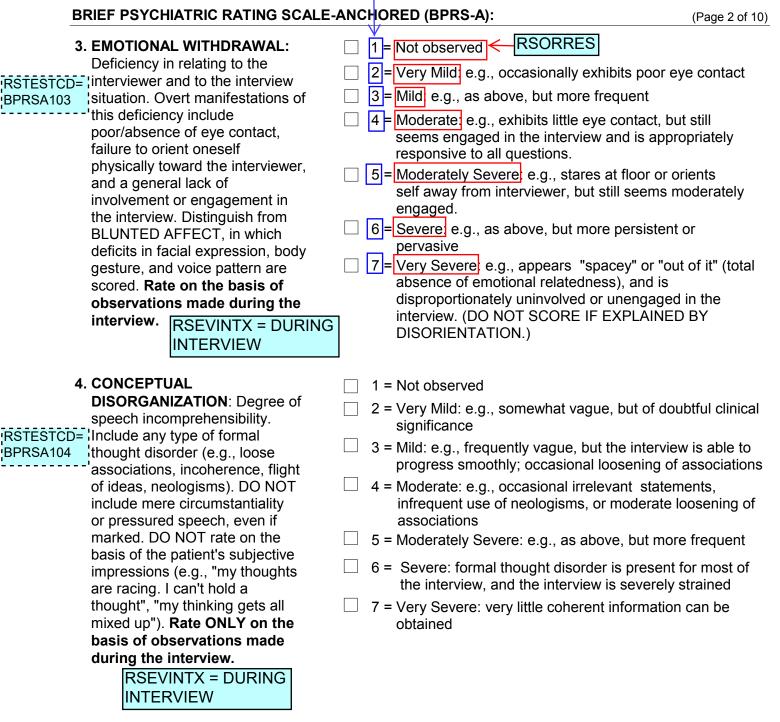
CDISC believes this instrument to be in the public domain, but you should perform your own assessment.

BRIEF PSYCHIATRIC RATING SCALE-ANCHORED (BPRS-A):

(Page 1 of 10)

Date of (dd-MMM-yyyy):	RSDTC				
INSTRUCTIONS: Indicate the appropriate scale point for each item by marking X in the appropriate numbered box. Do not leave any items blank. Introduce all questions with "During the past week have you"					
*1. SOMATIC CONCERN: Degree *1. SOMATIC SOULD SO	 Not reported RSORRES 2 Very Mild occasionally is somewhat concerned about body, symptoms, or physical illness 3 Mild occasionally is moderately concerned, or often is somewhat concerned 4 Moderate occasionally is very concerned, or often is moderately concerned 5 Moderately Severer often is very concerned 6 Severer is very concerned most of the time 7 Very Severer is very concerned nearly all of the time 9 Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness; or Not assessed 				
*2. ANXIETY: Worry, fear, or (RSTESTCD=) overconcern for present or future. Rate solely on the basis of verbal report of patient's own subjective experiences pertaining to the past week. Do not infer anxiety from physical signs or from neurotic defense mechanisms. Do not rate if restricted to somatic concern. RSEVLINT = -P1W	 1 = Not reported 2 = Very Mild: occasionally feels somewhat anxious 3 = Mild: occasionally feels moderately anxious, or often feels somewhat anxious 4 = Moderate: occasionally feels very anxious, or often feels moderately anxious 5 = Moderately Severe: often feels very anxious 6 = Severe: feels very anxious most of the time 7 = Very Severe: feels very anxious nearly all of the time 9 = Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness, or Not assessed 				

RSSTRESC/RSSTRESN



(Page 3 of 10)

*5. GUILT FEELINGS: Overconcern or remorse for past behavior. Rate on the basis of the patient's subjective experiences of guilt as evidenced by verbal report pertaining to the past week. Do not infer guilt feelings from depression, anxiety, or neurotic defenses. RSEVLINT = -P1W	 1 = Not reported 2 = Very Mild: occasionally feels somewhat guilty 3 = Mild: occasionally feels moderately guilty, or often feels somewhat guilty 4 = Moderate: occasionally feels very guilty, or often feels moderately guilty 5 = Moderately Severe: often feels very guilty 6 = Severe: feels very guilty most of the time, or encapsulated delusion of guilt 7 = Very Severe: agonizing constant feelings of guilt, or pervasive delusion(s) of guilt 9 = Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness; or Not assessed
6. TENSION: Rate motor restlessness (agitation) observed during the interview. DO NOT rate on the basis of subjective experiences reported by the patient. Disregard suspected pathogenesis (e.g., tardive dyskinesia). RSEVINTX = DURING INTERVIEW	 1 = Not observed 2 = Very Mild: e.g., occasionally fidgets 3 = Mild: e.g., frequently fidgets 4 = Moderate: e.g., constantly fidgets, or frequently fidgets, wrings hands and pulls clothing 5 = Moderately Severe: e.g., constantly fidgets, wrings hands and pulls clothing 6 = Severe: e.g., cannot remain seated (i.e., must pace) 7 = Very Severe: e.g., paces in a frantic manner

(Page 4 of 10)

7. MANNERISMS AND POSTURING: Unusual and unnatural motor behavior. Rate only abnormality of movements. Do not rate simple heightened motor activity here. Consider frequency, duration, and degree of bizarreness. Disregard suspected pathogenesis.	 1 = Not observed 2 = Very Mild: odd behavior but of doubtful clinical significance, e.g., occasional unprompted smiling, infrequent lip movements 3 = Mild: strange behavior but not obviously bizarre, e.g., infrequent head-tilting (side to side) in a rhythmic fashion, intermittent abnormal finger movements 4 = Moderate: e.g., assumes unnatural position for a brief period of time, infrequent tongue protrusions, rocking, facial grimacing 5 = Moderately Severe: e.g., assumes and maintains unnatural position throughout interview, unusual movements in several body areas 6 = Severe: as above, but more frequent, intense, or pervasive
	7 = Very Severe: e.g., bizarre posturing throughout most of the interview, continuous abnormal movements in several body areas
*8. GRANDIOSITY: Inflated self-esteem (self-confidence), or inflated appraisal of one's talents, powers, abilities, accomplishments, knowledge, importance, or identity. Do not score mere grandiose <i>quality</i> of claims (e.g., "I'm the worst sinner in the world," "The entire country is trying to kill me") unless the guilt/ persecution is related to some special exaggerated attributes of the individual. Also, <i>the patient</i> must claim exaggerated attributes: e.g., if patient denies talents, powers, etc., even if he or she states that <i>others</i> indicate that he/she has these attributes, this item should not be scored. Rate on the basis of reported (i.e., subjective) information	□ 1 = Not reported
	2 = Very Mild: e.g., is more confident than most people, but of only possible clinical significance
	3 = Mild: e.g., definitely inflated self-esteem or exaggerates talents somewhat out of proportion to the circumstances
	4 = Moderate: e.g., inflated self-esteem clearly out of proportion to the circumstances, or suspected grandiose delusion(s)
	5 = Moderately Severe: e.g., a single (definite) encapsulated grandiose delusion, or multiple (definite) fragmentary grandiose delusions
	6 = Severe: e.g., a single (definite) grandiose delusion/delusional system, or multiple (definite) grandiose delusions that the patient seems preoccupied with
	7 = Very Severe: e.g., as above, but nearly all conversation is directed toward the patient's gradiose delusion(s)
	9 = Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness; or Not assessed
pertaining to the past week.	*Note at end of table.

*9. DEPRESSIVE MOOD: Subjective report 1 = Not reported of feeling depressed, blue, "down in the RSTESTCD= dumps," etc. Rate only degree of reported 2 = Very Mild: occasionally feels somewhat depressed 3 = Mild: occasionally feels moderately depression. Do not rate on the basis of BPRSA109 inferences concerning depression based depressed, or often feels somewhat depressed upon general retardation and somatic 4 = Moderate: occasionally feels very depressed. complaints. Rate on the basis of reported or often feels moderately depressed (i.e., subjective) information pertaining 5 = Moderately Severe: often feels very depressed to the past week. 6 = Severe: feels very depressed most of the time RSEVLINT = -P1W 7 = Very Severe: feels very depressed nearly all of the time 9 = Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/ guardedness; or Not assessed * 10. HOSTILITY: Animosity, contempt, 1 = Not reported belligerence, disdain for other people RSTESTCD= 2 = Very Mild: occasionally feels somewhat angry outside the interview situation. Rate BPRSA110 3 = Mild: often feels somewhat angry, or solely on the basis of the verbal report occasionally feels moderately angry of feelings and actions of the patient toward others during the past week. 4 = Moderate: occasionally feels very angry, or often feels moderately angry Do not infer hostility from neurotic defenses, anxiety, or somatic complaints. 5 = Moderately Severe: often feels very angry RSEVLINT = -P1W 6 = Severe: has acted on his anger by becoming verbally or physically abusive on one or two occasions \Box 7 = Very Severe: has acted on his anger on several occasions 9 = Cannot be assessed adequately because of severe formal thought disorder.

uncooperativeness, or marked evasiveness/

guardedness; or Not assessed

(Page 5 of 10)

(Page 6 of 10)

*11. SUSPICIOUSNESS: Belief (delusional or otherwise) that others have now, or have RSTESTCD= had in the past, malicious or discriminatory BPRSA111 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. Rate on the basis of reported (i.e., subjective) information pertaining to the past week. RSEVLINT = -P1W

- 1 = Not reported
- 2 = Very Mild: rare instances of distrustfulness which may or may not be warranted by the situation
- 3 = Mild: occasional instances of suspiciousness that are definitely not warranted by the situation
- 4 = Moderate: more frequent suspiciousness, or transient ideas of reference
- 5 = Moderately Severe: pervasive suspiciousness, frequent ideas of reference, or an encapsulated delusion
- 6 = Severe: definite delusion(s) of reference or persecution that is (are) not wholly pervasive (e.g., an encapsulated delusion)
- 7 = Very Severe: as above, but more widespread, frequent, or intense
 - 9 = Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness; or Not assessed

RSTESTCD=

BPRSA112

(Page 7 of 10)

*12. HALLUCINATORY BEHAVIOR: 1 = Not reported Perceptions (in any sensory modality) in 2 = Very Mild: suspected hallucinations only the absence of an identifiable external 3 = Mild: definite hallucinations, but insignificant, stimulus. Rate only those experiences infrequent, or transient (e.g., occasional that have occurred during the last week. formless visual hallucinations, a voice calling DO NOT rate "voices in my head," or the patient's name) "visions in my mind" unless the patient can 4 = Moderate: as above, but more frequent or differentiate between these experiences and extensive (e.g., frequently sees the devil's his or her thoughts. face, two voices carry on lengthy RSEVLINT = -P1W conversations) 5 = Moderately Severe: hallucinations are experienced nearly every day, or are a source of extreme distress 6 = Severe: as above, and has had a moderate impact on the patient's behavior (e.g., concentration difficulties leading to impaired work functioning) 7 = Very Severe: as above, and has had a severe impact (e.g., attempts suicide in response

9 = Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness; or Not assessed

to command hallucinations)

(Page 8 of 10)

13. MOTOR RETARDATION: Reduction in energy level evidenced in slowed RSTESTCD= movements. Rate on the basis of observed behavior of the patient only. Do not rate on the basis of the patient's subjective impression of his or her own energy level.

BPRSA113

14. UNCOOPERATIVENESS: Evidence of resistance, unfriendliness, resentment, and RSTESTCD= lack of readiness to cooperate with the BPRSA114 interviewer. Rate only on the basis of the patient's attitude and responses to the interviewer and the interview situation. Do not rate on the basis of reported resentment or uncooperativeness outside the interview situation.

> RSEVINTX = DURINGINTERVIEW

- 1 = Not observed
- 2 = Very Mild and of doubtful clinical significance
- 3 = Mild: e.g., conversation is somewhat retarded, movements somewhat slowed
- 4 = Moderate: e.g., conversation is noticeably retarded but not strained
- 5 = Moderately Severe: e.g., conversation is strained, moves very slowly
- 6 = Severe: e.g., conversation is difficult to maintain, hardly moves at all
- 7 = Very Severe: e.g., conversation is almost impossible, does not move at all throughout the interview
- 1 = Not observed
- 2 = Very Mild: e.g., does not seem motivated
- 3 = Mild: e.g., seems evasive in certain areas
- 4 = Moderate: e.g., monosyllabic, fails to elaborate spontaneously, somewhat unfriendly
- 5 = Moderately Severe: e.g., expresses resentment and is unfriendly throughout the interview
- 6 = Severe: e.g., refuses to answer a number of questions
- 7 = Very Severe: e.g., refuses to answer most questions

(Page 9 of 10)

***15. UNUSUAL THOUGHT CONTENT:** Severity of delusions of any type - consider RSTESTCD= conviction and effect on actions. Assume 3PRSA115 full conviction if patient has acted on his or her beliefs. Rate on the basis of reported past week.

RSEVLINT = -P1W

- 1 = Not reported
- 2 = Very Mild: delusion(s) suspected or likely
- 3 = Mild: at times, patient questions his or her belief(s) (partial delusion)
- (i.e., subjective) information pertaining to 4 = Moderate: full delusional conviction, but delusion(s) has little or no influence on behavior
 - 5 = Moderately Severe: full delusional conviction, but delusion(s) has only occasional impact on behavior
 - 6 = Severe: delusion(s) has significant effect, e.g., neglects responsibilities because of preoccupation with belief that he/she is God
 - \Box 7 = Very Severe: delusion(s) has major impact, e.g., stops eating because believes food is poisoned
 - 9 = Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/ guardedness; or Not assessed
 - 1 = Not observed
 - 2 = Very Mild: e.g., occasionally seems indifferent to material that is usually accompanied by some show of emotion
 - 3 = Mild: e.g., somewhat diminished facial expression or somewhat monotonous voice or somewhat restricted gestures
 - 4 = Moderate: e.g., as above, but more intense, prolonged, or frequent
 - 5 = Moderately Severe: e.g., flattening of affect, including at least two of the three features: severe lack of facial expression, monotonous voice, or restricted body gestures
 - 6 = Severe: e.g., profound flattening of affect
 - 7 = Very Severe: e.g., totally monotonous voice, and total lack of expressive gestures throughout the evaluation

16. BLUNTED AFFECT: Diminished affective responsivity, as characterized by deficits in facial expression, body gesture, and voice RSTESTCD= pattern. Distinguish from EMOTIONAL WITHDRAWAL, in which the focus is on interpersonal impairment rather than affect. Consider degree and consistency of impairment. Rate based on observations made during interview.

RSEVINTX = DURING INTERVIEW

3PRSA116

(Page 10 of 10)

17. EXCITEMENT: Heightened emotional tone, including irritability and expansiveness (hypomanic affect). Do not infer affect from statements of grandiose delusions. Rate based on observations made during	1 = Not observed			
	2 = Very Mild and of doubtful clinical significance			
	3 = Mild: e.g., irritable or expansive at times			
interview.	4 = Moderate: e.g., frequently irritable or expansive			
RSEVINTX = DURING INTERVIEW	5 = Moderately Severe: e.g., constantly irritable or expansive; or, at times, enraged or euphoric			
	6 = Severe: e.g., enraged or euphoric throughout most of the interview			
	7 = Very Severe: e.g., as above, but to such a degree that the interview must be terminated prematurely			
RSSTRESC/RSSTRESN				
18. DISORIENTATION: Confusion or lack of	□ 1 = Not observed ← RSORRES			
RSTESTCD= BPRSA118 time. Rate based on observations made	Very Mild e.g., seems somewhat confused			
BPRSA118 during interview	☐ <mark>3</mark> = Mild e.g., indicated 1982 when, in fact, it is 1983			
RSEVINTX = DURING	4 Moderate e.g., indicates 1978			
INTERVIEW	5 = Moderately Severe e.g., is unsure where he/she is			
	6 Severe: e.g., has no idea where he/she is			
	7= Very Severe e.g., does not know who he/she is			
	9= Cannot be assessed adequately because of severe formal thought disorder,			
	uncooperativeness, or marked evasiveness/ guardedness; or Not assessed			

*Ratings based primarily upon verbal report.