## QS = QUESTIONNAIRES

QSCAT = BPRS-A

Date of (dd-MMM-yyyy):	BRIEF PSYCHIATRIC RATING SCAL	E-ANCHORED (BPRS-A):	(Page 1 of 10)
*1. SOMATIC CONCERN: 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. Do not rate mere reporting of somatic symptoms. Rate only concern for (or worrying about) physical problems (real or imagined). Rate on the basis of reported (i.e., subjective) information pertaining to the past week.    OSREASND when QSSTAT = NOT DONE    1			EVLINT = -P1W
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. Do not rate mere reporting of somatic symptoms. Rate only concern for (or worrying about) physical problems (real or imagined). Rate on the basis of reported (i.e., subjective) information pertaining to the past week.    QSREASND when QSSTAT = NOT DONE   *2. ANXIETY: Worry, fear, or 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.    T = Not reported   2 = Very Mild: occasionally is somewhat concerned about body, symptoms, or physical illness   A Mild: occasionally is worderately concerned, or often is somewhat concerned about body, symptoms, or physical illness   Mild: occasionally is very concerned, or often is worderately concerned occasionally feels wery concerned most of the time   9 = Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness; or Not assessed   9 = Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness; or Not assessed   9 = Cannot be assessed adequately because of severe formal thought disorder, uncooperativeness, or marked evasiveness/guardedness; or Not assessed   9 = Cannot be assessed adequately because of severe   1 = Not reported   1 = Not reported   1 = Not reported   2 = Very Mild: occasionally feels somewhat anxious   4 = Moderate: occasionally			
*2. ANXIETY: Worry, fear, or 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.  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 most of the time 7 = Very Severe: feels very anxious nearly all of the time	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. Do not rate mere reporting of somatic symptoms. Rate only concern for (or worrying about) physical problems (real or imagined). Rate on the basis of reported (i.e., subjective) information pertaining to the past week.	2 = Very Mild: occasionally is some about body, symptoms, or physics about body, symptoms, or physics somewhat concerned  3 = Mild: occasionally is moderately is somewhat concerned  4 = Moderate: occasionally is very is moderately concerned  5 = Moderately Severe: often is very often is very oncerned mose  6 = Severe: is very concerned mose  7 = Very Severe: is very concerned often is very often often is very often o	ewhat concerned sical illness y concerned, or often concerned, or often concerned to f the time ly because of severe perativeness, or
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.    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	QSREASND when QSSTAT = N		QSTESTCD = BPR010
9 = Cannot be assessed adequately because of severe / formal thought disorder, uncooperativeness, or	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	<ul> <li>1 = Not reported</li> <li>2 = Very Mild: occasionally feels so</li> <li>3 = Mild: occasionally feels moderate</li> <li>often feels somewhat anxious</li> <li>4 = Moderate: occasionally feels verticels moderately anxious</li> <li>5 = Moderately Severe: often feels</li> <li>6 = Severe: feels very anxious mos</li> <li>7 = Very Severe: feels very anxious</li> <li>9 = Cannot be assessed adequate</li> </ul>	omewhat anxious ately anxious, or ery anxious, or often very anxious at of the time s nearly all of the time by because of severe

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

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#### 3. EMOTIONAL WITHDRAWAL:

Deficiency in relating to the interviewer and to the interview situation. Overt manifestations of this deficiency include poor/absence of eye contact, failure to orient oneself physically toward the interviewer, and a general lack of involvement or engagement in the interview. Distinguish from BLUNTED AFFECT, in which deficits in facial expression, body gesture, and voice pattern are scored. Rate on the basis of observations made during the interview.

# 1 = Not observed **QSORRES when QSTESTCD = BPR0103**

- 2 = Very Mild: e.g., occasionally exhibits poor eye contact
- 3 = Mild: e.g., as above, but more frequent
- 4 = Moderate: e.g., exhibits little eye contact, but still seems engaged in the interview and is appropriately responsive to all questions.
- 5 = Moderately Severe: e.g., stares at floor or orients self away from interviewer, but still seems moderately engaged.
- 6 = Severe: e.g., as above, but more persistent or pervasive
- 7 = Very Severe: e.g., appears "spacey" or "out of it" (total absence of emotional relatedness), and is disproportionately uninvolved or unengaged in the interview. (DO NOT SCORE IF EXPLAINED BY DISORIENTATION.)

#### 4. CONCEPTUAL

**DISORGANIZATION**: Degree of speech incomprehensibility. Include any type of formal thought disorder (e.g., loose associations, incoherence, flight of ideas, neologisms). DO NOT include mere circumstantiality or pressured speech, even if marked. DO NOT rate on the basis of the patient's subjective impressions (e.g., "my thoughts are racing. I can't hold a thought", "my thinking gets all mixed up"). Rate ONLY on the basis of observations made during the interview.

1 = Not observed	QSORRES when QSTESTCD = BPR0104

- 2 = Very Mild: e.g., somewhat vague, but of doubtful clinical significance
- 3 = Mild: e.g., frequently vague, but the interview is able to progress smoothly; occasional loosening of associations
- 4 = Moderate: e.g., occasional irrelevant statements, infrequent use of neologisms, or moderate loosening of associations
- 5 = Moderately Severe: e.g., as above, but more frequent
- 6 = Severe: formal thought disorder is present for most of the interview, and the interview is severely strained
- 7 = Very Severe: very little coherent information can be obtained

BRIEF PSYCHIATRIC RATING SCALE-ANCHORED (BPRS-A):				
*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.  QSREASND when QSSTAT = NOT	1 = Not reported     2 = Very Mild: occasionally feels somewhat gu     3 = Mild: occasionally feels moderately guilty, often feels somewhat guilty     4 = Moderate: occasionally feels very guilty, of feels moderately guilty     5 = Moderately Severe: often feels very guilty     6 = Severe: feels very guilty most of the time, encapsulated delusion of guilt     7 = Very Severe: agonizing constant feelings guilt, or pervasive delusion(s) of guilt     9 = Cannot be assessed adequately because severe formal thought disorder, uncooperator marked evasiveness/guardedness; or Nonethern Severes.	uilty or r often or of of ativeness,		
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).	<ul> <li>□ 1 = Not observed</li></ul>	uently s, nust		

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P u o n h	MANNERISMS AND POSTURING: Unusual and annatural motor behavior. Rate only abnormality of movements. Do not rate simple neightened motor activity here. Consider frequency, duration, and degree of bizarreness. Disregard suspected pathogenesis.

1 = Not observed <b>QSORRES when QSTESTCD = BPR010</b>
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
1 = Not reported <b>QSORRES when QSTESTCD = BPR0108</b>
2 = Very Mild: e.g., is more confident than most people, but of only possible clinical significance

\*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 quality 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, the patient must claim exaggerated attributes: e.g., if patient denies talents, powers, etc., even if he or she states that others indicate that he/she has these attributes. this item should not be scored. Rate on the basis of reported

(i.e., subjective) information pertaining to the past week.

6 = Severe: e.g., a single (definite) grandiose delusion/delusional system, or multiple (definite) grandiose delusions that the patient seems preoccupied with

5 = Moderately Severe: e.g., a single (definite) encapsulated

grandiose delusion, or multiple (definite) fragmentary

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)

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

\*Note at end of table.

QSREASND when QSSTAT = NOT DONE

grandiose delusions

BRIEF PSYCHIATRIC RATING SCALE-ANCHO	
*9. DEPRESSIVE MOOD: Subjective report of feeling depressed, blue, "down in the dumps," etc. Rate only degree of reported depression. Do not rate on the basis of inferences concerning depression based upon general retardation and somatic complaints. Rate on the basis of reported (i.e., subjective) information pertaining to the past week.	QSORRES when QSTESTCD = BPR01  1 = Not reported 2 = Very Mild: occasionally feels somewhat depressed 3 = Mild: occasionally feels moderately depressed, or often feels somewhat depressed 4 = Moderate: occasionally feels very depressed, or often feels moderately depressed 5 = Moderately Severe: often feels very depressed 6 = Severe: feels very depressed most of the time 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/
QSREASND when QSSTAT = NOT	guardedness; or Not assessed
* 10. HOSTILITY: 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 during the past week.  Do not infer hostility from neurotic defenses, anxiety, or somatic complaints.  QSREASND when QSSTAT = NOT	1 = Not reported   2 = Very Mild: occasionally feels somewhat angry   3 = Mild: often feels somewhat angry, or occasionally feels moderately angry   4 = Moderate: occasionally feels very angry, or often feels moderately angry   5 = Moderately Severe: often feels very angry   6 = Severe: has acted on his anger by becoming verbally or physically abusive on one or two occasions   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   DONE   DO

<b>BRIEF PSYCHIATRIC RATING SCALE-ANCHO</b>	RED	(Page 6 of 10)
		QSORRES when QSTESTCD = BPR01
*11. SUSPICIOUSNESS: Belief (delusional or		1 = Not reported
otherwise) that others have now, or have had in the past, malicious or discriminatory intent toward the patient. On the basis of		2 = Very Mild: rare instances of distrustfulness which may or may not be warranted by the situation
verbal report, rate only those suspicions which are currently held whether they		3 = Mild: occasional instances of suspiciousness that are definitely not warranted by the situation
concern past or present circumstances.  Rate on the basis of reported		4 = Moderate: more frequent suspiciousness, or transient ideas of reference
(i.e., subjective) information pertaining to the past week.		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
		<ul><li>9 = Cannot be assessed adequately because of severe formal thought disorder, /uncooperativeness, or marked</li></ul>
QSREASND when QSSTAT = NO	T DO	evasiveness/guardedness; or Not assessed

BRIEF PSYCHIATRIC RATING SCALE-ANCHORED (BPRS-A): (Page 7 of			(Page 7 of 10)
		QSORRES where	n QSTESTCD = BPRO
*12. HALLUCINATORY BEHAVIOR:		1 = Not reported	
Perceptions (in any sensory modality) in the absence of an identifiable external stimulus. Rate only those experiences that have occurred during the last week. DO NOT rate "voices in my head," or "visions in my mind" unless the patient can differentiate between these experiences and his or her thoughts.		2 = Very Mild: suspected h	allucinations only
		3 = Mild: definite hallucinat infrequent, or transient formless visual hallucin the patient's name)	(e.g., occasional
		4 = Moderate: as above, be extensive (e.g., frequer face, two voices carry conversations)	ntly sees the devil's
		5 = Moderately Severe: ha experienced nearly eve of extreme distress	llucinations are ery day, or are a source
		6 = Severe: as above, and impact on the patient's concentration difficultie work functioning)	behavior (e.g.,
		7 = Very Severe: as above impact (e.g., attempts to command hallucinat	suicide in response
		9 = Cannot be assessed a severe formal thought uncooperativeness, or evasiveness/guardedn	disorder, marked
QSREASND when QSSTAT = NC	T DO	NE	

BRIEF PSYCHIATRIC RATING SCALE-ANCHOR	RED (BPRS-A) QSORRES when QSTESTCD = BPR011
13. MOTOR RETARDATION: 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 the patient's subjective impression of his or her own energy level.	<ul> <li>1 = Not observed</li> <li>2 = Very Mild and of doubtful clinical significance</li> <li>3 = Mild: e.g., conversation is somewhat retarded, movements somewhat slowed</li> <li>4 = Moderate: e.g., conversation is noticeably retarded but not strained</li> <li>5 = Moderately Severe: e.g., conversation is strained, moves very slowly</li> <li>6 = Severe: e.g., conversation is difficult to maintain, hardly moves at all</li> <li>7 = Very Severe: e.g., conversation is almost impossible, does not move at all throughout the interview</li> </ul>
14. UNCOOPERATIVENESS: 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 the basis of reported resentment or uncooperativeness outside the interview situation.	<ul> <li>QSORRES when QSTESTCD = BPR0116</li> <li>□ 1 = Not observed</li> <li>□ 2 = Very Mild: e.g., does not seem motivated</li> <li>□ 3 = Mild: e.g., seems evasive in certain areas</li> <li>□ 4 = Moderate: e.g., monosyllabic, fails to elaborate spontaneously, somewhat unfriendly</li> <li>□ 5 = Moderately Severe: e.g., expresses resentment and is unfriendly throughout the interview</li> <li>□ 6 = Severe: e.g., refuses to answer a number of questions</li> <li>□ 7 = Very Severe: e.g., refuses to answer most questions</li> </ul>

3RII	EF PSYCHIATRIC RATING SCALE-ANCHO	RED	(BPRS-A): (Page 0 of 10)
*15	UNUSUAL THOUGHT CONTENT:		QSORRES when QSTESTCD = BPR011:
15.	Severity of delusions of any type - consider		1 = Not reported
	conviction and effect on actions. Assume		2 = Very Mild: delusion(s) suspected or likely
	full conviction if patient has acted on his or her beliefs. <b>Rate on the basis of reported</b>		3 = Mild: at times, patient questions his or her belief(s) (partial delusion)
	(i.e., subjective) information pertaining to past week.		4 = Moderate: full delusional conviction, but delusion(s) has little or no influence on behavior
	<b>,</b> 1000 1100011		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
			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,
	QSREASND when QSSTAT = NOT	חחח	uncooperativeness, or marked evasiveness/ guardedness; or Not assessed
			g.a.a. a.c.ac.c., c
			QSORRES when QSTESTCD = BPR0116
	BLUNTED AFFECT: Diminished affective		1 = Not observed
	responsivity, as characterized by deficits in facial expression, body gesture, and voice pattern. Distinguish from EMOTIONAL		
	responsivity, as characterized by deficits in facial expression, body gesture, and voice pattern. Distinguish from EMOTIONAL WITHDRAWAL, in which the focus is on interpersonal impairment rather than affect. Consider degree and consistency of		1 = Not observed 2 = Very Mild: e.g., occasionally seems indifferent to material that is usually accompanied by some
	responsivity, as characterized by deficits in facial expression, body gesture, and voice pattern. Distinguish from EMOTIONAL WITHDRAWAL, in which the focus is on interpersonal impairment rather than affect.		<ul> <li>1 = Not observed</li> <li>2 = Very Mild: e.g., occasionally seems indifferent to material that is usually accompanied by some show of emotion</li> <li>3 = Mild: e.g., somewhat diminished facial expression or somewhat monotonous voice or somewhat</li> </ul>
	responsivity, as characterized by deficits in facial expression, body gesture, and voice 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		<ul> <li>1 = Not observed</li> <li>2 = Very Mild: e.g., occasionally seems indifferent to material that is usually accompanied by some show of emotion</li> <li>3 = Mild: e.g., somewhat diminished facial expression or somewhat monotonous voice or somewhat restricted gestures</li> <li>4 = Moderate: e.g., as above, but more intense,</li> </ul>
	responsivity, as characterized by deficits in facial expression, body gesture, and voice 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		<ul> <li>1 = Not observed</li> <li>2 = Very Mild: e.g., occasionally seems indifferent to material that is usually accompanied by some show of emotion</li> <li>3 = Mild: e.g., somewhat diminished facial expression or somewhat monotonous voice or somewhat restricted gestures</li> <li>4 = Moderate: e.g., as above, but more intense, prolonged, or frequent</li> <li>5 = Moderately Severe: e.g., flattening of affect, including at least two of the three features: severe lack of facial expression, monotonous voice, or</li> </ul>
	responsivity, as characterized by deficits in facial expression, body gesture, and voice 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		<ul> <li>1 = Not observed</li> <li>2 = Very Mild: e.g., occasionally seems indifferent to material that is usually accompanied by some show of emotion</li> <li>3 = Mild: e.g., somewhat diminished facial expression or somewhat monotonous voice or somewhat restricted gestures</li> <li>4 = Moderate: e.g., as above, but more intense, prolonged, or frequent</li> <li>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</li> </ul>

BRIEF PSYCHIATRIC RATING SCALE-ANCHO	RED	(BPRS-A):	(Page 10 of 10)
		QSORRES when QS7	TESTCD = BPR011
17. EXCITEMENT: Heightened emotional tone, including irritability and expansiveness (hypomanic affect). Do not infer affect from statements of grandiose delusions. Rate		1 = Not observed	
		2 = Very Mild and of doubtful clini significance	ical
based on observations made during		3 = Mild: e.g., irritable or expansion	ve at times
interview.		4 = Moderate: e.g., frequently irri	table or expansive
		5 = Moderately Severe: e.g., consor expansive; or, at times, en	•
		6 = Severe: e.g., enraged or eupl most of the interview	noric throughout
		7 = Very Severe: e.g., as above, that the interview must be ter	
		QSORRES when QSTES	ΓCD = BPR0118
<b>18. DISORIENTATION:</b> Confusion or lack of		1 = Not observed	
proper association for person, place, or time. Rate based on observations made		2 = Very Mild: e.g., seems some	vhat confused
during interview		3 = Mild: e.g., indicated 1982 who	en, in fact, it is 1983
		4 = Moderate: e.g., indicates 197	8
		5 = Moderately Severe: e.g., is un	nsure where he/she is
		6 = Severe: e.g., has no idea who	ere he/she is
		7 = Very Severe: e.g., does not k	now who he/she is
		9 = Cannot be assessed adequated severe formal thought disorded uncooperativeness, or market	er,
QSREASND when QSSTAT = NO	T DC	<del></del>	
Ratings based primarily upon verbal report.			