Original Citation – Overall JE. Gorham DR. The brief psychiatric rating scale. Psychological reports. 1962 10:799-812.

Contact Information – No information found.

Price & Availability – Published in original citation. In public domain. Abbreviated and full version available at Community Mental Health Evaluation Initiative website: [www.ontario.cmha.ca](http://www.ontario.cmha.ca)

Brief Description of Instrument – Provides a description of major symptom characteristics in psychiatric patients. Developed as a rapid evaluation technique to assess treatment change.

Administration time – 18 min for patient interview. 2-3 min after completion of patient interview to complete rating scale.

Scale Format – 7-point Likert scale ranging from not present to extremely severe.

Administration Technique – Guidelines given for patient interview in original citation. Rating scale completed by health care professional after patient interview.

Scoring and Interpretation – Each symptom scored from 1-7. Total pathology score, sum item scores. Scoring weights for evaluating improvement in 13 diagnostic types including paranoid, schizophrenic, psychotic and manic depressive provided in original citation.
**Factors and Norms** – 16 symptom constructs determined by observation and verbal report. Observation: tension, emotional withdrawl, mannerisms and posturing, motor retardation, uncooperativeness. Verbal Report: conceptual disorganization, unusual thought content, anxiety, guilt feelings, grandiosity, depressive mood, hostility, somatic concern, hallucinatory behaviour, suspiciousness, blunted affect.

**Inter-rater Reliability** – Reported for each item in original citation, ranges from 0.56 (tension) - 0.87 (guilt feelings and hallucinatory behaviour).

**Strengths** – Sensitive to change, broad evaluation of a number of different symptoms, psychometric properties and underlying factor structure is well-established.

**Limitations** – Limited in scope - focus on positive symptoms and general psychopathology. Limited focus on negative symptoms. Needs to be utilised in combination with a negative symptom assessment tool, if negative symptomatology is to be captured. Requires further validity testing.

**Notes for Consideration** – To increase reliability of ratings, it is recommended that patients be interviewed jointly by a team of two clinicians, with raters either making independent ratings to be later compared, or jointly making ratings through discussion and consensus building. Any given project should use a uniform procedure. Recommend training interviews for raters.

[View in PubMed](https://pubmed.ncbi.nlm.nih.gov/)
Related Methods Articles (Not Reviewed) – *note many studies exist documenting psychometrics and use in various populations.


Shafer A. Meta-analysis of the brief psychiatric rating scale factor structure. Psychol Assess. 2005 Sep;17(3):324-35.