

## **The Brief Symptom Inventory: An Introductory Report**

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**Synopsis:** The Brief Symptom Inventory is a short alternative to the Symptom Checklist (SCL-90-R). It was developed from the SCL-90-R and is a brief psychological self-report symptom scale.

### **History of Assessment by Self-Report:**

- Self-Report has been used since the First World War.
- Advantages to self-report include:
  - Information that is directly derived from the patient is obtained.
  - Professional time utilized in the collection of data is minimal.
- Disadvantages to self-report include:
  - You must assume that the individual being assessed can and will accurately describe their symptoms and behavior.

### **The Brief Symptom Inventory (BSI):**

- It is a 53-item self-report inventory designed to assess psychological symptoms.
- It can be used with clinical populations as well as the general public. It has been normed on three populations (i.e., psychiatric out-patients, non-patient normal subjects, and psychiatric in-patients).
- It takes less than 10 minutes to administer and can be used by individuals with a sixth grade education.
- It reflects nine primary symptom dimensions and three global indices of distress (all of the SCL-90-R). They are as follows:

- Primary Symptom Dimensions
  - Somatization (SOM): psychological distress arising from the perception of bodily dysfunction (e.g., cardiovascular, gastrointestinal, respiratory, and discomfort in gross musculature).
  - Obsessive-Compulsive (O-C): Thoughts and actions that are experienced as unremitting and irresistible by the patient but are unwanted (e.g., checking and double checking actions, difficulty making decision, and trouble concentrating).
  - Interpersonal Sensitivity (I-S): Feelings of personal inadequacy and inferiority (e.g., self-deprecation, uneasiness, and discomfort during interpersonal interactions).
  - Depression (DEP): Signs and symptoms of clinical depressive syndromes (e.g., dysphoric affect and mood, withdrawal of interest in life activities, and loss of energy).
  - Anxiety (ANX): Symptoms associated with clinical manifestations of anxiety (e.g., restlessness, nervousness, and tension).
  - Hostility (HOS): Hostile behavior including thoughts, feelings, and actions (e.g., annoyance, irritability, urges to break things, and frequent arguments).
  - Phobic Anxiety (PHOB): Symptoms consistent with phobic anxiety states or agoraphobia (e.g., phobic fears of travel, open spaces, crowds, and public places).

- Paranoid Ideation (PAR): Paranoid behavior that is syndromal in nature (e.g., Thoughts that are hostile, suspicious, and central).
- Psychoticism (PSY): Symptoms of psychoticism in mild forms (e.g., alien life style) to extreme forms (e.g., floridly psychotic states).
- Global Indices of Distress: measure the level or depth of distress currently being experienced by the individual.
  - The General Severity Index (GSI): combines measures on the number of symptoms and the intensity of perceived distress. It is considered the single best indicator of current distress level.
  - The Positive Symptom Distress Index (PSDI): is a pure intensity measure that does not include the number of symptoms. It is a measure of response style that indicates if the patient is “faking good” or “faking bad.”
  - The Positive Symptom Total (PST): is a count of the symptoms that the patient reports.
- Interpretation should consist of three levels:
  - First, global scores which indicate overall distress.
  - Second, primary symptom dimensions which can highlight specific areas of psychopathology.
  - Third, specific focus on discrete symptoms by looking at individual items.

**Reliability of the BSI:**

- Internal Consistency Reliability Coefficients of primary symptom dimensions range from .71 (on PSY) to .85 (on DEP). This indicates the extent to which items selected are homogenous in their representation of the symptom construct.
- Test-Retest Reliability Coefficients of primary symptom dimensions range from .68 (on SOM) to .91 (on PHOB) and .80 (on PST) to .90 (on GSI) for the global indices. This indicates the extent to which measurement remain stable across time.
- The correlation between the BSI and the SCL-90-R (the complete scale the BDI is intending to replicate in short form) ranges from .92 (on PSY) to .99 (on HOS) for the primary symptom dimensions.

**Validity of the BSI:**

- The convergent validity between the BSI and the MMPI is strong, indicating that they measure similar constructs
- The internal structure and construct validity of the BSI are moderately strong providing further support that the BSI measures what it intends to measure.
- Predictive validity had been studied less at the time that the article was published. One study found support for its predictive validity with a counseling center population. A second found support for its predictive validity with other scales among chronic pain patients. Further studies were planned by the article authors.

Derogatis, L. R., & Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. *Psychological Medicine*, *13*, 595-605.