



Milwaukee County Behavioral Health Division
Community Services Branch

Brief Psychiatric Rating Scale (BPRS) Data Collection Form

Name: _____ MR#: _____

RU#: _____ Rater: _____ Assessment Date: _____

SYMPTOM	Not present	Very Mild	Mild	Moderate	Mod. Severe	Severe	Extremely Severe
Somatic Concern	0	1	2	3	4	5	6
Anxiety	0	1	2	3	4	5	6
Emotional Withdrawal	0	1	2	3	4	5	6
Conceptual Disorganization	0	1	2	3	4	5	6
Guilt Feelings	0	1	2	3	4	5	6
Tension	0	1	2	3	4	5	6
Mannerisms & Posturing	0	1	2	3	4	5	6
Grandiosity	0	1	2	3	4	5	6
Depressive Mood	0	1	2	3	4	5	6
Hostility	0	1	2	3	4	5	6
Suspiciousness	0	1	2	3	4	5	6
Hallucinatory Behavior	0	1	2	3	4	5	6
Motor Retardation	0	1	2	3	4	5	6
Uncooperativeness	0	1	2	3	4	5	6
Unusual Thought Content	0	1	2	3	4	5	6
Blunted Affect	0	1	2	3	4	5	6
Excitement	0	1	2	3	4	5	6
Disorientation	0	1	2	3	4	5	6

total: _____