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BSIP **Basel Screening Instrument for Psychosis**

Riecher-Rössler, A., Aston, J., Ventura, J., Merlo, M., Borgwardt, S., Gschwandtner, U. & Stieglitz, R.-D. (2011)

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All information and materials about the measure can be found at:

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Basel Screening Instrument for Psychosis (BSIP)

ID-No. Patient:

Date of Birth:

Investigator:

Date of Assessment:

Instructions

With the help of this screening instrument individuals with (emerging) psychosis can be identified.

It focuses on the following areas:

-
- | | | |
|-----------------------------------------------------------------|----------------------------------------------|----------------------------------------------------|
| 1. Age of risk | | |
| 2. Psychopathology | 2.1. Prodromal symptoms according to DSM-III | onset in the last 5 years |
| | 2.2. Sum of at least 3 unspecific indicators | onset in the last 2 years |
| | 2.3 (Pre-)psychotic symptoms | current or lifetime |
| 3. "Social decline" (loss of social roles) | | onset in the last 5 years and persistent until now |
| 4. Drug abuse | | in the last 2 years |
| 5. Previous psychiatric disorders / Psychological abnormalities | | lifetime / during childhood |
| 6. Genetic risk | | |
| 7. Referral because of suspected psychosis | | |

Please note:

The more specific a risk factor or an early sign of the illness is, the further back it is considered relevant.

Regarding „*Social Decline*“, it is essential that the social decline persists until the time of investigation. In addition, a worsening during acute psychotic symptoms is *not* rated as social decline.

This screening is not an interview, it is an **assessment** by the research investigator, who includes and considers **all** available **sources of information** including doctor's reports, or external anamnestic details for the rating. This is especially essential for questions that the patient can't answer properly (e.g. observed behaviour).

If something is not clearly assessable, please add plain text.

1. AGE

| | no | yes | |
|----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---|
| Is the male patient below the age of 25 , the female patient below the age of 30 ? | <input type="checkbox"/> | <input type="checkbox"/> | 1 |

2. PSYCHOPATHOLOGY

2.1 Potential prodromes

Has the patient **newly** developed the following abnormalities **within the last 5 years**?
(persistent until now or only temporarily, but at least over 2 months)

| | no | yes | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----|
| 2.1.1 Marked social isolation or withdrawal - new onset within the last 5 years | <input type="checkbox"/> | <input type="checkbox"/> | 2 |
| 2.1.2 Marked impairment in role functioning, at work, education or household - new onset within the last 5 years | <input type="checkbox"/> | <input type="checkbox"/> | 3 |
| 2.1.3 Markedly peculiar behaviour (e.g., soliloquy in public) - new onset within the last 5 years | <input type="checkbox"/> | <input type="checkbox"/> | 4* |
| 2.1.4 Marked impairment or neglect in personal hygiene and grooming - new onset within the last 5 years | <input type="checkbox"/> | <input type="checkbox"/> | 5 |
| 2.1.5 Blunted, flat or inappropriate affect <i>Ask the patient (e.g.):</i> Could/can you show or express your feelings worse than you could in the past? Has someone ever mentioned that you rarely show emotions or that you express weird feelings? Or that you simply act emotionally different than earlier in your life? - new onset within the last 5 years | <input type="checkbox"/> | <input type="checkbox"/> | 6 |
| 2.1.6 Digressive, vague, metaphorical, incomprehensible language or impoverishment of the language or its content <i>Ask the patient (e.g.):</i> Did your way of communicating change, for example that you nearly couldn't/can't talk to others or that you can't/couldn't make clear statements? Did someone ever mention (e.g.), that they couldn't understand what you were trying to tell them? - new onset within the last 5 years | <input type="checkbox"/> | <input type="checkbox"/> | 7* |
| 2.1.7 Odd/bizarre beliefs or magical thinking, that influence the behaviour and do not fit the cultural norms (e.g., superstitiousness, clairvoyance, telepathy, „sixth sense“, „others can feel my feelings“, overvalued ideas, ideas of reference) - new onset within the last 5 years | <input type="checkbox"/> | <input type="checkbox"/> | 8* |
| 2.1.8 Unusual perceptual experiences (e.g. changes in sensory perception: smell, hearing, sight etc. or recurrent illusory misjudgement) - new onset within the last 5 years | <input type="checkbox"/> | <input type="checkbox"/> | 9* |
| 2.1.9 Marked lack of initiative, interest or energy - new onset in the last 5 years | <input type="checkbox"/> | <input type="checkbox"/> | 10 |

2.2 Other unspecific signs

Did the patient **newly** develop one or more of the following symptoms **during the last 2 years?**

| | no | yes |
|-------------------------------------------------------|--------------------------|--------------------------|
| 2.2.1 Concentration or attention difficulties | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.2 Insomnia | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.3 Depression | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.4 Nervosity/restlessness | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.5 Anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.6 Hypersensitivity (mental, sensory stimuli etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2.7 Derealisation or depersonalisation | <input type="checkbox"/> | <input type="checkbox"/> |

Overall assessment regarding „Other unspecific signs“:

Has the patient **newly developed at least 3 of the above-mentioned symptoms in the last 2 years, each persisting at least 2 months?**

| no | yes |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

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2.3 (Pre-)psychotic symptoms

Questions based on the 4 psychosis items of the Brief Psychiatric Rating Scale (BPRS; Ventura et al. 1993).

Rate if the symptom is

- a) **currently** present and if yes, the severity of the symptom; or if it has
- b) **ever** been present in a psychotic severity.

Please note: Check the information again after the completion of all baseline assessments and before writing the final report, just in case the patients mentioned more/different information in the course of the further evaluation.

2.3.1. Suspiciousness

Expressed or apparent belief that other persons have acted maliciously or with discriminatory intent. Include persecution by supernatural or other non-human agencies (e.g., the devil).

Note: ratings of ≥ 3 should also be rated under “Unusual Thought Content”.

- *Do you ever feel uncomfortable in public?*
- *Does it seem as though others are watching you?*
- *Are you concerned about anyone’s intentions toward you?*
- *Is anyone going out of their way to give you a hard time, or trying to hurt you?*
- *Do you feel in any danger?*

If the patient describes any persecutory ideas/delusional beliefs, describe them precisely:

.....

and ask the following questions:

How often have you experienced this situation (use patient’s description)? How often do you think about it?

.....

How do you explain it?

2.3.2. Hallucinations

Reports of perceptual experiences in the absence of relevant external stimuli. When rating degree to which functioning is disrupted by hallucinations, include preoccupation with the content and experience of the hallucinations, as well as functioning disrupted by acting out on the hallucinatory content (e.g., engaging in deviant behaviour due to command hallucinations). Include thoughts aloud ('Gedankenlautwerden') or pseudohallucinations (e.g., hears a voice inside head) if a voice quality is present.

- *Have you ever had unusual sensory impressions? E.g. heard something unusual? Do you for example ever seem to hear your name being called?*
- *Have you heard any sounds or people talking to you or about you when there has been nobody around?*
If hears voices:
 - *What does/did the voice/voices say? Did it have a voice quality?*
 - *Do you ever have visions or see things that others do not see?*
 - *What about smell/odours that others do not smell?*
 - *Or tasted strange flavours? Or felt strange bodily sensations?*

If the patient mentions hallucinations, describe precisely:

.....
.....
.....

and ask the following questions:

How often do these experiences (use patient's description) occur?

.....
Have these experiences interfered with the ability to perform your usual activities/work?

.....
.....

How do you explain these experiences?

.....
.....
.....

2 **very mild**

While resting or going to sleep, sees visions, smells odour or hears voices, sounds, or whispers in the absence of external stimulation, but no impairment in functioning.

3 **mild**

While in a clear state of consciousness, hears a voice calling the individual's name, experiences non-verbal auditory hallucinations (e.g., sounds or whispers), formless visual hallucinations or has sensory experiences in the presence of a modality relevant stimulus (e.g., visual illusions) infrequently (e.g., 1-2 times per week) and with no functional impairment.

4 **moderate**

Occasional verbal, visual, gustatory, olfactory or tactile hallucinations with no functional impairment OR non-verbal auditory hallucinations/visual illusions more than infrequently or with impairment

5 **moderately severe**

Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.

6 **severe**

Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by hallucinations.

7 **extremely severe**

Persistent verbal or visual hallucinations throughout the day OR most areas of functioning are disrupted by hallucinations.

3. SOCIAL DECLINE

Has the patient suffered from a clear (i.e. noticeable for lay people) **worsening in the following areas within the last 5 years that lasts until now?** (not as a consequence of acute psychotic symptoms)

- | | no | yes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 3.1 Marked impairment in functioning at school, job, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 Professional decline, loss of training place or job because of personal problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 Marked worsening in relational abilities (partnership, family profession, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 Would the patient or his/her significant others state that he/she is “just not the same person as before” regarding character, behaviour, and performance? | <input type="checkbox"/> | <input type="checkbox"/> |

3.5 Global assessment of “Social Decline”:

According to the interviewer’s impression, did the patient have a clear social decline **within the last 5 years**? Marked change in at least one area with negative consequences for the patient.

- | no | yes |
|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> 13* |

4. DRUGS

- | | no | yes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|
| 4.1 Has there been a regular (at least monthly) psychotropic drug consumption in the last 2 years (cannabis, cocaine, opioids, amphetamines, inhalatives, designer drugs, hallucinogens, phencyclidine)? | <input type="checkbox"/> | <input type="checkbox"/> 14 |

Describe type and frequency:

.....

5. PREVIOUS PSYCHIATRIC DISORDERS / PSYCHOLOGICAL ABNORMALITIES IN CHILDHOOD

- | | no | yes |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 5.1 Has the patient ever had other mental problems or disorders (including addiction) apart from the current ones ? | <input type="checkbox"/> | <input type="checkbox"/> |

5.2 If yes, which ones?

.....

- | | no | yes |
|---------------------------------------------------------------------------|--------------------------|--------------------------|
| 5.3 Was the patient ever or is he/she currently in psychiatric treatment? | <input type="checkbox"/> | <input type="checkbox"/> |

5.4 If yes, diagnoses:

.....

- 5.5 Psychiatric or psychological abnormalities up **till age 18**: no yes
- If yes, involved professionals:
- 5.5.1 School psychologist
- 5.5.2 Child/youth psychiatrist
- 5.5.3 Others

| | | | |
|---------------------------------------------------------------|--------------------------|--------------------------|----|
| 5.6 Global assessment of questions 5.1 – 5.5 | no | yes | |
| Previous psychiatric disorders or psychological abnormalities | <input type="checkbox"/> | <input type="checkbox"/> | 15 |

6. PSYCHIATRIC DISORDERS IN THE FAMILY

- 6.1 Psychiatric disorders in genetically related relatives no yes
- If yes:
- 6.1.1 Psychosis (non-organic) or suspected psychosis in first-degree relatives (parents or siblings) 16
- 6.1.2 Psychosis (non-organic) in second-degree relatives (do *not* rate here if only suspected) 17

7. REFERRAL WITH SUSPECTED PSYCHOSIS

- Was the patient referred because of **suspected psychosis**? no yes
 18

8. FINAL ASSESSMENT

8.1. Risk for psychosis

Assess psychosis risk only if psychosis was not already diagnosed – neither previously nor currently.

- a) The assessed patient has currently (now or in the last 14 days) **prepsychotic symptoms** (i.e. subthreshold, **attenuated** psychotic symptoms as described in 2.3.5.2.a). At this time point, the symptoms do not fulfil the criteria for frank psychosis (as described in 2.3.5.2.c). no yes
- and/or**
- b) He/she has previously had **transient, intermittent psychotic symptoms (BLIPS)** as described in 2.3.5.2.b
- and/or**
- c) He/she has a **genetic risk combined with potential prodromes:** Psychosis in first degree relative plus at least 2 or more risk factors from Screening Instrument (Items 1-18).
or
 Suspected psychosis in first degree relative or confirmed psychosis in second degree relative plus at least one highly specific¹ and at least 2 or more risk factors.
or
- d) He/she has **only prodromes/risk factors:** at least 2 highly specific¹ risk factors plus at least 2 further risk factors
- **The assessed patient has therefore a risk for psychosis**

8.2. First episode psychosis

The assessed patient **currently fulfils the criteria for a psychotic transition** as described in 2.3.5.2.c **and the psychosis has so far never been diagnosed and treated²**

- **The assessed patient has therefore a first episode psychosis**

- 8.3. The assessed patient has a **pre-existing psychosis** which **has already been diagnosed and treated in the past²**

- 8.4. The assessed patient has **neither a psychosis risk nor a psychosis** (neither first episode nor past psychosis)

¹ Highly specific risk factors: Items 1-18 of the instrument indicated with an asterisk. A highly specific risk factor can be replaced by 2 unspecific risk factors (Items 1-18 without asterisk)

² Treated means, that the patient up till now has taken antipsychotics with a cumulative dose of more than 2500 mg Chlorpromazine equivalents. This corresponds to a cumulative dose of 50 mg of Haloperidol, 1875 mg of Amisulpride, 187.5 mg of Aripiprazole, 125 mg of Olanzapine, 1875 mg of Quetiapine or 50 mg of Risperidone. For other antipsychotics, see conversion tables.