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**?	☐	☐	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	☐	☐	2
2.1.2	**Marked impairment in role functioning, at work, education or household** - **new** onset within the last 5 years	☐	☐	3
2.1.3	**Markedly peculiar behaviour** (e.g., soliloquy in public) - **new** onset within the last 5 years	☐	☐	4*
2.1.4	**Marked impairment or neglect in personal hygiene and grooming** - **new** onset within the last 5 years	☐	☐	5
2.1.5	**Blunted, flat or inappropriate affect** *Ask the patient (e.g.):* 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	☐	☐	6
2.1.6	**Digressive, vague, metaphorical, incomprehensible language or impoverishment of the language or its content** *Ask the patient (e.g.):* 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	☐	☐	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	☐	☐	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	☐	☐	9*
2.1.9	**Marked lack of initiative, interest or energy** - **new** onset in the last 5 years	☐	☐	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	☐	☐
2.2.2	Insomnia	☐	☐
2.2.3	Depression	☐	☐
2.2.4	Nervosity/restlessness	☐	☐
2.2.5	Anxiety	☐	☐
2.2.6	Hypersensitivity (mental, sensory stimuli etc.)	☐	☐
2.2.7	Derealisation or depersonalisation	☐	☐

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 ☐ 11

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?

……
……
Are there also other explanations?
……
……
Have you been very concerned about this situation?
……
……
How did you react to it?
……
……
Did you tell someone about these experiences?
……
……

2 Very mild
Seems on guard. Reluctant to respond to some "personal" questions. Reports being overly self-conscious in public.

3 Mild
Describes incidents in which others have harmed or wanted to harm him/her that sound plausible. Individual feels as if others are watching, laughing or criticising him/her in public, but this occurs only occasionally or rarely. Little or no preoccupation.

4 Moderate
Says other persons are talking about him/her maliciously, have negative intentions or may harm him/her. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.

5 Moderately severe
Same as 4, but incidents occur frequently, such as more than once per week. Individual is moderately preoccupied with ideas of persecution OR individual reports persecutory delusions expressed with much doubt (e.g., partial delusion).

6 Severe
Delusional - speaks of Mafia plots, the FBI or others poisoning his/her food, persecution by supernatural forces.

7 Extremely severe
Same as 6, but the beliefs are bizarre or more preoccupying. Individual tends to disclose or act on persecutory delusions.

Rate "Suspiciousness":

a) currently (in the last 14 days) ☐ Score ≤ 2 ☐ Score 3-4 ☐ Score ≥ 5

b) previously ☐ Score ≤ 2 or not assessable ☐ Score 3-4 ☐ Score ≥ 5

c) If the score has ever been ≥ 5, when for the first time? ……. / ……. (month/year)

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.

Rate "Hallucinations":

a) currently (in the last 14 days) ☐ Score ≤1 ☐ Score 2-3 ☐ Score ≥ 4

b) previously ☐ Score ≤1 or not assessable ☐ Score 2-3 ☐ Score ≥ 4

c) If score has ever been ≥ 4, when for the first time? ……. / ……. (month/year)

2.3.3 Unusual Thought Content

Unusual, odd, strange, or bizarre thought content. Rate the degree of unusualness, not the degree of disorganization of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the individual to have full conviction if he/she has acted as though the delusional belief was true. Ideas of reference/persecution can be differentiated from delusions in that ideas are expressed with more doubt and contain certain elements of reality. Include thought insertion, withdrawal and broadcast. Include grandiose, somatic and persecutory delusions even if rated elsewhere.

Note: If "Suspiciousness" was rated 6 or 7 due to delusions, then "Unusual Thought Content" must be rated 4 or above.

- *Have things or events had special meanings for you?*
- *Have you been receiving any special messages from people or from the way things are arranged around you?*
- *Have you seen any reference to yourself on TV or in the newspapers?*
- *Can anyone read your mind?*
- *Do you have a special relationship with God?*
- *Is anything like electricity, X-rays, or radio waves affecting you?*
- *Are thoughts put into your head that are not your own?*
- *Have you felt that you were under the control of another person or force?*

If the patient describes any odd ideas/delusions, describe precisely:
……
……
……

and ask the following questions:

How often do you think about them (use patient's description)?
……
Have you told anyone about these experiences?
……
How do you explain the things that you experienced? Describe exactly:
……
……
……

2 very mild
Ideas of reference (people may stare or may laugh at him/her), ideas of persecution (people may mistreat him/her). Unusual beliefs in psychic powers, spirits, UFOs, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.

3 mild
Same as 2, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content may be typical of delusions (even bizarre) but without full conviction. The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience.

4 moderate
Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.
5 moderately severe
Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.
6 severe
Full delusion(s) present with much preoccupation OR many areas of functioning are disrupted by delusional thinking.
7 extremly severe
Full delusion(s) present with almost total preoccupation OR most areas of functioning disrupted by delusional thinking.

Rate "Unusual Thought Content":

a) currently (in the last 14 days) ☐ Score ≤ 2 ☐ Score 3-4 ☐ Score ≥ 5

b) previously ☐ Score ≤ 2 or not assessable ☐ Score 3-4 ☐ Score ≥ 5

c) If score has ever been ≥ 5, when for the first time? ……. / ……. (month/year)

2.3.4. Conceptual Disorganisation (Formal Thought Disorder)

Degree to which speech is confused, disconnected, vague or disorganised. Rate tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, blocking, neologisms, and other speech disorders. Do *not* rate *content* of speech.

2 Very mild
Peculiar use of words or rambling but speech is comprehensible.
3 Mild
Speech a bit hard to understand or make sense of due to tangentiality, circumstantiality, or sudden topic shifts.
4 Moderate
Speech difficult to understand due to tangentiality, circumstantiality, idiosyncratic speech, or topic shifts on many occasions OR 1-2 instances of incoherent phrases.
5 Moderately severe
Speech difficult to understand due to circumstantiality, tangentiality, neologisms, blocking or topic shifts most of the time, OR 3-5 instances of incoherent phrases.
6 Severe
Speech is incomprehensible due to severe impairment most of the time. Many BPRS items cannot be rated by self-report alone.
7 Extremely severe
Speech is incomprehensible throughout interview.

Describe precisely:
……
……
……

Rate "Formal Thought Disorder":

a) currently (in the last 14 days) ☐ Score ≤ 2 ☐ Score 3-4 ☐ Score ≥ 5

b) previously ☐ Score ≤ 2 or not assessable ☐ Score 3-4 ☐ Score ≥5

c) If score has ever been ≥ 5, when for the first time? ……. / ……. (month/year)

2.3.5 Overall assessment (pre)psychotic symptoms:

***Don't* rate symptoms that appear *only* during intake or within 48 hours after taking psychotogenic drugs!**

		no	yes	
2.3.5.1	Has the patient **ever** (currently or previously) had **prepsychotic (attenuated)** or **psychotic** symptoms? Rate also other than the above-mentioned psychotic symptoms if patient mentions any!	☐	☐	12*

2.3.5.2 **Criteria acc. to Yung et al. 1998**
(but with BPRS scale 1-7 acc. to Ventura et al. 1993):

a) The patient shows currently (now or in the last 14 days) **attenuated psychotic (pre-psychotic) symptoms** ☐ no ☐ yes
i.e. presence of at least one of the following symptoms: ideas of reference, odd beliefs or magical thinking, perceptual disturbance, odd thinking and speech, paranoid ideation, odd behaviour or appearance. The symptom/symptoms should differ significantly from normal, as defined by a score of
3 - 4 on the "Suspiciousness" scale or
2 - 3 on the "Hallucinations" scale or
3 - 4 on the "Unusual Thought Content" of the BPRS scale
and should appear **more than once a week**
and the change in the psychological status should persist **more than one week**.

and/or

b) The patient has previously (more than 14 days ago) shown **transient isolated psychotic symptoms** ☐ no ☐ yes
(BLIPS Brief Limited Intermittent Psychotic Symptoms),
i.e. at least one of the following symptoms:
Hallucinations (4 or more on the "Hallucinations" scale)
Delusions (5 or more on the "Unusual Thought Content" scale or 5 or more on the "Suspiciousness" scale)
Formal thought disorders (5 or more on the "Conceptual Disorganization" scale)
and
the duration of each brief limited intermittent psychotic symptom was less **than one week,** before resolving *spontaneously.*

and/or

c) **Current psychotic transition** ☐ no ☐ yes
at least one of the following symptoms
Hallucinations (4 or more on the "Hallucinations" scale)
Delusions (5 or more on the "Unusual Thought Content" scale or 5 or more on the "Suspiciousness" scale)
Formal thought disorders (5 or more on the "Conceptual Disorganization" scale)
and
the mentioned symptoms appear **more than once a week**
and the change in the psychological status persists for **longer than one week**.

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.	☐	☐
3.2	Professional decline, loss of training place or job because of personal problems	☐	☐
3.3	Marked worsening in relational abilities (partnership, family profession, etc.)	☐	☐
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?	☐	☐

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 ☐ 13*

4. DRUGS

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)?

no ☐ yes ☐ 14

Describe type and frequency:
.....
.....
.....

5. PREVIOUS PSYCHIATRIC DISORDERS / PSYCHOLOGICAL ABNORMALITIES IN CHILDHOOD

5.1 Has the patient **ever** had **other** mental problems or disorders (including addiction) **apart from the current ones**?

no ☐ yes ☐

5.2 If yes, which ones?
.....
.....
.....

5.3 Was the patient ever or is he/she currently in psychiatric treatment?

no ☐ yes ☐

5.4 If yes, diagnoses: .....
.....
.....

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

		no	yes	
5.6	**Global assessment of questions 5.1 – 5.5**			
	Previous psychiatric disorders or psychological abnormalities	☐	☐	15

6. PSYCHIATRIC DISORDERS IN THE FAMILY

		no	yes	
6.1	**Psychiatric disorders in genetically related relatives**	☐	☐	
	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

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

8. FINAL ASSESSMENT

8.1. Risk for psychosis

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

		no	yes
a)	The assessed patient has currently (now or in the last 14 days) ***pre***psychotic **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).	☐	☐
	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 specific[1] and at least 2 or more risk factors. **or**	☐	☐
d)	He/she has **only prodromes/risk factors:** at least 2 highly specific[1] 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* treated[2]**

→	**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 past[2]**	☐	☐
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.