Brown Assessment of Beliefs Scale - (Adult Version)

Belief (describe principal belief(s) during the past week): __________________________________________________________

____________________________________________________________________________________________________________

For each item circle the number identifying the response which best characterizes the patient over the past week. The patient's specific belief can be incorporated into the question—for example, "How convinced are you of this belief—that you are really ugly and deformed?" Optional questions are indicated in parentheses; instructions to the interviewer are italicized.

1. Conviction
How convinced are you of these ideas/beliefs? Are you certain your ideas/beliefs are accurate? (What do you base your certainty on?)
0- Completely convinced beliefs are false (0% certainty).
1- Beliefs are probably not true, or substantial doubt exists.
2- Beliefs may or may not be true, or unable to decide whether beliefs are true or not.
3- Fairly convinced that beliefs are true but an element of doubt exists.
4- Completely convinced about the reality of held beliefs (100% certainty).

2. Perception of others' views of beliefs
What do you think other people (would) think of your beliefs? How certain are you that most people think your beliefs make sense?
(What do you base your certainty on?)
0- Completely certain that most people think these beliefs are unrealistic.
1- Fairly certain that most people think these beliefs are unrealistic.
2- Others may or may not think beliefs are unrealistic, or uncertain about others' views concerning these beliefs.
3- Fairly certain that most people think these beliefs are realistic.
4- Completely certain that most people think these beliefs are realistic.

3. Explanation of differing views
You said that (fill in response to item 1), but that (fill in response to item 2). How do you explain the difference between what you think and what others think about the accuracy of your beliefs? (Who's more likely to be right?)
0- Completely certain that beliefs are unrealistic or absurd (e.g., "my mind is playing tricks on me.")
1- Fairly certain that beliefs are unrealistic.
2- Uncertain about why others don't agree--beliefs may be unrealistic or others may be wrong.
3- Fairly certain that beliefs are true; view of others is less accurate.
4- Completely certain that beliefs are true; view of others is not accurate.
4. Fixity of beliefs
If I were to question (or challenge) the accuracy of your beliefs, what would your reaction be?
Could I convince you that you’re wrong? 
(Would you consider the possibility?)

(Rate on the basis of whether the patient could be convinced, not whether s/he wishes s/he could be convinced.)

0- Eager to consider the possibility that beliefs may be false; demonstrates no reluctance to entertain this possibility.
1- Easily willing to consider the possibility that beliefs may be false; reluctance to do so is minimal.
2- Somewhat willing to consider the possibility that beliefs may be false, but moderate resistance is present.
3- Clearly reluctant to consider the possibility that beliefs may be false; reluctance is significant.
4- Absolutely refuses to consider the possibility that beliefs may be false—i.e., beliefs are fixed.

5. Attempt to disprove beliefs
How actively do you try to disprove or reject your ideas/beliefs? How much of an effort do you make to convince yourself that your beliefs are inaccurate?

(Interviewer should rate attempts patient makes to talk himself/herself out of the belief, not attempts to push the thoughts/ideas out of his/her mind or think about something else.)

0- Always involved in trying to disprove beliefs, or not necessary to disprove because beliefs are not true.
1- Usually tries to disprove beliefs.
2- Sometimes tries to disprove beliefs.
3- Occasionally attempts to disprove beliefs.
4- Makes no attempt to disprove beliefs.

6. Insight
What do you think has caused you to have these beliefs? Do they have a psychiatric or psychological cause, or are they actually true?

(Interviewer should determine what the patient actually believes, not what s/he has been told or hopes is true.)

(Recognition that the thoughts are excessive (i.e., take up too much time) or cause problems for the patient should not be considered equivalent to psychiatric/psychological etiology. Instead rate patient’s awareness that the source/cause of the beliefs is psychiatric/psychological.)

0- Beliefs definitely have a psychiatric/psychological cause.
1- Beliefs probably have a psychiatric/psychological cause.
2- Beliefs possibly have a psychiatric/psychological cause.
3- Beliefs probably do not have a psychiatric/psychological cause.
4- Beliefs definitely do not have a psychiatric/psychological cause.

TOTAL BABS SCORE:  = SUM OF QUESTIONS 1 THROUGH 6

ADDITIONAL ITEM: (Do not include in total score)

7. Ideas/delusions of reference
Does it ever seem that people are talking about you or taking special notice of you because of (fill in belief)?

OPTIONAL: What about receiving special messages from your environment because of (fill in belief)?

(How certain are you of this?)

(This question pertains only to the belief(s) being assessed by the BABS interviewer—not if patient thinks s/he is noticed for a reason unrelated to the beliefs being assessed. Interviewer should NOT base answer on observable actions or compulsions; instead, rate core belief.)

0- No; others definitely do not take special notice of me.
1- Others probably do not take special notice of me.
2- Others may or may not take special notice of me.
3- Others probably do take special notice of me.
4- Others definitely do take special notice of me.