

Subject ID _____

Rater name _____

Date _____

Behavioral Rating Scale

Observer Rating

09/05

Rate the subject on the following symptoms according to whether you observed the symptom in the subject in the last _____. It does not matter whether the subject complained of the symptom. We want to know whether you noticed the symptom.

0 = not at all, 1 = slight, 2 = mild, 3 = moderate, 4 = severe

a. Angry/irritable/frustrated	0	1	2	3	4
b. Anxious/tense	0	1	2	3	4
c. Depressed	0	1	2	3	4
d. Restless/Impatient	0	1	2	3	4

1. How confident are you that this rating is accurate?

0 = not at all

1 = somewhat confident

2 = moderately confident

3 = very confident