

Brown Assessment of Beliefs Scale - Adult Version

Patient Information:

Name: _____

Date of Birth: _____

Date of Assessment: _____

Assessor: _____

Instructions:

Please read each statement and indicate how much it reflects your thoughts and beliefs. Use the following scale to rate each statement:

0 = Not at all

1 = A little

2 = Moderately

3 = Quite a bit

4 = Extremely

Scoring:

Total the scores for each statement to get an overall assessment of your beliefs. Higher scores indicate more intense beliefs.

Statements and Ratings:

Rating	Statement
	1. I have thoughts that others don't understand.
	2. External forces influence my thoughts.
	3. I believe I have special abilities or powers.
	4. Others are trying to control my mind.
	5. I am receiving messages from the TV/radio.
	6. My thoughts are being broadcasted to others.
	7. I believe I am under surveillance.
	8. I am in contact with supernatural beings.
	9. Others are conspiring against me.
	10. I believe I am a chosen savior or prophet.
	Total Score

Interpretation:

Please remember that your honesty is crucial for an accurate assessment. Your information will be kept confidential.

Signature: _____