

## Multiple Choice Test Form A Answers (please refer to the training manual for further explanations)

1. A patient being examined in the hallway suddenly starts removing their clothes for no reason.
  - Impulsivity.
2. When asked to tap on a desk three times, the patient taps ten times.
  - Motor perseveration, in that there is perseveration of the same repeated action.
3. When asked to keep their arms outstretched and resist upward movement, the patient's arms easily rise with slight upward pressure from the examiner.
  - Mitgehen.
4. The patient is calmly sitting in a chair and then spontaneously slaps a passerby in an unprovoked fashion.
  - Combativeness. This is spontaneous, non-premeditated aggression directed toward a person. On the Bush-Francis Catatonia Rating Scale, impulsivity cannot involve aggression toward people.
5. A patient appears unable to pass through a doorway, taking a half-step in and then out, in and then out.
  - Ambitendency.
6. When asked to raise their hands above their head, the patient immediately raises both hands above their head as high as they can reach.
  - Automatic obedience.
7. As an arm is passively extended, the resistance/muscle tone increases throughout the range of movement proportional to the applied force such that the arm cannot be fully extended.
  - Gegenhalten.
8. Reduction in the quantity of speech.
  - Mutism.
9. Fluent, comprehensible whispering.
  - Not mutism. This is manneristic speech, similar to talking in a robotic voice or with a foreign accent.
10. Whispering that is unintelligible.
  - Mutism.
11. Refusing to answer questions, though patient answers the phone when it rings.
  - Not mutism. This is negativism because the patient can clearly talk but chooses not to do so in conversation.
12. A patient with Broca's (non-fluent) aphasia barely speaks during the interview.
  - Not mutism. There is a pre-existing neurological diagnosis that accounts for this finding.
13. Repeating the exact statement over and over like a broken record (e.g. I'm done, I'm done, I'm done."").
  - Verbigeration.
14. An odd statement that would be bizarre in any context (e.g. I it took though night."")
  - This is not a catatonia finding. This is word salad, also called schizophasia.

15. Speaking with an odd accent that the patient would not ordinarily have.
  - Manneristic speech. This is bizarre but purposeful.
16. When asked a series of questions, the patient gives the address of where he lives as the answer to all of them, even when this was only the correct answer to the first question.
  - Verbal perseveration. The patient is stuck on a topic rather than talking like a skipping record, which would be verbigeration.
17. Repeating the last words or full phrases of what has just been said by the examiner.
  - Echolalia.
18. The patient repeatedly returns to the topic of wanting to call her boyfriend throughout the exam despite being told she can call in ten minutes.
  - Verbal perseveration.
19. A patient spontaneously jumps out of bed and runs out of the room and incidentally bumps into the examiner while running out.
  - This is not combativeness. This is impulsivity because the impulsive act was not aggression directed toward a human. Bumping into the examiner was incidental.
20. A patient is sitting in the dining room and then spontaneously takes his fork and sticks it in the hand of the person sitting next to him. When asked why he did it, he explains that his neighbor has been teasing him.
  - This is not combativeness. The patient has a rationale for this aggressive act. Combativeness on the BFCRS is purposeless.
21. A patient who punches a window and breaks it.
  - This is not combativeness. Combativeness is aggression directed at a human being.
22. A patient standing at the nursing station throws their cup of hot coffee directly at a nurse. When asked why they did it, they say, "I wasn't thirsty."
  - Combativeness. It is an impulsive, aggressive act directed at a human without a clear purpose.
23. Attempts to open a patient's eyes are met with resistance: the eyes cannot be opened.
  - Negativism. Even if a patient is immobile and/or rigid, their extraocular eye muscles should remain flaccid. Resistance to eye opening is essentially always volitional.
24. Keeping arms raised above one's head in a bizarre fashion after being positioned by examiner.
  - Catalepsy. Catalepsy is when a patient maintains a position placed in by the examiner. Posturing is a position that the patient has assumed themselves.
25. Passive movement of a patient's arm is initially met with resistance/stiffness but then quickly releases to allow the examiner to move the arm.
  - Waxy flexibility. Of note, this differs from the definition of waxy flexibility in the *DSM-5*, which describes it as a mild resistance throughout the whole range of movement. In the BFCRS, this would be scored as rigidity only.
26. Attempts to move a patient's arm are met with increased tone throughout the whole range of motion, such that the passive movement feels like bending stiff clay.

- Rigidity. This differs from the *DSM-5* definition, which would describe this as waxy flexibility.
27. As an arm is passively extended, the resistance/muscle tone increases in proportion to the applied force throughout the range of movement such that the arm cannot be fully extended.
    - Gegenhalten.
  28. Maintaining an odd position without movement, but not against gravity (i.e. lying angled in the bed).
    - Immobility. This is not posturing because the position is not being held against gravity.
  29. Upon assisting the patient to sit up or turn to the side, the trunk remains stiff.
    - Rigidity.
  30. Maintaining a mundane position (e.g. sitting for a sustained period of time at a table with arms resting on the table).
    - Mundane posturing. This is a type of posturing. Even though the position is not bizarre, it is maintained for an unusually long period of time against gravity. In this example, sitting in a chair still involves truncal tone that resist gravity.
  31. A patient initially allows passive full range of movement of his arm, but then the arm becomes stiff and no further movement is possible despite asking the patient to relax it.
    - Negativism. In this case, we know that the patient has normal tone in his arm. It is, therefore, a volitional resistance to movement that leads to the onset of stiffness.
  32. After a handshake, the patient continues shaking their hand in the air after the examiner has let go of the patient's hand.
    - Motor perseveration.
  33. Body rocking while sitting with hands resting on lap.
    - Stereotypy. Stereotypy is a repetitive movement of a specific body part, in this case at the waist. This is different from excitement, which involves increased movement of the whole body.
  34. Repeated scrunching of the nose.
    - Grimacing. Repetitive movements, which would be called a stereotypy elsewhere in the body, are classified as a grimacing in the face.
  35. Repeatedly making the motion of swimming while walking down the hall.
    - Mannerism. This is a purposeful, bizarre behavior that is odd even if performed only once.
  36. Repeated puckering of the lips.
    - Grimacing.
  37. Repeatedly walking up and down the hall with normal gait.
    - Excitement. This can look similar to akathisia; if a patient has known, pre-existing akathisia, excitement should not be scored.
  38. Repeatedly patting one's chin.
    - Stereotypy. This is a repetitive movement of part of the body and is not inherently bizarre. It is only odd in the number of times it is repeated.

39. Tip-toeing down the hallway instead of walking.
  - Mannerism.
40. Clearly exaggerated blinking or eye opening.
  - Grimacing
41. A patient with chronic hypertension is hypertensive.
  - Not autonomic abnormality because pre-existing hypertension is an exclusion for scoring elevated BP.
42. A patient is found to be febrile and tachypneic and is found on chest XR to have lobar pneumonia.
  - This is autonomic abnormality. Even though there is an acute etiology, all acute changes in diaphoresis, temperature, heart rate, blood pressure, and breathing are scored as autonomic abnormalities in the BFCRS.
43. A patient is acutely bradycardic and hypotensive.
  - This is autonomic abnormality. Both elevated and reduced values should be scored.
44. The patient has a fixed, vacant gaze away from the examiner, but even when the examiner moves into the patient's line of sight, it appears the patient is looking past the examiner.
  - Staring.
45. A patient who has spontaneously held their hands over the head for the past 10 minutes will not lower them when asked to.
  - Posturing. A finding is not considered negativism if it can be better explained by another finding.
46. The patient has not eaten for over 24 hours despite being able to get up and use the bathroom.
  - Withdrawal. The patient is clearly not immobile, so this cannot explain why they are not eating/drinking.
47. The patient who has not initiated attempts to move or eat in over 24 hours begins to eat when staff feed them.
  - Immobility. The patient hasn't eaten due to not being able to get up to eat. Therefore, it is not withdrawal.
48. A patient who has not looked at the examiner throughout the exam looks away when the examiner steps in their line of sight. They do not comply with the examiner's instruction to "Look at me."
  - Withdrawal. The patient is not blankly staring. They are actively avoiding eye contact with another human. Withdrawal better explains this finding than negativism.
49. A patient who has been lying motionless in bed throughout the interview will not raise their hand when the examiner says, "Shake my hand."
  - Immobility.
50. A patient's eyes remain tightly shut in response to manual attempts to open them by the examiner.
  - Negativism.

# Bush-Francis Catatonia Rating Scale

Patient: Test Patient

Date:

Time:

Examiner:

State examination

Interval examination over \_\_\_ hr.

## 1. Excitement:

Extreme hyperactivity, constant motor unrest which is apparently non-purposeful. Not to be attributed to akathisia or goal-directed agitation.

0= Absent

1= Excessive motion, intermittent.

2= Constant motion, hyperkinetic without rest periods.

3= Full-blown catatonic excitement, endless frenzied motor activity.

## 2. Immobility/ Stupor:

Extreme hypoactivity, immobile, minimally responsive to stimuli

0= Absent

1= Sits abnormally still, may interact briefly.

We would accept either answer for this one

2= Virtually no interaction with external world.

3= Stuporous, non-reactive to painful stimuli.

## 3. Mutism:

Verbally unresponsive or minimally responsive.

0= Absent

1= Verbally unresponsive to majority of questions; incomprehensible whisper.

2= Speaks less than 20 words/5 minutes.

3= No speech.

## 4. Staring:

Fixed gaze, little or no visual scanning of environment, decreased blinking.

0= Absent

1= Poor eye contact, repeatedly gazes less than 20 sec between shifting of attention; decreased blinking

2= Gaze held longer than 20 sec, occasionally shifts attention.

3= Fixed gaze, non-reactive.

## 5. Posturing/ Catalepsy:

Spontaneous maintenance of posture(s), including mundane (e.g., sitting/standing for long periods without reacting).

0= Absent

1= Less than one minute.

2= Greater than one minute, less than 15 minutes.

3= Bizarre posture, or mundane maintained more than 15 min.

## 6. Grimacing:

Maintenance of odd facial expressions.

0= Absent

1= Less than 10 sec.

2= Less than 1 min.

3= Bizarre expression(s) or maintained more than 1 min.

## 7. Echopraxia/ Echolalia:

Mimicking of examiner's movements/ speech.

0= Absent

1= Occasional.

2= Frequent.

3= Constant.

## 8. Stereotypy:

Repetitive, non-goal-directed motor activity (e.g. finger-play; repeatedly touching, patting or rubbing self); abnormality not inherent in act but in its frequency.

0= Absent

1= Occasional.

2= Frequent.

3= Constant.

## 9. Mannerisms:

Odd, purposeful movements (hopping or walking tiptoe, saluting passersby or exaggerated caricatures of mundane movements); abnormality inherent in act itself.

0= Absent

1= Occasional.

2= Frequent.

3= Constant.

## 10. Verbigeration:

Repetition of phrases or sentences (like a scratched record).

0= Absent

1= Occasional.

2= Frequent, difficult to interrupt.

3= Constant.

## 11. Rigidity:

Maintenance of a rigid position despite efforts to be moved, exclude if cog-wheeling or tremor present.

0= Absent

1= Mild resistance.

2= Moderate.

3= Severe, cannot be repositioned.

## 12. Negativism:

Apparently motiveless resistance to instructions or attempts to move/examine patient. Contrary behavior, does exact opposite of instruction.

0= Absent

1= Mild resistance and/or occasionally contrary.

2= Moderate resistance and/or frequently contrary.

3= Severe resistance and/or continually contrary.

## 13. Waxy Flexibility:

During repositioning of patient, patient offers initial resistance before allowing himself to be repositioned, similar to that of a bending candle.

0= Absent.

3= Present.

## 14. Withdrawal:

Refusal to eat, drink and/or make eye contact.

0= Absent.

1= Minimal PO intake/ interaction for less than one day.

2= Minimal PO intake/ interaction for more than one day.

3= No PO intake/interaction for one day or more.

## 15. Impulsivity:

Patient suddenly engages in inappropriate behavior (e.g. runs down hallway, starts screaming or takes off clothes) without provocation. Afterwards can give no, or only a facile explanation.

0= Absent

1= Occasional

2= Frequent

3= Constant or not redirectable

## 16. Automatic Obedience:

Exaggerated cooperation with examiner's request or spontaneous continuation of movement requested.

0= Absent

1= Occasional

2= Frequent

3= Constant

## 17. Mitgehen:

"Anglepoise lamp" arm raising in response to light pressure of finger, despite instructions to the contrary.

0= Absent

3= Present

## 18. Gegenhalten:

Resistance to passive movement which is proportional to strength of the stimulus, appears automatic rather than willful.

0= Absent

3= Present

## 19. Ambitendency:

Patient appears motorically "stuck" in indecisive, hesitant movement.

0= Absent

3= Present

## 20. Grasp Reflex:

Per neurological exam.

0= Absent

3= Present

## 21. Perseveration:

Repeatedly returns to same topic or persists with movement.

0= Absent

3= Present

## 22. Combativeness:

Usually in an undirected manner, with no, or only a facile explanation afterwards.

0= Absent

1= Occasionally strikes out, low potential for injury

2= Frequently strikes out, moderate potential for injury

3= Serious danger to others

## 23. Autonomic Abnormality:

Circle: temperature, BP, pulse, respiratory rate, diaphoresis.

0= Absent

1= Abnormality of one parameter [exclude pre-existing hypertension]

2= Abnormality of 2 parameters

3= Abnormality of 3 or greater parameters