

Adaptation and Validation of an Ultra-Brief Version of the Big Three Perfectionism Scale – Short Form (BTPS-SF)

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Abstract

The present study aimed to adapt and validate a Croatian ultra-brief version of the Big Three Perfectionism Scale – short form (BTPS-SF) for use in time-limited research settings and to reduce participant burden in large-scale surveys. Participants were 1337 young women (ages 18–21; $M = 19.8$) from all Croatian counties, who completed an online questionnaire including the BTPS-SF (subscales: Rigid Perfectionism, Self-Critical Perfectionism, and Narcissistic Perfectionism), along with measures of obsessive–compulsive symptoms (OCI-R) and disordered eating behaviors (EAT-26, DEAS-s, DOS). Exploratory factor analysis confirmed the original three-factor structure but indicated item reduction due to cross-loadings and low factor loadings, resulting in a nine-item ultra-brief version (U-B BTPS) with three items per subscale. Confirmatory factor analysis supported this three-factor solution, showing high factor loadings and very good model fit indices. The U-B BTPS and its subscales demonstrated strong internal consistency, while convergent validity was supported through significant correlations with related constructs (obsessive–compulsive and eating disorder measures) in the expected directions. Overall, the U-B BTPS provides a reliable and psychometrically sound tool for assessing perfectionism among young women in Croatia, offering an efficient measure particularly well suited for large-scale surveys and studies with limited assessment time.

Keywords: perfectionism, BTPS, psychometric validation, short-form scale, young women

Introduction

Perfectionism is a complex, multidimensional personality construct, typically defined by an individual's tendency to set excessively high standards for oneself and others, accompanied by critical self-evaluations and concerns about meeting those standards (Smith et al., 2016). Conceptually, perfectionism is often distinguished as adaptive (*normal/healthy*) or maladaptive (*neurotic/pathological*) forms. Adaptive perfectionism reflects high standards pursued with flexibility and without excessive self-criticism, whereas maladaptive perfectionism is characterized by rigid, unrealistic standards and harsh self-criticism, often

leading to distress in the face of imperfection (Hamachek, 1978; Kawamoto et al., 2023; Slade & Owens, 1998; Stolz & Ashby, 2007).

Maladaptive perfectionism has been extensively linked to a range of mental health difficulties and is considered a significant risk factor for depression (Egan et al., 2011; Hewitt & Flett, 2007; Simon et al., 2025), anxiety (Frost & DiBartolo, 2002; Simon et al., 2025; Smith et al., 2017), obsessive-compulsive disorder (Frost & DiBartolo, 2002; Halmi et al., 2005), and eating disorders (Halmi et al., 2005; Kehayes et al., 2019). These strong associations highlight the importance of precise and efficient assessment tools capable of reliably measuring perfectionism in both clinical and non-clinical populations.

Several internationally established scales have been adapted for use in Croatia. Hewitt's Multidimensional Perfectionism Scale (MPS-H; Hewitt et al., 1991), a 45-item instrument measuring self-oriented, other-oriented, and socially prescribed perfectionism, has demonstrated good reliability but an inconsistent factor structure in a Croatian student sample (Tomic & Andreis, 2023). Frost's Multidimensional Perfectionism Scale (MPS-F; Frost et al., 1990), comprising 35 items across six subscales (personal standards, concern over mistakes, parental expectations and criticism, doubting of actions, and organization), has been validated among Croatian adolescents and young adults, with evidence for both five- (Crnčić et al., 2006, as cited in Zubčić & Vulić-Prtorić, 2008) and six-factor solutions and high internal reliability (Zubčić & Vulić-Prtorić, 2008). The Positive and Negative Perfectionism Scale (PANPS; Terry-Short et al., 1995), a 40-item instrument differentiating adaptive and maladaptive perfectionism, has been confirmed as a two-factor solution with high reliability in Croatian student samples (Lebedina Manzoni & Lotar, 2011). Finally, the Almost Perfect Scale-Revised (APS-R; Slaney et al., 2002), with 23 items and three subscales (order, standards and discrepancies), has demonstrated acceptable reliability among Croatian adolescents (Gilman et al., 2005), though confirmatory evidence for its factor structure is lacking.

More recently, the Big Three Perfectionism Scale (BTPS; Smith et al., 2016) has emerged as a comprehensive measure of perfectionism, integrating content from existing instruments into a 45-item scale assessing rigid, self-critical, and narcissistic perfectionism. To reduce participant burden, Feher et al. (2020) developed the short form of the BTPS (BTPS-SF), a 16-item measure that retains the original three-factor structure while maintaining robust psychometric properties.

In Croatia, to the best of our knowledge, the BTPS has not been systematically validated, while the BTPS-SF has only recently been examined and is not yet widely used. A study on young Croatian women reported good internal reliability and confirmed the expected three-factor structure in the Croatian cultural context (Blažev, 2023). However, given the increasing demand for brevity and efficiency in psychological assessment, particularly in multidisciplinary and large-scale research, there is a practical need to further adapt the BTPS-SF into an ultra-brief version that minimizes response time while preserving psychometric quality.

The present study therefore aimed to develop and validate an ultra-brief Croatian version of the BTPS-SF and to evaluate its psychometric properties in a sample of young women aged 18–21. This population was selected because young women represent a demographic particularly vulnerable to perfectionism-related psychopathology, especially eating disorders, which disproportionately affect females in this age group (Rivière & Douilliez, 2020).

2017; Ward et al., 2019). By focusing on this demographic, the study seeks to provide a culturally adapted, efficient, and psychometrically sound tool to support future research and clinical work on perfectionism and its related outcomes among young Croatian women. Specifically, the study had three objectives: (1) develop a shortened version of the BTPS-SF, (2) examine its factorial structure and internal reliability, and (3) evaluate its convergent validity in relation to related constructs, i.e., existing measures of obsessive compulsive and eating disorders.

Method

Participants

The final sample consisted of 1337 young women aged 18 to 21 years ($M = 19.8$; $SD = 1.1$) from all counties in Croatia. The sample was convenience-based and non-probabilistic. Participants represented different parts of the country: 29.9% ($n = 400$) were from the Pannonian region, 26.3% ($n = 353$) from the Adriatic region, 22.7% ($n = 303$) from the Northern region, and 21.1% ($n = 282$) from the city of Zagreb. In terms of educational attainment, the majority had completed a four-year secondary school program (82.7%, $n = 1,106$). A smaller share held a university undergraduate degree (8.5%, $n = 113$), had completed a three-year secondary school (5.7%, $n = 76$), or had finished only elementary education (3.1%, $n = 42$).

Measures

The Big Three Perfectionism Scale – short form (BTPS-SF; Feher et al., 2020) is the validated short version of the original Big Three Perfectionism Scale (BTPS; Smith et al., 2016), which is a 45-item measure of multidimensional perfectionism. The BTPS-SF consists only of 16 items from the original scale, specifically assessing three major dimensions of perfectionism: Rigid Perfectionism (demanding one's own flawless performance), Self-Critical Perfectionism (critical self-evaluation and concern over mistakes), and Narcissistic Perfectionism (expecting perfection from others). Participants rate each item on a 5-point Likert scale ranging from 1 "Not at all true for me" to 5 "Very true for me." The total score is calculated by summing item responses within each factor or across the scale, ranging from 16 to 80 for the total score, 4 to 20 for Rigid, 6 to 30 for Self-Critical, and Narcissistic Perfectionism; higher scores indicate greater perfectionistic tendencies in the respective domain. Cronbach's alpha internal reliability in our study was .885.

The Obsessive-Compulsive Inventory–Revised (OCI-R; Foa et al., 2002) is an 18-item self-report scale evaluating obsessive-compulsive symptoms and consists of six subscales: Washing, Checking, Hoarding, Ordering, Obsessing, and Neutralizing. Each item is rated on a 5-point Likert scale (0 = "Not at all" to 4 = "Extremely") regarding distress or bother over the past month. Subscale scores and a total score are generated by summing item responses, with the total score ranging between 0 and 72, with higher scores reflecting greater symptom severity. A cutoff score of 21 is suggested to distinguish individuals likely affected by obsessive-compulsive disorder. The OCI-R has demonstrated robust reliability and validity for both clinical screening and symptom severity assessment. Cronbach's alpha internal reliability in our study was .908.

The Eating Attitudes Test-26 (EAT-26) is a widely used self-report questionnaire assessing attitudes and behaviors related to disordered eating symptoms in non-clinical populations

(Garner et al., 1982). The scale comprises 26 items forming three factors: Dieting (preoccupation with weight loss and avoidance of fattening foods), Bulimia and Food Preoccupation (intrusive thoughts about food and bulimic symptoms), and Oral Control (self-regulation around eating and perceived societal pressure). Each item is rated on a 6-point Likert scale (from "Always" to "Never") and after the responses are converted into scores from 0 to 3 for each item. Scores are then summed to produce a total score, ranging from 0 to 78, with higher scores indicating greater eating disorder symptoms. Cronbach's alpha internal reliability in our study was .837.

The Disordered Eating Attitude Scale – short form (DEAS-s; Alvarenga et al., 2020) is the validated short version of the original DEAS (Alvarenga et al., 2010), which assesses attitudes toward food and eating (e.g., reluctance to eat, negative associations with food, and perceiving food as disruptive). The scale consists of 17 items rated with two response formats: the first section uses dichotomous "Yes"/"No" responses, while each item in the second section is rated on a 5-point Likert scale (from "Always" to "Rarely/Never"). A total score is obtained by summing all items (possible range: 17–80), with higher scores reflecting more pronounced disordered eating attitudes. Cronbach's alpha internal reliability in our study was .862.

The Düsseldorf Orthorexia Scale (DOS; Chard et al., 2019) is a 10-item self-report measure assessing orthorexia tendencies, reflecting preoccupation with "healthy eating" and associated restrictive choices. Participants had to report on a Likert scale for each item (1 "Does not apply to me" to 4 "Applies to me"), with item scores summed for a total score. So, the total score ranges from 10 to 40, with higher scores reflecting greater orthorexia tendencies. Cronbach's alpha internal reliability in our study was .865.

Procedure

The study was conducted online during April and May 2021. Participants were recruited in collaboration with secondary schools and universities through personal contacts, as well as via online networks such as Facebook groups for high school and university students. In addition, paid Facebook and Instagram ads targeted at women aged 18 to 21 in Croatia were used. The study was approved by the Ethics Committee of the Department of Psychology of the Faculty of Humanities and Social Sciences at the University of Zagreb.

Data Analysis

An exploratory factor analysis (EFA) using principal components extraction with direct oblimin rotation was conducted to examine the underlying factor structure of the BTPS-SF and to identify a smaller set of items with strong factor loadings and minimal cross-loadings in order to develop its ultra-brief version. Factors with eigenvalues greater than 1 were retained. Based on the EFA results, an ultra-brief version of the scale (U-B BTPS) was created by further reducing items to three per subscale, prioritizing those with the highest factor loadings.

Next, confirmatory factor analysis (CFA) was employed to test the fit of the three-factor structure for both the original BTPS-SF and the newly developed U-B BTPS. Model fit was evaluated using multiple fit indices, including the chi-square statistic (χ^2), the comparative fit index (CFI), Tucker-Lewis's index (TLI), root mean square error of approximation (RMSEA) with 90% confidence intervals, and standardized root mean square residual

(SRMR). Following common guidelines (Hu & Bentler, 1999), CFI and TLI values of .90 or higher were considered indicative of acceptable fit, with values of .95 or higher reflecting good fit. RMSEA values below .08 indicated acceptable fit, and values below .05 were interpreted as good. SRMR values below .08 were regarded as acceptable. Standardized factor loadings were examined to assess item contributions to latent factors. Internal reliability was assessed using McDonald's omega coefficient (ω) for total scales and subscales.

Finally, convergent validity of the U-B BTPS was evaluated through Pearson correlations with theoretically related constructs, including obsessive-compulsive symptoms (OCI-R), and disordered eating behaviors measured by the EAT-26, DEAS-s, and the DOS.

Results

Exploratory factor analysis of BTPS-SF

The EFA using principal components extraction and direct oblimin rotation revealed a clear three-factor solution that accounted for 59.9% of the total variance. Three eigenvalues exceeded 1 (5.98, 2.12, and 1.48), supporting the original three-factor structure of the scale. However, some items (btps 1, btps 10, and btps 14 to 16) exhibited cross-loadings across multiple factors, indicating overlap between the perfectionism subscales. These items were subsequently excluded from the confirmatory factor analysis to improve model clarity. To create an ultra-brief version, we further limited each subscale to three items by removing "btps 5" and "btps 6" from the Self-Critical perfectionism subscale due to their relatively lower factor loadings (see Table 2). This reduction resulted in an ultra-brief BTPS consisting of a total of 9 items, with three items per subscale. The factor structure of this brief scale was subsequently evaluated through confirmatory factor analysis, as presented in Table 1.

Confirmatory factor analysis of BTPS-SF and U-B BTPS

Confirmatory factor analysis indicated that the three-factor model of the original BTPS-SF demonstrated acceptable fit according to Hu and Bentler's (1999) criteria across multiple indices. In contrast, the U-B BTPS showed substantially improved model fit, with all goodness-of-fit indices reflecting a very good fit (see Table 1). Additionally, while several factor loadings in the original BTPS-SF fell below the recommended threshold of .50, all factor loadings in the U-B BTPS exceeded .60, demonstrating stronger item-factor relationships (see Table 2). These findings support the robust structural validity of both the original short form and the ultra-brief BTPS scales.

Table 1.

Confirmatory Factor Analysis: Goodness of Fit Indices of BTPS-SF and U-B BTPS (N = 1337)

	χ^2	<i>df</i>	CFI	TLI	RMSEA	90% RMSEA interval	SRMR
BTPS-SF	1016.8	101	.905	.888	0.082	0.078, 0.087	0.057
U-B BTPS	135.9*	24	.978	.967	0.059	0.050, 0.069	0.032

Note. BTPS-SF = Big Three Perfectionism Scale – short form; U-B BTPS = Ultra-brief Big Three Perfectionism Scale; * $p < .01$.

Table 2.

Confirmatory Factor Analysis: Standardized Factor Loadings for Items in BTPS-SF and U-B BTPS (N = 1337)

Factors	Items		BTPS – SF	U-B BTPS
			λ	λ
Rigid Perfectionism	Btps1	I have a strong need to be perfect.	.824	–
	Btps2	It is important to me to be perfect in everything I attempt.	.890	.868
	Btps3	Striving to be as perfect as possible makes me feel worthwhile.	.737	.760
	Btps4	My opinion of myself is tied to being perfect.	.606	.622
Self-Critical Perfectionism	Btps5	The idea of making a mistake frightens me.	.715	–
	Btps6	When I notice that I have made a mistake, I feel ashamed.	.705	–
	Btps7	I have doubts about everything I do.	.719	.712
	Btps8	I judge myself harshly when I don't do something perfectly.	.856	.895
	Btps9	I feel disappointed with myself when I don't do something perfectly.	.859	.855
	Btps10	People are disappointed in me whenever I don't do something perfectly.	.462	–
Narcissistic Perfectionism	Btps11	I expect those close to me to be perfect.	.652	.681
	Btps12	I am highly critical of other people's imperfections.	.738	.829
	Btps13	I feel dissatisfied with other people, even when I know they are trying their best.	.658	.672
	Btps14	It bothers me when people don't notice how perfect I am.	.645	–
	Btps15	I deserve to always have things go my way.	.642	–
	Btps16	I know that I am perfect.	.314	–

Note. BTPS-SF = Big Three Perfectionism Scale – short form; U-B BTPS = Ultra-brief Big Three Perfectionism Scale; λ = standardized factor loading; all factor loadings were significant at $p < .001$.

Descriptive statistics and internal reliability of BTPS-SF and U-B BTPS

Table 3 presents descriptive statistics, and internal reliability estimates for both the full short form (BTPS-SF) and the ultra-brief (U-B BTPS) versions of the Big Three Perfectionism Scale. The BTPS-SF, comprising 16 items, demonstrated high internal reliability overall ($\omega = .887$)

and across its subscales, with omega coefficients ranging from .773 to .876. The U-B BTPS, with a reduced total of 9 items, maintained good overall ($\omega = .832$) and subscale reliabilities between .782 and .863 despite fewer items. Most subscales showed approximately normal distributions except for Narcissistic Perfectionism, which was positively skewed and leptokurtic in both versions (BTPS-SF and U-B BTPS), indicating less pronounced responses on this trait. This pattern is also evident in the means and standard deviations of the subscales, with Narcissistic Perfectionism showing lower average scores and less variability compared to the other dimensions.

Table 3.

Descriptive Statistics and Internal Reliability of the BTPS-SF and U-B BTPS (N = 1337)

	No. items	<i>M</i>	<i>SD</i>	<i>Min.</i>	<i>Max.</i>	<i>Skew.</i>	<i>Kurt.</i>	ω
BTPS-SF	16	29.0	8.6	16	63	0.64	0.15	.887
Rigid Perfectionism	4	8.8	3.3	4	16	0.22	-0.77	.856
Self-Critical Perfectionism	6	12.4	4.8	6	24	0.41	-0.75	.876
Narcissistic Perfectionism	6	7.7	2.6	6	24	2.25	6.27	.773
U-B BTPS	9	16.5	5.3	9	36	0.61	-0.02	.832
Rigid Perfectionism	3	6.5	2.5	3	12	0.28	-0.67	.804
Self-Critical Perfectionism	3	6.3	2.8	3	12	0.45	-0.92	.863
Narcissistic Perfectionism	3	3.7	1.5	3	12	2.41	6.1	.782

Note. BTPS-SF = Big Three Perfectionism Scale – short form; U-B BTPS = Ultra-brief Big Three Perfectionism Scale; Skew. = skewness; Kurt. = kurtosis; ω = McDonald's omega.

Convergent validity of the U-B BTPS

Pearson's correlations in Table 4 demonstrate strong convergent validity for the U-B BTPS and its subscales. All perfectionism subscales exhibited significant and positive associations with obsessive-compulsive symptoms (OCI-R), disordered eating attitudes (EAT-26, DEAS-s), and orthorexic tendencies (DOS), supporting theoretical expectations. Self-critical and rigid perfectionism showed especially strong correlations to eating and obsessive-compulsive symptoms (for self-critical perfectionism correlations ranged from .25 to .47; for rigid perfectionism from .26 to .34), reflecting their clinical relevance. Narcissistic perfectionism showed more moderate associations, except for, as expected, pronounced positive and significant correlations within other perfectionism domains.

Table 4.

Correlations between U-B BTPS and Measures of Obsessive-Compulsive Symptoms (OCI-R) and Disordered Eating Behaviors (EAT-26, DEAS-s and DOS).

	RP	S-CP	NP	OCI-R	EAT-26	DEAS-s	DOS
U-B BTPS	.83*	.85*	.59*	.46*	.42*	.46*	.31*
RP	–	.50*	.33*	.32*	.32*	.34*	.26*
S-CP	–	–	.29*	.47*	.40*	.45*	.25*
NP	–	–	–	.22*	.19*	.23*	.19*
OCI-R	–	–	–	–	.37*	.41*	.24*
EAT-26	–	–	–	–	–	.72*	.56*
DEAS-s	–	–	–	–	–	–	.55*
DOS	–	–	–	–	–	–	–

Note. U-B BTPS = Ultra-brief Big Three Perfectionism Scale; RP = Rigid Perfectionism; S-CP = Self-Critical Perfectionism; NP = Narcissistic Perfectionism; OCI-R = Obsessive-Compulsive Inventory-Revised; EAT-26 = Eating Attitudes Test-26; DEAS-s = Disordered Eating Attitude Scale – short form; DOS = Düsseldorf Orthorexia Scale; * $p < .01$.

Discussion

The findings of this study support the development of an ultra-brief version of the BTPS-SF and confirm its psychometric properties within the Croatian context. In this study, we provided further evidence for the hypothesized three-factor structure of both perfectionism scales, representing rigid, self-critical, and narcissistic perfectionism, with the U-B BTPS, compared to BTPS-SF, demonstrating superior model-data fit with high factor loadings of all items, reflecting strong relationships to their respective latent constructs. Additionally, internal reliability was notably high across overall and subscale scores, indicating that despite item reduction and its brevity, U-B BTPS is still a highly reliable measure.

Convergent validity of the U-B BTPS was clearly established via significant positive correlations between perfectionism subscales and related psychopathologies, notably obsessive-compulsive symptoms (OCI-R) and disordered eating attitudes (EAT-26, DEAS-s, DOS), supporting theoretical expectations and mirroring previous meta-analytic and empirical research (Egan et al., 2011; Kehayes et al., 2019; Smith et al., 2017). The observed pattern of a more pronounced association for self-critical and rigid perfectionism with clinical symptoms versus the moderate associations for narcissistic perfectionism reflects findings from international samples and underlines the clinical relevance of these perfectionism dimensions (Smith et al., 2016; Feher et al., 2020).

This study contributed to the literature by further operationalizing perfectionism as a multidimensional construct in a cross-cultural context, reinforcing the three-factor model of perfectionism as stated by Smith et al. (2016) and Feher et al. (2020). By targeting a sample of young Croatian women, a demographic at heightened risk for perfectionism-related psychopathologies, particularly eating disorders (Rivière & Douilliez, 2017; Ward et al., 2019), the study offers valuable data on the scale's cultural specificity and adaptability. Furthermore, the significant convergent validity established with established measures of obsessive-compulsive disorder and disordered eating behaviors improves the scale's usefulness for the early identification of individuals at risk and supports its use in both research and prevention/intervention settings (Egan et al., 2011; Smith et al., 2017; Chard et al., 2019).

However, several limitations, both methodological and conceptual, should be acknowledged. First, the sample was convenience-based and non-probabilistic, potentially limiting generalizability outside young Croatian women and risking sampling bias. Second, the exclusive use of self-report measures across all assessed constructs may skew the results due to shared method variance and social desirability bias (Paulhus & Vazire, 2007). This raises the need for future studies employing multi-method or longitudinal designs to examine predictive validity and temporal stability more rigorously. Additionally, while the U-B BTPS demonstrated good reliability and validity, reduction to nine items inevitably narrows content breadth, potentially overlooking nuanced aspects of perfectionism that broader instruments may capture. Further investigation is encouraged to compare predictive clinical utility between the ultra-brief version and longer forms or alternative perfectionism scales. Lastly, the study did not directly examine test-retest reliability, diverging from recommendations for comprehensive psychometric validation. Research extending to more diverse populations (e.g., men, clinical groups, older adults) would also strengthen the scale's external validity.

In conclusion, the development of a nine-item scale with strong psychometric properties addresses a major need for efficient, reliable assessment tools in large-scale surveys and multidisciplinary research, where participant burden and time constraints are important. The U-B BTPS's brevity makes it especially useful for both researchers and clinicians seeking to screen for perfectionism in epidemiological studies or initial clinical intake, supporting broader inclusion of perfectionism assessment in complex battery designs without compromising reliability or validity.

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