

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

**Measure:** Severity Measure for Social Anxiety Disorder (Social Phobia)—  
Child Age 11–17

**Rights granted:** This measure can be reproduced without permission by researchers and by clinicians for use with their patients.

**Rights holder:** American Psychiatric Association

**To request permission for any other use beyond what is stipulated above, contact:** <http://www.appi.org/CustomerService/Pages/Permissions.aspx>



## Severity Measure for Social Anxiety Disorder (Social Phobia)—Child Age 11–17

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female  Date: \_\_\_\_\_

**Instructions:** The following questions ask about thoughts, feelings, and behaviors that you may have had about *social situations*. Usual social situations include: public speaking, speaking in meetings, attending social events or parties, introducing yourself to others, having conversations, giving and receiving compliments, making requests of others, and eating and writing in public. **Please respond to each item by marking (✓ or x) one box per row.**

							Clinician Use
	During the PAST 7 DAYS, I have...	Never	Occasionally	Half of the time	Most of the time	All of the time	Item score
1.	felt moments of sudden terror, fear, or fright in social situations	0	1	2	3	4	
2.	felt anxious, worried, or nervous about social situations	0	1	2	3	4	
3.	have had thoughts of being rejected, humiliated, embarrassed, ridiculed, or offending others	0	1	2	3	4	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky in social situations	0	1	2	3	4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing in social situations	0	1	2	3	4	
6.	avoided, or did not approach or enter, social situations	0	1	2	3	4	
7.	left social situations early or participated only minimally (e.g., said little, avoided eye contact)	0	1	2	3	4	
8.	spent a lot of time preparing what to say or how to act in social situations	0	1	2	3	4	
9.	distracted myself to avoid thinking about social situations	0	1	2	3	4	
10.	needed help to cope with social situations (e.g., alcohol or medications, superstitious objects)	0	1	2	3	4	
<b>Total/Partial Raw Score:</b>							
<b>Prorated Total Raw Score: (if 1-2 items left unanswered)</b>							
<b>Average Total Score:</b>							

## Instructions to Clinicians

The Severity Measure for Social Anxiety Disorder (Social Phobia)—Child Age 11–17 is a 10-item measure that assesses the severity of symptoms of social anxiety (social phobia) in children and adolescents. The measure was designed to be completed by the child upon receiving a diagnosis of social anxiety disorder (or clinically significant social anxiety symptoms) and thereafter, prior to follow-up visits with the clinician. Each item asks the child receiving care to rate the severity of his or her social anxiety disorder (social phobia) **during the past 7 days**.

## Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=Never; 1=Occasionally; 2=Half of the time; 3=Most of the time, and 4=All of the time). The total score can range from 0 to 40, with higher scores indicating greater severity of social anxiety disorder (social phobia). The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” The raw scores on the 10 items should be summed to obtain a total raw score. In addition, the clinician is asked to calculate and use the **average total score**. The **average total score** reduces the overall score to a 5-point scale, which allows the clinician to think of the severity of the child’s social anxiety disorder (social phobia) in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The **average total score** is calculated by dividing the raw total score by number of items in the measure (i.e., 10).

**Note:** If 3 or more items are left unanswered, the total score on the measure should not be calculated. Therefore, the child should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the Severity Measure for Social Anxiety Disorder (Social Phobia) (i.e., 10) and divide the value by the number of items that were actually answered (i.e., 8 or 9). The formula to prorate the partial raw score to Total Raw Score is:

$$\frac{\text{(Raw sum x 10)}}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

## Frequency of Use

To track changes in the severity of the child’s social anxiety disorder (social phobia) over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child’s symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.