



LEVEL 2—Anger—Adult *

*PROMIS Emotional Distress—Anger—Short Form

Patient Name _____ DOB _____ Female _____ Other _____
 Provider Name _____ Date _____ Male _____

If the measure is being completed by an informant, what is your relationship with the individual receiving care? _____

In a typical week, approximately how much time do you spend with the individual receiving care? _____ hours/week

Instructions: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you (the individual receiving care) have been bothered by “feeling irritated, grouchy, or angry” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you (the individual receiving care) have been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ or x) one box per row.

							Clinician Use
In the past SEVEN (7) DAYS....							Item Score
	Never	Rarely	Sometimes	Often	Always		
1.	I was irritated more than people knew.	1	2	3	4	5	
2.	I felt angry.	1	2	3	4	5	
3.	I felt like I was ready to explode.	1	2	3	4	5	
4.	I was grouchy.	1	2	3	4	5	
5.	I felt annoyed.	1	2	3	4	5	
Total/Partial Raw Score:							
Prorated Total Raw Score:							
T-Score:							

Instructions to Clinicians

The DSM-5 Level 2—Anger—Adult measure is a 5-item version of the PROMIS Anger Short Form that assesses the pure domain of anger in individuals age 18 and older. The measure is completed by the individual prior to a visit with the clinician. If the individual receiving care is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure as done in the DSM-5 Field Trials. However, the PROMIS Anger Short Form has not been validated as an informant report scale by the PROMIS group. Each item asks the individual receiving care (or informant) to rate the severity of the individual’s anger during the past 7 days.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (1=never; 2=rarely; 3=sometimes; 4=often; and 5=always) with a range in score from 5 to 25 with higher scores indicating greater severity of anger. The clinician is asked to review the score on 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 5 items should be summed to obtain a total raw score. Next, the T-score table should be used to identify the T-score associated with the individual’s total raw score and the information entered in the T-score row on the measure.

Raw Score	T-Score	SE
5	32.9	5.3
6	38.1	4
7	41.3	3.7
8	44	3.5
9	46.3	3.4
10	48.4	3.3
11	50.5	3.3
12	52.6	3.2
13	54.7	3.2
14	56.7	3.2
15	58.8	3.2
16	60.8	3.2
17	62.9	3.2
18	65	3.2
19	67.2	3.2
20	69.4	3.3
21	71.7	3.3
22	74.1	3.3
23	76.8	3.4
24	79.7	3.5
25	83.3	3.9

Note: This look-up table works only if all items on the form are answered. If 75% or more of the questions have been answered; you are asked to prorate the raw score and then look up the conversion to T-Score. The formula to prorate the partial raw score to Total Raw Score is:

$$\frac{(\text{Raw sum} \times \text{number of items on the short form})}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number. For example, if 4 of 5 items were answered and the sum of those 4 responses was 15, the prorated raw score would be $15 \times \frac{5}{4} = 18.75$. The T-score in this example would be that T-score associated with the rounded whole number raw score (in this case 19, for a T-score of 67.2).

The T-scores are interpreted as follows:

- Less than 55 = None to slight
- 55.0—59.9 = Mild
- 60.0—69.9 = Moderate
- 70 and over = Severe

Note: If more than 25% of the total items on the measure are missing the scores should not be used. Therefore, the individual receiving care (or informant) should be encouraged to complete all of the items on the measure.

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Frequency of Use

To track change in the severity of the individual’s anger over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual’s symptoms and treatment status. For individuals with impaired capacity, it is preferred that completion of the measures at follow-up appointments is by the same knowledgeable informant. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

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MIRACLE Counseling

NOTES:

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: LEVEL 2—Anger—Adult (PROMIS Emotional Distress—Anger—Short Form)

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