



Severity Measure for Agoraphobia—Child Age 11–17

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

Instructions: The following questions ask about thoughts, feelings, and behaviors you may have had in the following situations: crowds, public places, using transportation (e.g., buses, planes, trains), traveling alone or away from home. **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 these situations	0	1	2	3	4	
2.	felt anxious, worried, or nervous about these situations	0	1	2	3	4	
3.	have had thoughts about panic attacks, uncomfortable physical sensations, getting lost, or being overcome with fear in these situations	0	1	2	3	4	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky in these situations	0	1	2	3	4	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing in these situations	0	1	2	3	4	
6.	avoided, or did not approach or enter, these situations	0	1	2	3	4	
7.	moved away from these situations, left them early, or remained close to the exits	0	1	2	3	4	
8.	spent a lot of time preparing for, or procrastinating about (putting off), these situations	0	1	2	3	4	
9.	distracted myself to avoid thinking about these situations	0	1	2	3	4	
10.	needed help to cope with these situations (e.g., alcohol or medication, superstitious objects, other people)	0	1	2	3	4	
Total/Partial Raw Score:							
Prorated Total Raw Score: (if 1-2 items left unanswered)							
Average Total Score:							

Instructions to Clinicians

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

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 Agoraphobia—Child Age 11–17

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