



LEVEL 2—Depression—Parent/Guardian of Child Age 6-17*

*PROMIS Emotional Distress—Depression—Parent Item Bank

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

What is your relationship with the child receiving care? _____

Instructions to parent/guardian: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* your child receiving care has been bothered by “not finding interest or pleasure in doing things” and/or “seeming down, depressed, or hopeless” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often your child receiving care has 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, my child said he/she ...							Item Score
		Never	Almost Never	Sometimes	Often	Almost Always	
1.	Could not stop feeling sad.	1	2	3	4	5	
2.	Felt alone.	1	2	3	4	5	
3.	Felt like he/she couldn't do anything right.	1	2	3	4	5	
4.	Felt lonely.	1	2	3	4	5	
5.	Felt sad.	1	2	3	4	5	
6.	Felt unhappy.	1	2	3	4	5	
7.	Thought that his/her life was bad.	1	2	3	4	5	
8.	Didn't care about anything.	1	2	3	4	5	
9.	Felt stressed.	1	2	3	4	5	
10.	Felt too sad to eat.	1	2	3	4	5	
11.	Wanted to be by himself/herself.	1	2	3	4	5	
Total/Partial Raw Score:							
Prorated Total Raw Score:							
T-Score:							



Instructions to Clinicians

The DSM-5 Level 2—Depression—Parent/Guardian of Child Age 6–17 measure is an 11-item PROMIS Depression Short Form that assesses the pure domain of depression in children and adolescents. The measure is completed by the parent or guardian about the child prior to a visit with the clinician. Each item asks the parent or guardian to rate the severity of his or her child’s depression during the past 7 days.

Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (1=never; 2=almost never; 3=sometimes; 4=often; and 5=almost always) with a range in score from 11 to 55 with higher scores indicating greater severity of depression. 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 11 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 total raw score and the information entered in the T-score row on the measure. Interpretations of the T-scores are:

Score	T-Score	SE
11	32.1	5.6
12	36	4.9
13	38.6	4.6
14	41.1	4.1
15	43.2	3.8
16	45.1	3.5
17	46.7	3.4
18	48.2	3.3
19	49.6	3.2
20	50.9	3.1
21	52.2	3
22	53.5	3
23	54.6	3
24	55.8	2.9
25	57	2.9
26	58.1	2.9
27	59.2	2.9
28	60.3	2.9
29	61.3	2.9
30	62.4	2.9
31	63.5	2.9
32	64.5	2.9
33	65.6	2.9

Score	T-Score	SE
34	66.6	2.9
35	67.7	2.8
36	68.7	2.8
37	69.7	2.8
38	70.7	2.8
39	71.7	2.8
40	72.7	2.8
41	73.8	2.8
42	74.8	2.8
43	75.8	2.8
44	76.9	2.9
45	78	2.9
46	79.1	2.9
47	80.2	3
48	81.4	3.1
49	82.6	3.2
50	83.8	3.3
51	85.2	3.4
52	86.5	3.5
53	87.9	3.5
54	89.3	3.4
55	90.5	3.2

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 10 of 11 items were answered and the sum of those 10 responses was 30, the prorated raw score would be $30 \times 11/10 = 33$. The T-score in this example would be 65.6.

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

If more than 25% of the total items (in this case more than 2) are missing a response, the scores should not be used. Therefore, the parent or guardian 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 child’s depression 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. For consistency, it is preferred that completion of the measures at follow-up appointments is by the same parent or guardian. 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.

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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—Depression—Parent/Guardian of Child Age 6-17
(PROMIS Emotional Distress—Depression—Parent Item Bank)

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