

LEVEL 2—Anxiety—Adult*

*PROMIS Emotional Distress—Anxiety—Short Form

Patient Name	DOB	Female	N.1
Provider Name	Date	Male	Other
<i>If the measure is being completed by an informant</i> , wh	at is your relationship with the individual?		
In a typical week, approximately how much time do yo	ou spend with the individual?	hours/week	ζ.
Instructions to patient: On the DSM-5 Level 1 cross- the past 2 weeks you (individual receiving care) have be edge", "feeling panic or being frightened", and/or "avo severity. The questions below ask about these feelings have been bothered by a list of symptoms during the past per row.	been bothered by "feeling nervous, anxious, biding situations that make you anxious" at in more detail and especially how often you	, frightened, worried, or on a mild or greater level of u (individual receiving car	n re)

							Clinician Use
In th	e past SEVEN (7) DAYS						Item
		Never	Rarely	Sometimes	Often	Always	Score
1.	I felt fearful.	1	2	3	4	5	
2.	I felt anxious.	1	2	3	4	5	
3.	I felt worried.	1	2	3	4	5	
4.	I found it hard to focus on anything other than my anxiety.	1	2	3	4	5	
5.	I felt nervous.	1	2	3	4	5	
6.	I felt uneasy.	1	2	3	4	5	
7.	I felt tense.	1	2	3	4	5	
		•			Total/Partia	Raw Score:	
				P	rorated Tota	Raw Score:	
						T-Score:	



Instructions to Clinicians

The DSM-5 Level 2—Anxiety—Adult measure is the 7-item PROMIS Anxiety Short Form that assesses the pure domain of anxiety 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 Anxiety 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 anxiety **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 7 to 35 with higher scores indicating greater severity of anxiety. 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 7 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.

Note: This look-up table works only if <u>all items</u> 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:

(Raw sum x number of items on the short form) Number of items that were actually answered

If the result is a fraction, round to the nearest whole number. For example, if 6 of 7 items were answered and the sum of those 6 responses was 20, the prorated raw score would be $20 \times 7/6 = 23.33$. The T-score in this example would be that T-score associated with the rounded whole number raw score (in this case 23, for a T-score of 63.8).

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.

Frequency of Use

To track change in the severity of the individual's anxiety 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.

	Anxiety 7a m Conversio	n Table
aw Score		SE*
7	36.3	5.4
8	42.1	3.4
9	44.7	2.9
10	46.7	2.6
11	48.4	2.4
12	49.9	2.3
13	51.3	2.3
14	52.6	2.2
15	53.8	2.2
16	55.1	2.2
17	56.3	2.2
18	57.6	2.2
19	58.8	2.2
20	60.0	2.2
21	61.3	2.2
22	62.6	2.2
23	63.8	2.2
24	65.1	2.2
25	66.4	2.2
26	67.7	2.2
27	68.9	2.2
28	70.2	2.2
29	71.5	2.2
30	72.9	2.2
31	74.3	2.2
32	75.8	2.3
33	77.4	2.4
34	79.5	2.7
35	82.7 Error on T-scor	3.5

@2008-2012 PROMIS Health Organization (PHO) and PROMIS Cooperative Group.

Instructions, scoring, and frequency of use on this page only: Copyright © 2013 American Psychiatric Association. All rights reserved. This material can be reproduced without permission by researchers and by clinicians for use with their patients.



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—Anxiety—Adult (PROMIS Emotional Distress—Anxiety— Short Form)

Rights granted: This material can be reproduced without permission by clinicians for use with their patients. Any other use, including electronic use, requires written permission of the PROMIS Health Organization (PHO).

Rights holder: PROMIS Health Organization (PHO) and PROMIS Cooperative Group

To request permission for any other use beyond what is stipulated above, contact: PROMIS Health Organization (PHO)

©2008-2012 PROMIS Health Organization (PHO) and PROMIS Cooperative Group. This material can be reproduced without permission by clinicians for use with their patients. Any other use, including electronic use, requires written permission of the PHO.