

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—Child Age 11–17 (PROMIS Emotional Distress—Calibrated Anger Measure—Pediatric)

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)

LEVEL 2—Anger—Child Age 11–17*

*PROMIS Emotional Distress—Calibrated Anger Measure—Pediatric¹

Name: _____

Age: _____

Sex: Male Female

Date: _____

Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by “feeling irritated or easily annoyed” and/or “feeling angry or lost your temper” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you 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	Almost Never	Sometimes	Often		Almost Always
1.	I felt mad.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
2.	I was so angry I felt like throwing something.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
3.	I was so angry I felt like yelling at somebody.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
4.	When I got mad, I stayed mad.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
5.	I felt fed up.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.	I felt upset.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Total/Partial Raw Score:							
Prorated Total Raw Score:							
T-Score:							

The PROMIS measure was developed for and can be used with children ages 8-17.

¹This measure was not tested in the DSM-5 Field Trials.

©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.

Instructions to Clinicians

The DSM-5 Level 2—Anger—Child Age 11–17 measure is the 6-item PROMIS Calibrated Anger Measure that assesses the pure domain of anger in children and adolescents. The PROMIS Calibrated Anger Measure was developed for and can be used with children ages 8–17. The measure is completed by the child prior to a visit with the clinician. Each item asks the child receiving care to rate the severity of his or her anger **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 6 to 30 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 6 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 child’s total raw score and the information entered in the T-score row on the measure.

Score	T-Score	SE
6	31.1	5.8
7	35.9	5.1
8	39	4.9
9	41.7	4.7
10	44.2	4.6
11	46.4	4.5
12	48.5	4.4
13	50.5	4.4
14	52.4	4.3
15	54.2	4.3
16	56.0	4.3
17	57.7	4.3
18	59.5	4.3
19	61.2	4.3
20	62.9	4.3
21	64.6	4.2
22	66.3	4.2
23	68.0	4.2
24	69.8	4.2
25	71.6	4.2
26	73.4	4.3
27	75.4	4.3
28	77.5	4.5
29	79.8	4.6
30	82.7	4.9

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 5 of 6 items were answered and the sum of those 5 responses was 20, the prorated raw score would be $20 \times 6/5 = 24$. The T-score in this example would be 69.8.

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

If more than 25% of the total items (in this case more than 1) are missing a response, the scores should not be used. Therefore, the child receiving care should be encouraged to complete all of the items on the measure.

Frequency of Use

To track change in the severity of the child’s anger 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.

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