



Patient-Reported Outcome Measures (PROMs) Descriptions

Note: An overview of each tool is provided below for your reference. For PsychPRO users, tools are automatically scored, and brief interpretations are provided in the portal. This information is provided to indicate potentially significant and problematic areas for the individual that might warrant further assessment, treatment, and follow-up. However, your clinical judgment should guide your decision. For detailed information on each tool, please consult the extant literature. Tools not found in the PsychPRO portal are designated with an asterisk (*); these are alternate tools you may be using in your practice for these domains.

Screener

1. DSM-5 Cross-Cutting Symptom Measure (CCSM-5)
 - 23 items assessing for symptom severity within the past 2 weeks in 13 mental health domains:
 - i. Depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory difficulties, repetitive thoughts and behaviors, dissociation, personality functioning, and substance use
 - Scoring: A rating of mild (i.e., 2) or greater on any item within a domain (except for substance use, suicidal ideation, and psychosis) may serve as a guide for additional inquiry and follow up to determine if a more detailed assessment for that domain is necessary. For substance use, suicidal ideation, and psychosis, a rating of slight (i.e., 1) or greater on any item within the domain may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment is needed.
2. CAT-MH:
 - Computerized Adaptive Testing - Mental Health
 - Computerized adaptive test that assesses for symptom severity across 5 different mental health domains:
 - i. Depression, anxiety, mania/hypomania, suicide risk, substance use
 - The number of items vary based on the patient
 - Scoring: Scores for each domain range from 0 – 100, with higher scores suggestive of greater severity. Scores are grouped as normal, mild symptoms, moderate symptoms, and severe symptoms. The cut-offs for each group differ depending on the domain.

Functioning

1. 12-item WHODAS 2.0 plus three items on number of days with difficulties:
 - World Health Organization Disability Assessment Schedule, version 2.0
 - 12 items assessing 6 domains of functioning:
 - Cognition – understanding & communicating
 - Mobility – moving & getting around
 - Self-care – hygiene, dressing, eating & staying alone
 - Getting along – interacting with other people

- Life activities – domestic responsibilities, leisure, work & school
- Participation – joining in community activities
- 3 items assessing number of days with difficulties:
 - 1 item on number of days difficulties present
 - 1 item on number of days of total inability to carry out usual activities/work
 - 1 item on number of days of reduced ability to carry out usual activities/work
- Scoring: The WHODAS 2.0 total average score ranges from 1 to 5 , where higher scores are suggestive of higher disability or loss of function. The domain scores also range from 1 to 5 where higher scores are suggestive of higher disability or loss of function.

Score	Interpretation
1	<i>No</i> functional limitation in [overall or domain] Activities
2	<i>Mild</i> functional limitation in [overall or domain] Activities
3	<i>Moderate</i> functional limitation in [overall or domain] Activities
4	<i>Severe</i> functional limitation in [overall or domain] Activities
5	<i>Extremely Severe</i> functional limitation in [overall or domain] Activities.

Recovery

1. RAS

- Recovery Assessment Scale
- 24 items assessing factors important to mental health and substance use recovery, including confidence/hope, willingness to ask for help, goal setting, reliance on others, and symptom reduction
- Scoring: Two full scale scores are provided for the RAS in PsychPRO: 1) a full scale sum score and 2) a full scale average score. The full scale sum score ranges from 24 – 120, with higher scores indicating better recovery. The full-scale average score ranges from 1 – 5, with higher scores indicating better recovery. Scores are also provided for 5 individual domains, with higher scores indicating better recovery in each domain:

Domain	Sum score range	Average score range
Goals and Success Orientation	5 – 25	1 - 5
Reliance on Others	4 – 20	1 - 5
Personal Confidence and Hope	9 – 45	1 - 5
No Symptom Domination	3 – 15	1 - 5
Willingness to Seek Help	3 – 15	1 - 5

Depression

1. PHQ-9

- Patient Health Questionnaire
- 9 items assessing depression symptoms in the past 2 weeks
- Scoring: Scores range from 1 – 27, with higher scores suggestive of greater severity.

Score	Interpretation
1 – 4	<i>Minimal</i> depression
5 – 9	<i>Mild</i> depression
10 – 14	<i>Moderate</i> depression
15 – 19	<i>Moderately severe</i> depression
20 – 27	<i>Severe</i> depression

2. *BDI or *BDI-II

- Beck Depression Inventory
- 21 items assessing depression symptoms in the past 2 weeks
- Scoring: For both the BDI and BDI-II, scores range from 0 – 63, with higher scores suggestive of greater severity. Cut-off score guidelines are given with the recommendation that thresholds be adjusted based on the characteristics of the sample, and the purpose for use of the BDI/BDI-II.

BDI Scoring Cut-offs	
Score	Interpretation
0 – 9	<i>No depression</i>
10 – 18	<i>Mild-moderate depression</i>
19 – 29	<i>Moderate-severe depression</i>
30 – 63	<i>Severe depression</i>
BDI-II Scoring Cut-offs	
Score	Interpretation
0 – 13	<i>Minimal depression</i>
14 – 19	<i>Mild depression</i>
20 – 28	<i>Moderate depression</i>
29 – 63	<i>Severe depression</i>

3. CAT-DI

- Computerized Adaptive Testing - Depression Inventory
- Computerized adaptive test that assesses for depression symptom severity
- The number of items vary based on the patient
- Scoring: Scores range from 0 – 100.

Score	Interpretation
< 50	<i>Normal</i>
50 – 65	<i>Mild symptoms</i>
66 – 75	<i>Moderate symptoms</i>
> 75	<i>Severe symptoms</i>

4. *GDS

- Geriatric Depression Scale
- 15 items assessing late-life depression symptoms in the past week
- Scoring: Scores range from 0 – 15, with higher scores suggestive of greater severity. Of the 15 items, 10 questions indicate the presence of depression when answered positively, while the rest (question numbers 1, 5, 7, 11, 13) indicate depression when answered negatively.

Score	Interpretation
0 – 4	<i>Normal</i>
5 – 8	<i>Mild depression</i>
9 – 11	<i>Moderate depression</i>
12 – 15	<i>Severe depression</i>

5. HAM-D

- Hamilton Rating Scale for Depression
- 17 items assessing depression symptoms in the past week
- Scoring: Scores range from 0 – 50, with higher scores suggestive of greater severity.

Score	Interpretation
0 – 7	<i>Normal</i>
8 – 13	<i>Mild depression</i>
14 – 18	<i>Moderate depression</i>
19 – 22	<i>Severe depression</i>
≥ 23	<i>Very severe depression</i>

6. PROMIS – Depression Short Form

- Patient-Reported Outcomes Measurement Information System (PROMIS)– Depression Short Form
- 8 items assessing depression symptoms in the past week
- Scoring: Scores range from 8 to 40, with higher scores suggestive of greater severity. raw scores on the 8 items should be summed to obtain a total raw score. Next, the total raw score is converted to a T-score.

T-Score	Interpretation
< 55	<i>None to slight levels of depression</i>
55.0 – 59.9	<i>Mild levels of depression</i>
60.0 – 69.9	<i>Moderate levels of depression</i>
≥ 70	<i>Severe levels of depression</i>

Anxiety

1. GAD-7

- Generalized Anxiety Disorder
- 7 items assessing anxiety symptoms in the past 2 weeks
- Scoring: Scores range from 0 – 21, with higher scores suggestive of greater severity.

Score	Interpretation
5 – 9	<i>Mild anxiety</i>
10 – 14	<i>Moderate anxiety</i>
15 – 21	<i>Severe anxiety</i>

2. PROMIS – Anxiety Short Form

- PROMIS – Emotional Distress – Anxiety Short Form
- 7 items assessing anxiety symptoms in the past week
- Scoring: Scores range from 7 to 35, with higher scores suggestive of greater severity. Raw scores on the 7 items are summed to obtain a total raw score. Next, the total raw score is converted to a T-score.

T-Score	Interpretation
< 55	<i>None to slight</i> levels of anxiety
55.0 – 59.9	<i>Mild</i> levels of anxiety
60.0 – 69.9	<i>Moderate</i> levels of anxiety
≥ 70	<i>Severe</i> levels of anxiety

Alcohol/Substance Use

1. AUDIT-C

- Alcohol Use Disorders Identification Test Consumption screening tool
- 3 items assessing frequency/quantity of alcohol use
- Scoring: Scores range from 0 – 12. **In men**, a score of **4 or more** is considered “positive” and warrants further discussion to confirm accuracy and to assess for hazardous drinking. **In women**, a score of **3 or more** is considered “positive.”

2. NIDA-modified ASSIST

- National Institute on Drug Abuse (NIDA) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), modified and adapted from the World Health Organization ASSIST Version 3.0
- 8 items assessing for substance abuse and dependence
- Scoring: A Substance Involvement score is calculated for each substance to determine the patient’s risk level associated with that illicit or nonmedical prescription drug use.

Score	Interpretation
0 – 3	<i>Lower</i> risk of illicit or nonmedical use of specified substance
4 – 26	<i>Moderate</i> risk of illicit or nonmedical use of specified substance
≥ 27	<i>High</i> risk of illicit or nonmedical use of specified substance

3. TAPS Tool I & II

- Tobacco, Alcohol, Prescription medication, and other Substance use
- 14 items assessing for frequency of drug use
- Scoring: The TAPS Tools provide 7 scores, one for each substance. The score ranges from 0 – 4 for alcohol, and 0 – 3 for other substances (cannabis, [non-prescription] stimulant, heroin, opioid, sedative, and [prescription] stimulant), with higher scores suggestive of greater severity.

Suicide

1. C-SSRS+

- Columbia-Suicide Severity Rating Scale ‘Screen Version’ plus the Intensity of Ideation Subscale of the ‘Since Last Visit’ version of the C-SSRS (i.e., C-SSRS+).
- The 6 items on the Screen Version ask about wish for death, thoughts of suicide, suicidal thoughts with method without specific thoughts or intent, suicidal intent without and with specific plan, and suicide behavior. The intensity sub-scale items are 5 Likert-type items rated on a 5-point scale (1 = least severe; 5 = most severe).
- Scoring: Each item on the Screen Version is answered using a binary response (yes/no). The Screen Version is scored as low, moderate, or high risk. Interpretation of the C-SSRS intensity of ideation sub-scale can be either item-level and/or based on an overall intensity score.

Psychosis

1. DSM-5 Cross-cutting measure Psychosis Domain
 - 2 items on the DSM-5 Cross-cutting measure that assesses for psychosis symptoms
 - Scoring: A rating of slight (i.e., 1) or greater on any item within this domain may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment is needed.
2. * BPRS
 - Brief Psychiatric Rating Scale
 - An 18-item clinician rating scale assessing psychosis symptoms
 - Scoring: Each item on the BPRS is scored on a Likert scale from 1 (not present) to 7 (extremely severe). Total scores range from 18 – 126 (scores below 18 indicate that one or more items were not assessed), with higher scores suggestive of greater severity. There are currently no standard clinical cut-offs for this tool.

Pain

1. PROMIS-Pain
 - PROMIS - Pain Interference – Short Form 3. V1.0
 - 8 items assessing the level of interference with social and daily activities due to pain
 - Scoring: Scores range from 8 to 40, with higher scores suggestive of greater severity. The raw scores on the 8 items should be summed to obtain a total raw score. Next, the total raw score is converted to a T-score.

T-Score	Interpretation
< 55	<i>None to slight</i> levels of pain interference
55.0 – 59.9	<i>Mild</i> levels of pain interference
60.0 – 69.9	<i>Moderate</i> levels of pain interference
≥ 70	<i>Severe</i> levels of pain interference