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 <a href="http://www.dsm5.org/Pages/Feedback-Form.aspx">http://www.dsm5.org/Pages/Feedback-Form.aspx</a>.

**Measure:** LEVEL 2—Depression—Child Age 11–17 (PROMIS Emotional Distress— Depression—Pediatric Item Bank)

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## LEVEL 2—Depression—Child Age 11–17<sup>\*</sup>

\*PROMIS Emotional Distress—Depression—Pediatric Item Bank

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 "having little interest or pleasure in doing things" and/or "feeling 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 you have been bothered by a list of symptoms <u>during the past 7 days</u>. Please respond to each item by marking ( $\checkmark$  or x) one box per row.

						Clinician Use		
In the past SEVEN (7) DAYS								
		Never	Almost Never	Sometimes	Often	Almost Always	Item Score	
1.	I could not stop feeling sad.	<b>1</b>	2	<b>3</b>	4	<b>D</b> 5		
2.	I felt alone.	<b>1</b>	2	3	4	<b>5</b>		
3.	I felt everything in my life went wrong.	<b>1</b>	2	3	4	<b>5</b>		
4.	I felt like I couldn't do anything right.	<b>1</b>	2	3	4	<b>5</b>		
5.	l felt lonely.	<b>1</b>	2	3	4	<b>5</b>		
6.	I felt sad.	<b>1</b>	2	3	4	<b>5</b>		
7.	I felt unhappy.	<b>1</b>	2	3	<b>4</b>	<b>5</b>		
8.	I thought that my life was bad.	<b>1</b>	2	3	4	<b>5</b>		
9.	Being sad made it hard for me to do things with my friends.	<b>1</b>	2	3	4	<b>5</b>		
10.	I didn't care about anything.	<b>1</b>	2	3	4	<b>5</b>		
11.	I felt stressed.	<b>1</b>	2	3	<b>4</b>	<b>5</b>		
12.	I felt too sad to eat.	<b>1</b>	2	3	4	<b>5</b>		
13.	I wanted to be by myself.	<b>1</b>	2	3	<b>4</b>	<b>5</b>		
14.	It was hard for me to have fun.	<b>1</b>	2	3	4	<b>5</b>		
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 but was tested in children ages 11–17 in the DSM-5 Field Trials. ©2008-2012 PROMIS Health Organization (PHO) and PROMIS Cooperative Group.

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## **Instructions to Clinicians**

The DSM-5 Level 2—Depression—Child Age 11–17 measure is the 14-item PROMIS Depression Short Form that assesses the pure domain of depression in children and adolescents. The PROMIS Depression scale was developed for and can be used with children ages 8–17; however, it was tested only in children ages 11–17 in the DSM-5 Field Trials. 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 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 14 to 70 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 14 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	Score	T-Score	SE
14	31.7	5.9	43	63.1	2.7
15	35.2	5.3	44	63.8	2.7
16	36.9	5.2	45	64.4	2.7
17	39.1	4.8	46	65.1	2.7
18	40.6	4.7	47	65.7	2.7
19	42.4	4.3	48	66.4	2.7
20	43.8	4.1	49	67	2.7
21	45.2	3.9	50	67.7	2.7
22	46.5	3.7	51	68.4	2.7
23	47.6	3.5	52	69	2.7
24	48.7	3.4	53	69.7	2.7
25	49.7	3.3	54	70.4	2.7
26	50.6	3.2	55	71.1	2.7
27	51.5	3.1	56	71.8	2.7
28	52.4	3	57	72.6	2.8
29	53.2	3	58	73.3	2.8
30	54	2.9	59	74.1	2.8
31	54.8	2.9	60	74.9	2.9
32	55.6	2.8	61	75.7	3
33	56.3	2.8	62	76.6	3
34	57	2.8	63	77.5	3.1
35	57.7	2.8	64	78.4	3.2
36	58.4	2.8	65	79.4	3.3
37	59.1	2.7	66	80.6	3.5
38	59.8	2.7	67	81.7	3.6
39	60.4	2.7	68	83.1	3.7
40	61.1	2.7	69	84.6	3.8
41	61.8	2.7	70	86.6	4
42	62.4	2.7			

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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:

(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 12 of 14 items were answered and the sum of those 12 responses was 40, the prorated raw score would be 40 X 14/12 = 47, after rounding. The T-score in this example would be 65.7.

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 3) 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 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. 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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