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-TR. 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:** Severity Measure for Separation Anxiety Disorder—Adult **Rights granted:** This measure may not be modified absent written permission from APA. This measure can be reproduced, either electronically or in print formats, without permission by researchers and by clinicians solely for use with their patients in private-practice, research, or hospital settings. For the avoidance of doubt, this includes that Clinicians may upload this instrument into their own pre-existing electronic health software systems for patient assessment and records when done solely for their own use with their patients.

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## Severity Measure for Separation Anxiety Disorder—Adult

Instructions: The following questions ask about thoughts, feelings, and behaviors that you may have had about being

Age: \_\_\_\_\_

Date:\_\_\_\_\_

separated from home or from people who are important to you. Please rate how often the following statements are true for you. Please respond to each item by marking ( $\checkmark$ or x) one box per row.							
							Clinician Use
	During the PAST 7 DAYS, I have	Never	Occasionally	Half of the time	Most of the time	All of the time	Item score
1.	felt moments of sudden terror, fear, or fright when separated	<b>□</b> 0	<b>1</b>	<b>□</b> 2	<b></b> 3	<b>4</b>	
2.	felt anxious, worried, or nervous about being separated	<b>□</b> 0	<b>1</b>	<b>□</b> 2	<b></b> 3	<b>4</b>	
3.	have had thoughts of bad things happening to people important to me or bad things happening to me when separated from them (e.g., getting lost, accidents)	<b>□</b> 0	<b>1</b>	<b>□</b> 2	<b>3</b>	<b>4</b>	
4.	felt a racing heart, sweaty, trouble breathing, faint, or shaky when separated	<b>□</b> 0	<b>1</b>	<b>□</b> 2	<b></b> 3	<b>4</b>	
5.	felt tense muscles, felt on edge or restless, or had trouble relaxing or trouble sleeping when separated	0	<b>1</b>	<b>□</b> 2	<b>a</b> 3	<b>4</b>	
6.	avoided going places where I would be separated	0	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
7.	when separated, left places early to go home	0	<b>1</b>	<b>2</b>	<b></b> 3	<b>4</b>	
8.	spent a lot of time preparing for how to deal with separation	<b>0</b>	<b>1</b>	<b>2</b>	<b></b> 3	<b>4</b>	
9.	distracted myself to avoid thinking about being separated	0	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
10.	needed help to cope with separation (e.g., alcohol or medications, superstitious objects)	<b>0</b> 0	<b>1</b>	<b>□</b> 2	<b>□</b> 3	<b>4</b>	
Total/Partial Raw Score:							
Prorated Total Raw Score: (if 1-2 items left unanswered)							

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## **Instructions to Clinicians**

The Severity Measure for Separation Anxiety Disorder—Adult is a 10-item measure that assesses the severity of symptoms of separation anxiety disorder in individuals age 18 and older. The measure was designed to be completed by an individual upon receiving a diagnosis of separation anxiety disorder (or clinically significant separation anxiety symptoms) and thereafter, prior to follow-up visits with the clinician. Each item asks the individual to rate the severity of his or her separation anxiety disorder during the past 7 days.

## **Scoring and Interpretation**

Each item on the measure is rated on a 5-point scale (0=Never; 1=Occasionally; 2=Half of the time; 3=Most of the time, and 4=All of the time). The total score can range from 0 to 40, with higher scores indicating greater severity of separation anxiety disorder. The clinician is asked to review the score of 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 the10 items should be summed to obtain a total raw score. In addition, the clinician is asked to calculate and use the <u>average total score</u>. The <u>average total score</u> reduces the overall score to a 5-point scale, which allows the clinician to think of the severity of the individual's separation anxiety disorder in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4). The use of the average total score was found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials. The <u>average total score</u> is calculated by dividing the raw total score by number of items in the measure (i.e., 10).

**Note:** If 3 or more items are left unanswered, the total score on the measure should not be calculated. Therefore, the individual receiving care should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the Severity Measure for Separation Anxiety Disorder (i.e., 10) and divide the value by the number of items that were actually answered (i.e., 8 or 9). The formula to prorate the partial raw score to Total Raw Score is:

(Raw sum x 10)
Number of items that were actually answered

If the result is a fraction, round to the nearest whole number.

## Frequency of Use

To track changes in the severity of the individual's separation anxiety disorder 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. 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.