LEVEL 2—Depression—Parent/Guardian of Child Age 6-17*

*PROMIS Emotional Distress—Depression—Parent Item Bank

Child's Name:		Age:		Sex: ☐ Male ☐ Female		Date:				
What is your relationship with the child receiving care?										
indic doing ask a	uctions to parent/guardian: On the DSM-5 ated that during the past 2 weeks your child g things" and/or "seeming down, depressed bout these feelings in more detail and espectoms during the past 7 days. Please response	receiving on the control of the cont	are has been ss" at a mild often your ch	n bothered by " or greater leve nild receiving ca	not finding I of severity re has beer	interest or p 7. The question 1 bothered by	oleasure in ons below			
							Clinician Use			
In the past SEVEN (7) days, my child said he/she										
		Never	Almost Never	Sometimes	Often	Almost Always	Score			
1.	Could not stop feeling sad.	1	 2	3	4	 5				
2.	Felt alone.	1	2	3	4	5				
3.	Felt like he/she couldn't do anything right.	1	□ 2	3	4	 5				
4.	Felt lonely.	1	2	□ 3	4	5				
5.	Felt sad.	1	□ 2	3	4	 5				
6.	Felt unhappy.	1	□ 2	3	4	 5				
7.	Thought that his/her life was bad.	1	2	3	4	 5				
8.	Didn't care about anything.	1	2 2	3	4	5				
9.	Felt stressed.	1	2	3	4	5				
10.	Felt too sad to eat.	1	2	□ 3	4	 5				
11.	Wanted to be by himself/herself.	1	2	3	4	 5				
	Total/Partial Raw Score:									
				Pr	orated Tota	l Raw Score:				
						T-Score:				

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Instructions to Clinicians

The DSM-5 Level 2—Depression—Parent/Guardian of Child Age 6–17 measure is an 11-item PROMIS Depression Short Form that assesses the pure domain of depression in children and adolescents. The measure is completed by the parent or guardian about the child prior to a visit with the clinician. Each item asks the parent or guardian to rate the severity of his or her child's depression <u>during the past 7 days</u>.

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 11 to 55 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 11 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. Interpretations of the T-scores are:

Score	T-Score	SE
11	32.1	5.6
12	36	4.9
13	38.6	4.6
14	41.1	4.1
15	43.2	3.8
16	45.1	3.5
17	46.7	3.4
18	48.2	3.3
19	49.6	3.2
20	50.9	3.1
21	52.2	3
22	53.5	3
23	54.6	3
24	55.8	2.9
25	57	2.9
26	58.1	2.9
27	59.2	2.9
28	60.3	2.9
29	61.3	2.9
30	62.4	2.9
31	63.5	2.9
32	64.5	2.9
33	65.6	2.9

Score	T-Score	SE	
34	66.6	2.9	
35	67.7	2.8	
36	68.7	2.8	
37	69.7	2.8	
38	70.7	2.8	
39	71.7	2.8	
40	72.7	2.8	
41	73.8	2.8	
42	74.8	2.8	
43	75.8	2.8	
44	76.9	2.9	
45	78	2.9	
46	79.1	2.9	
47	80.2	3	
48	81.4	3.1	
49	82.6	3.2	
50	83.8	3.3	
51	85.2	3.4	
52	86.5	3.5	
53	87.9	3.5	
54	89.3	3.4	
55	90.5	3.2	

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 10 of 11 items were answered and the sum of those 10 responses was 30, the prorated raw score would be $30 \times 11/10 = 33$. The T-score in this example would be 65.6.

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 2) are missing a response, the scores should not be used. Therefore, the parent or guardian should be encouraged to complete all of the items on the measure.

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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. For consistency, it is preferred that completion of the measures at follow-up appointments is by the same parent or guardian. 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.