

Repository of Patient-Reported Outcome Measures (PROMS)

About This Resource

The **Center for Mental Health Implementation Support (CMHIS)** convened a panel of national experts in measurement-based care (MBC) to compile a list of standardized, patient-reported outcome measures (PROMs). The process was guided by a review of the peer-reviewed literature as well as reports and white papers addressing implementation of MBC in community mental health settings. The committee identified a set of PROMs that were validated, brief, publicly available at no cost, and sensitive to change over time. This **repository** includes measures for adults and youth, addresses symptomatic and functional outcomes, has standardized and individualized approaches to measurement, and is applicable to a wide range of mental health conditions. The repository is intended to be a starting point for measure selection; other patient-reported measures not included here may also be useful in MBC. Additional information can be found on the **CMHIS MBC Resource Page**.

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Patient Health Questionnaire (PHQ-9)

Overview: The Patient Health Questionnaire (PHQ-9) is a widely used, standardized self-report tool for measuring the severity of depression in adults. It is brief, easy to administer, and validated for use in both clinical and community mental health settings.

Focus: Depression (adults)

Estimated Completion Time: Five minutes or less

Time Frame: Past two weeks

Number of Items: 9

Sample Items:

Over the last two weeks, how often you have been bothered by the following questions?

- Little interest or pleasure in doing things.
- Feeling down, depressed, or hopeless.
- Feeling tired or having little energy.

Response Scale: Not at all (0); Several days (1); More than half the days (2); Nearly every day (3)

Scoring and Interpretation: The total score can range from 0 to 27, with higher scores indicating greater severity of depression. Additional information on scoring and interpretation can be found [here](#).

Languages: The PHQ-9 is available in over 30 languages, including Spanish, Chinese, Arabic, and French.

Resources & Links:

- [PHQ-9 Questionnaire \(APA\)](#)
- [PHQ-9 Scoring and Interpretation](#)
- [The PHQ-9 Validity of a Brief Depression Severity Measure](#)
- [PHQ-9 Guide \(University of Washington\)](#)

PROMIS Depression

Overview: The PROMIS Depression 8a is a tool for assessing depression symptoms and severity. It is part of the Patient-Reported Measurement Information System (PROMIS) initiative developed by the National Institutes of Health (NIH) and has been found to have strong convergent validity and responsiveness to change over time.

Focus: Depression (adults)

Estimated Completion Time: Five minutes or less

Time Frame: One week

Number of Items: 8

Sample Items:

In the past seven days:

- I felt worthless.
- I felt that I had nothing to look forward to.
- I felt helpless.

Response Scale: Each item on the measure is rated on a 5-point scale – Never (1); Rarely (2); Sometimes (3); Often (4); Always (5)

Scoring and Interpretation: The raw scores on the 8 items should be summed to obtain a total raw score, ranging from 8 to 40. Higher scores indicate greater severity of depression. Scoring and interpretation guidelines are available [here](#).

Languages: Multiple language translations, including Spanish, are available.

Resources & Links:

- [PROMIS Item Bank - Depression](#)
- [PROMIS Depression 8a Questionnaire and Scoring Manual](#)
- [Validation of the depression item bank from the Patient-Reported Outcomes Measurement Information System \(PROMIS®\) in a three-month observational study](#)
- [Responsiveness of PROMIS and Patient Health Questionnaire \(PHQ\) Depression Scales in three clinical trials](#)

Patient Mania Questionnaire (PMQ-9)

Overview: The Patient Mania Questionnaire-9 (PMQ-9) is a patient-reported brief tool used to assess and monitor manic symptoms in adults. The PMQ-9 has strong psychometric properties and is sensitive to change over time.

Focus: Mania and bipolar disorder (adults)

Estimated Completion Time: Five minutes or less

Time Frame: One week

Number of Items: 9

Sample Items:

Over the past week, how often have you:

- Had little or no sleep, and still felt energized.
- Felt sped up or restless.
- Had racing thoughts.

Response Scale: Not at all (0); Several days (1); More than half of days (2); Nearly every day (3)

Scoring and Interpretation: Item scores are added so that the total score ranges from 0 to 27 with higher scores representing greater severity. Scoring and interpretation guidelines are available [here](#).

Languages: English and Spanish with limited availability of other translations.

Resources & Links:

- [PMQ-9 Questionnaire and Clinical Guide \(AIMS Center\)](#).
- [The Patient Mania Questionnaire \(PMQ-9\): a brief scale for assessing and monitoring manic symptoms](#)
- [Using the PMQ-9, a new patient-reported manic symptom measure \(University of Washington\)](#).

Altman Self-Rating Mania Scale (ASRM)

Overview: The Altman Self-Rating Mania Scale (ASRM) is a diagnostic tool designed to assess the presence and severity of manic symptoms in adults. The scale has been found to be reliable, valid, and sensitive to change over time.

Focus: Mania and bipolar disorder (adults)

Estimated Completion Time: Five to seven minutes

Time Frame: One week

Number of Items: 5

Sample Items:

Choose the one statement in each group that best describes the way you have been feeling

- I do not feel happier or more cheerful than usual.
- I feel extremely self-confident all the time.
- I often need less sleep than usual.

Response Scale: Scale of severity for each item, 1 to 5.

Scoring and Interpretation: Calculate the score by adding the response values of the 5 questions. The ASRM summed score ranges from 5 to 25 with higher scores indicating greater severity of symptoms. Scoring and interpretation guidelines are available [here](#).

Languages: Available in several languages, including Spanish.

Resources & Links:

- [Altman Self-Rating Mania Scale Questionnaire \(APA\)](#).
- [The Altman Self-Rating Mania Scale](#)
- [Are existing self-ratings of acute manic symptoms in adults reliable and valid?—A systematic review](#)

Generalized Anxiety Disorder (GAD-7)

Overview: The General Anxiety Disorder-7 (GAD-7) measures the severity of anxiety in adults, mainly outpatients. The GAD-7 has been demonstrated to be sensitive to change over the course of treatment.

Focus: Anxiety (adults)

Estimated Completion Time: Less than five minutes

Time Frame: Two weeks

Number of Items: 7

Sample Items:

Over the last two weeks, how often have you been bothered by the following problems?

- Feeling nervous, anxious, or on edge.
- Worrying too much about different things.

Response Scale: Not at all (0); Several days (1); More than half of days (2); Nearly every day (3)

Scoring and Interpretation: Add the scores for each question. The total score can range from 0 to 21, with higher scores indicating greater severity of anxiety. Cutoff scores of 5, 10, and 15 represent mild, moderate, and severe anxiety, respectively. Additional scoring and interpretation details can be found [here](#).

Languages: Available in multiple languages, including Spanish, Arabic, and Chinese.

Resources & Links:

- [GAD-7 Questionnaire \(ADAA\)](#).
- [Generalized Anxiety Disorder 7 Summary \(Greenspace\)](#).
- [A brief measure for assessing generalized anxiety disorder: the GAD-7](#)

PROMIS Anxiety

Overview: The PROMIS Anxiety 8a assesses self-reported fear (fearfulness, panic), anxious misery (worry, dread), hyperarousal (tension, nervousness, restlessness), and somatic symptoms related to arousal (racing heart, dizziness). Studies have demonstrated the responsiveness of the PROMIS anxiety measures to change in intervention studies.

Focus: Anxiety (adults)

Estimated Completion Time: Five minutes

Time Frame: One week

Number of Items: 8

Sample Items:

In the past seven days:

- I felt fearful.
- I felt anxious.

Response Scale: Never (1); Rarely (2); Sometimes (3); Often (4); Always (5)

Scoring and Interpretation: The raw scores on the 8 items should be summed to obtain a total raw score, ranging from 8 to 40. Higher scores indicate greater severity of anxiety. Scoring and interpretation guidelines are available [here](#).

Languages: Available in multiple languages.

Resources & Links:

- [PROMIS Item Bank - Anxiety](#)
- [PROMIS Anxiety 8a Questionnaire and Scoring Manual](#)
- [Item banks for measuring emotional distress from the Patient-Reported Outcomes Measurement Information System \(PROMIS®\): depression, anxiety, and anger](#)

Post Traumatic Stress Disorder Checklist (PCL-5)

Overview: The Post Traumatic Stress Disorder Checklist (PCL-5) is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD. The PCL-5 has strong test-retest reliability and sensitivity to clinical change.

Focus: PTSD (adults)

Estimated Completion Time: Five to 10 minutes

Time Frame: One month

Number of Items: 20

Sample Items:

In the past month, how much were you bothered by:

- Repeated, disturbing, and unwanted memories of the stressful experience.

Response Scale: 5-point Likert (0 = “Not at all” to 4 = “Extremely”)

Scoring and Interpretation: Total scores are calculated by summing responses to the 20 items. Total scores can range from 0 to 80, with higher scores indicating greater PTSD symptom severity. A cutoff score of 31–33 is indicative of probable PTSD. Subscale scoring: DSM-5 symptom cluster severity scores can be obtained by summing the scores for the items within a given cluster, i.e., cluster B (items 1-5), cluster C (items 6-7), cluster D (items 8-14), and cluster E (items 15-20). Additional scoring and interpretation details are available [here](#).

Languages: Available in 16 languages, including Spanish.

Resources & Links:

- [PCL-5 Questionnaire](#)
- [PCL-5 Scoring and Interpretation Guide](#)
- [PCL-5 Checklist](#)
- [Detecting PTSD in a traumatically injured population: the diagnostic utility of the PTSD checklist for DSM-5](#)

Panic Disorder Severity Scale (PDSS-SR)

Overview: The Panic Disorder Severity Scale (PDSS-SR) is a self-report scale that measures the severity of panic attacks and panic disorder symptoms. The PDSS has been shown to be sensitive to change in response to short-term treatment. The measure is copyrighted by M. Katherine Shear, M.D., but permission has been granted for clinicians to reproduce and use it in their practice.

Focus: Panic disorder (adults)

Estimated Completion Time: Five minutes

Time Frame: One week

Number of Items: 7

Sample Items:

In the past week:

- How many panic and limited symptoms attacks did you have?
- How distressing (uncomfortable, frightening) were they while they were happening?
- How much have you worried or felt anxious about when your next panic attack would occur or about fears related to the attacks?

Response Scale: 5-point Likert (0 = “Not at all” to 4 = “Extremely”)

Scoring and Interpretation: Raw scores range from 0 to 28 and composite scores range from 0 to 4. A composite score is established by averaging the scores of the seven items. Higher scores indicate a higher severity of panic disorder. Additional information about scoring can be found [here](#).

Languages: Available in multiple languages.

Resources & Links:

- [PDSS Questionnaire](#)
- [PDSS Scoring and Interpretation Guide](#)
- [Multicenter Collaborative Panic Disorder Severity Scale](#)
- [Evidence-Based Guidelines for Interpretation of the Panic Disorder Severity Scale](#)

PROMIS Alcohol

Overview: The PROMIS Alcohol Use 7a assesses an individual's alcohol consumption patterns and behaviors. It is used to understand the severity of alcohol use and its consequences. The measure has been found to be valid and responsive to change over time.

Focus: Substance use (adults)

Estimated Completion Time: Five minutes

Time Frame: One month

Number of Items: 7

Sample Items:

In the past 30 days:

- I spent too much time drinking.
- I drank heavily at a single sitting.

Response Scale: Each question has five response options ranging in value from 1 to 5 – Never (1); Rarely (2); Sometimes (3); Often (4); Almost Always (5)

Scoring and Interpretation: The raw scores on the 7 items should be summed to obtain a total raw score, ranging from 7 to 35. For Alcohol Use, individuals with a higher score may experience more alcohol consumption, cravings, or difficulty controlling their drinking. Detailed scoring guidelines are available [here](#).

Languages: Other languages are available by request.

Resources & Links:

- [PROMIS Item Bank - Alcohol Use](#)
- [PROMIS Alcohol Use 7a Questionnaire and Scoring Manual](#)
- [Validation of the alcohol use item banks from the Patient-Reported Outcomes Measurement Information System \(PROMIS®\)](#)

Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

Overview: The Alcohol Use Disorders Identification Test-Concise (AUDIT-C) is a brief alcohol screening instrument that reliably identifies persons who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence). The AUDIT-C is a modified version of the 10-question AUDIT instrument and has been shown to be sensitive to changes in alcohol consumption over time.

Focus: Substance use (adults)

Estimated Completion Time: Five minutes

Time Frame: One year

Number of Items: 3

Sample Items:

In the past year:

- How often did you have a drink containing alcohol?
- How many drinks did you have on a typical day when you were drinking?

Response Scale: Never (0); Less than monthly (1); Monthly (2); Weekly (3); Daily or almost daily (4)

Scoring and Interpretation: The AUDIT-C is scored by summing the response points from each item, with a possible score range of 0 to 12 (scores of 0 reflect no alcohol use). Generally, the higher the AUDIT-C score, the greater risk for alcohol use disorders. Additional scoring guidelines available [here](#).

Languages:

Available in multiple languages, including Spanish.

Resources & Links:

- [AUDIT-C Questionnaire](#)
- [AUDIT-C Scoring Cards](#)
- [The AUDIT alcohol consumption questions \(AUDIT-C\): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project \(ACQUIP\). Alcohol Use Disorders Identification Test](#)

PROMIS Severity of Substance Abuse

Overview: The PROMIS Severity of Substance Use 7a assesses severity of substance use. The questionnaire contains 7 questions, is generic rather than disease specific, and assesses severity over the past 3 months. The measure has been found to be sensitive in detecting changes in use of alcohol and other substances over time.

Focus: Substance use (adults)

Estimated Completion Time: Five minutes

Time Frame: Three months

Number of Items: 7

Sample Items:

In the past three months, have you used drugs other than alcohol or your prescribed medications?

- I felt that my drug use was out of control.
- Drugs were the only thing I could think about.

Response Scale: Each question has five response options ranging in value from one to five – Never (1); Rarely (2); Sometimes (3); Often (4); Almost Always (5)

Scoring and Interpretation: The raw scores on the 7 items should be summed to obtain a total raw score, ranging from 7 to 35. Higher scores indicate greater severity of substance use. Detailed scoring and interpretation guidelines available [here](#).

Languages: Available in English and Spanish.

Resources & Links:

- [PROMIS Item Bank - Severity of Substance Use](#)
- [PROMIS Substance Use Severity 7a Questionnaire and Scoring Manual](#)
- [Item banks for substance use from the Patient-Reported Outcomes Measurement Information System \(PROMIS®\): severity of use and positive appeal of use](#)

Brief Addiction Monitor (BAM-R)

Overview: The Brief Addiction Monitor (BAM) is a 17-item questionnaire that measures an individual's (1) risk for relapse or worsening severity of SUD, (2) protective behaviors that support recovery and resistance to relapse, and (3) use of alcohol and other substances. The BAM has strong test-retest validity and is sensitive to change over time.

Focus: Substance use (adults)

Estimated Completion Time: 10 minutes

Time Frame: 30 days

Number of Items: 17

Sample Items:

In the past 30 days:

- How many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)?
- How many days did you use any illegal or street drugs or abuse any prescription medications?
- How much were you bothered by cravings or urges to drink alcohol or use drugs?

Response Scale: Respondents specify the actual number of days of use and indicate level of severity on a scale: Not at all (0); Slightly (8); Moderately (15); Considerably (22); Extremely (30)

Scoring and Interpretation: All versions of the BAM use the same computational formulas for the Risk, Protective, and Use scores. Calculate the Risk score by summing items 1, 2, 3, 8, 11, 15 (range 0 – 180). Calculate the Protective score by summing items 9, 10, 12, 13, 14, 16 (range 0 – 180). Calculate the Use score by summing items 4, 5, 6 (range of 0 – 90). Higher values on the Risk, Protective, and Use scores indicate greater presence of risk factors, protective factors, and substance use, respectively. The three composite scores can help identify what behaviors are contributing to Risk, where deficits in Protective behaviors may lie, and which substances are contributing to Use. Additional scoring and interpretation details are available [here](#).

Languages: Information on other languages not available.

Resources & Links:

- [BAM-R Questionnaire](#)
- [BAM-R Scoring and Interpretation](#)
- [Development and initial evaluation of the Brief Addiction Monitor \(BAM\)](#)

Brief Assessment of Recovery Capital (BARC-10)

Overview: The Brief Assessment of Recovery Capital (BARC-10) is a self-administered questionnaire to evaluate the tools and resources a patient has available to support their substance use disorders recovery. The measure has high predictive validity for sustained remission and effectively tracks changes in recovery capital over time.

Focus: Substance use (adults)

Estimated Completion Time: Not specified

Time Frame: Current state

Number of Items: 10

Sample Items:

Please indicate your level of agreement with the following statements:

- There are more important things to me in life than using substances.
- In general I am happy with my life.
- I have enough energy to complete the tasks I set myself.

Response Scale: 1 to 6 scale (1 = “Strongly Disagree” to 6 = “Strongly Agree”)

Scoring and Interpretation: Total scores range from 10 to 60; cutoff score of 47 or greater indicates predictive validity for sustained remission (1+ years). Higher scores reflect greater recovery capital and resources. Additional scoring and interpretation details are available [here](#).

Languages: Spanish, Bangla, and Hindi translation available.

Resources & Links:

- [BARC-10 Questionnaire](#)
- [BARC-10 Copyright and Content Policy](#)
- [Development and validation of a Brief Assessment of Recovery Capital \(BARC-10\) for alcohol and drug use disorder](#)

Eating Disorder Examination Questionnaire-Short (EDE-QS)

Overview: The Eating Disorder Examination Questionnaire Short (EDE-QS) is adapted from the semi-structured interview, the Eating Disorder Examination (EDE). The questionnaire is designed to assess the range, frequency and severity of behaviors associated with an eating disorder diagnosis. The EDE-QS has good internal consistency and is sensitive to change over time. The EDE-Q is under copyright. It is freely available for non-commercial research use only and no permission needs to be sought. This includes using the EDE-QS digitally as long as it is for non-commercial clinical or research use.

Focus: Eating disorders (adults)

Estimated Completion Time: Five to 10 minutes

Time Frame: One week

Number of Items: 12

Sample Items:

On how many of the past 7 days...

- Have you been deliberately trying to limit the amount of food you eat to influence your weight or shape (whether or not you have succeeded)?

Response Scale: 0 Days (0); 1-2 Days (1); 3-5 Days (2); 6-7 Days (3)

Scoring and Interpretation: Sum the scores of all 12 items. Total scores range from 0 to 36, with higher numbers indicating greater severity of eating disorder symptoms. Scoring 15 or above indicates a high probability of an eating disorder. The EDE-Q produces domain-specific scores for four different attitudinal subscales – restraint, eating concern, shape concern, and weight concern. Users who would like to obtain EDE-Q subscale scores need to use the full version (i.e., 28 items). Detailed scoring and interpretation guidelines are available [here](#).

Languages: Available in multiple languages.

Resources & Links:

- [EDE-QS Questionnaire](#)
- [EDE-QS Scoring Information](#)
- [Overview of the Eating Disorder Examination \(EDE-Q\)](#)
- [Development and psychometric validation of the EDE-QS, a 12 item short form of the eating disorder examination questionnaire \(EDE-Q\)](#)

PROMIS Ability to Participate in Social Roles and Activities-Short Form

Overview: The PROMIS Ability to Participate in Social Roles and Activities 8a assesses an individual's ability to participate in work and daily activities with family and friends. The social function measures have been found to be sensitive to change over time and to be associated with changes in global health.

Focus: Function and support (adults)

Estimated Completion Time: Less than five minutes

Time Frame: Current state

Number of Items: 8

Sample Items:

I have trouble...

- doing all my leisure activities with others.
- doing all of the family activities that I want to do.

Response Scale: Each question has five response options ranging in value from 1 to 5 – Never (5); Rarely (4); Sometimes (3); Usually (2); Always (1)

Scoring and Interpretation: The raw scores on the 8 items should be summed to obtain a total raw score, ranging from 8 to 40. Higher scores indicate better ability to participate in social roles and activities. Detailed scoring and interpretation guidelines are available [here](#).

Languages: Available in Spanish.

Resources & Links:

- [PROMIS Item Bank - Ability to Participate in Social Roles and Activities](#)
- [PROMIS Participate Social Roles, Activities 8a Questionnaire and Scoring Manual](#)
- [Extending the PROMIS item bank “ability to participate in social roles and activities”: a psychometric evaluation using IRT](#)

World Health Organization Disability Assessment Schedule (WHODAS)

Overview: The World Health Organization Disability Assessment Schedule (WHODAS 2.0) questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. The WHODAS 2.0 has been found to be responsive to change related to a range of health interventions. Permission and licensing information are available at Licensing of WHO Classifications.

Focus: Function (adults)

Estimated Completion Time: 10 minutes

Time Frame: 30 days

Number of Items: 12

Sample Items:

In the past 30 days, how much difficulty did you have in:

- Standing for long periods such as 30 minutes.
- Taking care of your household responsibilities.

Response Scale: None (1); Mild (2); Moderate (3); Severe (4); Extreme (5)

Scoring and Interpretation: Two scoring methods are available: score and percentile (raw score with corresponding percentile) or Average score and descriptor (mean score with qualitative descriptor). For simple scoring, the raw scores on the 12 items are summed to obtain a total score ranging from 12 to 60. Higher scores indicate greater functional limitations. A more complex method of scoring that differentially weights the items and the levels of severity is available for comparative analysis across populations. WHODAS 2.0 produces domain-specific scores for six different functioning domains –cognition, mobility, self-care, getting along, life activities (household and work) and participation. Users who would like to obtain WHODAS 2.0 domain scores need to use the full version (i.e., 36 items). The domain scores provide more detailed information than the summary score. Additional details on scoring and interpretation can be found here.

Languages: Available in 47 languages.

Resources & Links:

- WHODAS Questionnaire
- WHODAS Assessment Schedule

Parenting Daily Hassles Scale (PDH)

Overview: The Parenting Daily Hassles Scale (PDH) is a 20-item self-report measure that monitors how much parents/caregivers are affected by daily occurrences they may typically experience. The PDH has good internal consistency, content validity, and sensitivity to change over time.

Focus: Parental impact (adults)

Estimated Completion Time: 10 minutes

Time Frame: One month

Number of Items: 20

Sample Items:

Select how much of a hassle you feel that it has been for you during the past month.

- Continually cleaning up messes of toys or food.
- Being nagged, whined at, complained to.

Response Scale: The degree of “hassle” severity is calculated by assigning scores ranging from low (1) to high (5).

Scoring and Interpretation: The sum of all 20 items represents the overall burden as determined by the caregiver. Total scores range from 20 to 100, with a higher score indicating greater severity. A score of 70 or more indicates experience of significant burden by the caregiver. The measure has two subscales: Challenging Behaviors (items 2, 4, 8, 9, 11, 12, and 16) and Parenting Tasks (items 1, 6, 7, 10, 13, 14, 17, and 20). Calculate the subscale scores by summing the Challenging Behaviors items (range of 7 – 35) and the Parenting Task items (range of 8 – 40). Scores on these subscales can help identify which domain poses greater difficulty for the caregiver. Additional scoring information is available [here](#).

Languages: Available in 40 languages.

Resources & Links:

- [PDH Questionnaire \(Greenspace\)](#)
- [PDH Scoring and Interpretation \(Greenspace\)](#)
- [Measures for assessing parenting in research and practice](#)

Parental Stress Scale (PSS)

Overview: The Parental Stress Scale (PSS) is an 18-item questionnaire assessing parents' feelings about their parenting role, exploring both positive aspects (e.g., emotional benefits, personal development) and negative aspects of parenthood (e.g., demands on resources, feelings of stress). Developed by Judy Berry and Warren Jones (1995), the PSS has good internal consistency, construct validity, and adequate treatment sensitivity over time.

Focus: Parental impact (adults)

Estimated Completion Time: 10 minutes

Time Frame: None, general parenting experience

Number of Items: 18

Sample Items:

Please indicate the degree to which you agree or disagree with the following items

- I am happy in my role as a parent.
- There is little or nothing I wouldn't do for my child(ren) if it was necessary.

Response Scale: 1 = Strongly disagree; 2 = Disagree; 3 = Undecided; 4 = Agree; 5 = Strongly agree

Scoring and Interpretation: To compute the parental stress score, items 1, 2, 5, 6, 7, 8, 17, and 18 should be reverse scored as follows: (1=5) (2=4) (3=3) (4=2) (5=1). The item scores are then summed with a low score indicating a low level of stress and a high score indicating a high level of stress. Additional details on scoring and interpretation can be found [here](#).

Languages: Available in several languages, including Spanish.

Resources & Links:

- [PSS Questionnaire](#)
- [PSS Scoring and Interpretation](#)
- [The Parental Stress Scale: Initial Psychometric Evidence](#)

Patient Health Questionnaire for Adolescents (PHQ-A)

Overview: The Patient Health Questionnaire for Adolescents (PHQ-A) is a tool used for measuring the severity of depression in adolescents. The PHQ-A is reworded for ages 11 to 17 and has been found to be internally consistent, reliable, and sensitive to change over time.

Focus: Depression (adolescents)

Estimated Completion Time: Five minutes

Time Frame: Two weeks

Number of Items: 9

Sample Items:

How often have you been bothered by each of the following symptoms?

- Feeling down, depressed, irritable, or hopeless.
- Little interest or pleasure in doing things.
- Trouble falling asleep, staying asleep, or sleeping too much.

Response Scale: (0) Not at all; (1) Several days; (2) More than half the days; (3) Nearly every day

Scoring and Interpretation: Sum responses to calculate a severity score ranging from 0 to 27. Higher scores indicate severity of depressive disorder or episode (i.e., 20-27). Information about scoring and interpretation is available [here](#).

Languages: Available in several languages, including Spanish.

Resources & Links:

- [PHQ-A Questionnaire](#)
- [PHQ-A Scoring and Interpretation \(APA\)](#)
- [The patient health questionnaire for adolescents: validation of an instrument for the assessment of mental disorders among adolescent primary care patients](#)

Mood and Feelings Questionnaire (MFQ)

Overview: The Mood and Feelings Questionnaire (MFQ), developed by Adrian Angold and Elizabeth J. Costello in 1987, consists of descriptive phrases regarding how the subject has been feeling or acting recently. The MFQ has satisfactory diagnostic accuracy and sensitivity to change. Clinicians may download a PDF version of the MFQ free of charge; however, the authors request they are cited in any published work.

Focus: Depression (Youth)

Estimated Completion Time: Five minutes

Time Frame: Two weeks

Number of Items: 33

Sample Items:

For each question, please check how you have been feeling or acting...

- I felt miserable or unhappy.
- I didn't enjoy anything at all.
- I felt so tired I just sat around and did nothing.

Response Scale: Not true (0); Sometimes (1); True (2)

Scoring and Interpretation: Calculate the score by summing together the point values of responses for each item. For the long version, scores range from 0 to 66; a score of 27 or higher may suggest depression. For the short version, scores range from 0 to 26; a score of 12 or higher may suggest depression. Additional details about scoring and interpretation can be found [here](#).

Languages: Available in Spanish.

Resources & Links:

- [MFQ Questionnaire \(long version\)](#) and [MFQ Questionnaire \(short version\)](#).
- [MFQ Overview](#)
- [Criterion validity of the Mood and Feelings Questionnaire for depressive episodes in clinic and non-clinic subjects](#)

General Anxiety Disorder (GAD-7)

Overview: The General Anxiety Disorder-7 (GAD-7) measures the severity of anxiety in youth populations. The GAD-7 has been found to be sensitive to change in youth and is a recommended instrument for treatment monitoring.

Focus: Anxiety (youth)

Estimated Completion Time: Five minutes

Time Frame: Two weeks

Number of Items: 7

Sample Items:

How often have you been bothered by the following problems?

- Feeling nervous, anxious, or on edge.
- Not being able to stop or control worrying.
- Worrying too much about different things.

Response Scale: Not at all (0), Several days (1), More than half the days (2), Nearly every day (3)

Scoring and Interpretation: Add the score for each column and then add the column scores to calculate total score, with total scores ranging from 0 to 21. Higher scores indicate higher severity of symptoms. Additional details on scoring and interpretation can be found [here](#).

Languages: Available in multiple languages including Spanish, Arabic, and Chinese.

Resources & Links:

- [GAD-7 Questionnaire](#)
- [GAD-7 Scoring and Interpretation](#)
- [Screening for anxiety in adolescents: validation of the Generalized Anxiety Disorder Assessment-7 in a representative sample of adolescents](#)

Center for Epidemiological Studies Depression Scale for Children (CES-DC)

Overview: The Center for Epidemiological Studies Depression Scale for Children (CES-DC) is a 20-item self-report measure that assesses the severity of depression symptoms over the past week. Designed for children and adolescents between the ages of 6 to 17, the CES-DC is a reliable instrument for monitoring depressive symptoms and has demonstrated sensitivity to change, making it well suited for tracking treatment-related outcomes.

Focus: Depression (youth ages 6–17)

Estimated Completion Time: 10 minutes

Time Frame: One week

Number of Items: 20

Sample Items:

Please check how much you have felt this way...

- I was bothered by things that usually don't bother me.
- I did not feel like eating, I wasn't very hungry.

Response Scale: Not at all (0); A little (1); Some (2); A lot (3)

Scoring and Interpretation: The sum of all responses is calculated (items 4, 8, 12, and 16 are reverse-scored). Total scale scores range from 0 to 60 with higher scores indicating a greater degree of depression symptoms. A score of 15 or higher indicates a risk for depression in children and adolescents. Additional details about scoring and interpretation can be found [here](#).

Languages: Available in multiple languages including Spanish and Chinese.

Resources & Links:

- [CES-DC Questionnaire \(Greenspace\)](#)
- [Children's symptom and social functioning self-report scales. Comparison of mothers' and children's reports](#)

PROMIS Pediatric Depressive Symptoms

Overview: The PROMIS Pediatric Depressive Symptoms 8a assesses the severity of depression in adolescents. The PROMIS pediatric item bank has been found to be sensitive to change over time in youth.

Focus: Depression (youth ages 8–17)

Estimated Completion Time: Five minutes

Time Frame: One week

Number of Items: 8

Sample Items:

In the past seven days...

- I felt everything in my life went wrong.
- I felt lonely.
- I felt sad.

Response Scale: Never (1); Almost Never (2); Sometimes (3); Often (4); Almost Always (5)

Scoring and Interpretation: The sum of responses is calculated, with a range of 8 to 40. Higher scores indicate a greater degree of depression symptoms. Scoring details are available [here](#).

Languages: Available in multiple languages including Spanish.

Resources & Links:

- [PROMIS Item Bank - Pediatric Depressive Symptoms](#)
- [PROMIS Pediatric Depressive Symptoms 8a Questionnaire and Scoring Manual](#)
- [An item response analysis of the pediatric PROMIS anxiety and depressive symptoms scales](#)

PROMIS Pediatric Anxiety

Overview: The PROMIS Pediatric Anxiety - 8a assesses the severity of anxiety in adolescents. The PROMIS pediatric item bank has been found to be sensitive to change over time in youth.

Focus: Anxiety (youth ages 8–17)

Estimated Completion Time: Five minutes

Time Frame: One week

Number of Items: 8

Sample Items:

In the past seven days...

- I felt like something awful might happen.
- I felt nervous.
- I felt worried.

Response Scale: Never (1); Almost Never (2); Sometimes (3); Often (4); Almost Always (5)

Scoring and Interpretation: The sum of responses is calculated, with a range of 8 to 40. Higher scores indicate a greater degree of anxiety symptoms. Scoring details are available [here](#).

Languages: Available in multiple languages including Spanish.

Resources & Links:

- [PROMIS Item Bank - Pediatric Anxiety](#)
- [PROMIS Pediatric Anxiety 8a Questionnaire and Scoring Manual](#)
- [Comparative analysis of pediatric anxiety measures in clinical sample: evaluation of the PROMIS pediatric anxiety short forms](#)

PROMIS Pediatric Family Relationships

Overview: The PROMIS Pediatric Family Relationships 8a assesses the quality of family relationships in adolescents. This PROMIS measure has been found to be sensitive to change over time.

Focus: Function (youth ages 8–17)

Estimated Completion Time: Five minutes

Time Frame: Four weeks

Number of Items: 8

Sample Items:

In the past four weeks...

- I felt I had a strong relationship with my family.
- I felt really important to my family.

Response Scale: Never (1); Almost Never (2); Sometimes (3); Often (4); Almost Always (5)

Scoring and Interpretation: The sum of responses is calculated, with a range of 8 and 40. Higher scores indicating a better quality relationship with family. PROMIS scoring details are available [here](#).

Languages: Available in multiple languages including Spanish.

Resources & Links:

- [PROMIS Item Bank - Pediatric Family Relations](#)
- [PROMIS Pediatric Family Relations 8a Questionnaire and Scoring Manual](#)
- [Children's family experiences: development of the PROMIS® pediatric family relationships measures](#)

PROMIS Pediatric Social Relationships— Interaction with Peers

Overview: The PROMIS Pediatric Social Relationships — Interaction with Peers 8a measure assess the quality of peer relationships and social function in adolescents. This PROMIS measure has been found to be sensitive to change over time.

Focus: Function (youth ages 8–17)

Estimated Completion Time: Five minutes

Time Frame: One week

Number of Items:

Sample Items:

In the past seven days...

- I felt close to my friends.
- I was able to count on my friends.
- I spent time with my friends.

Response Scale: Never (1); Almost Never (2); Sometimes (3); Often (4); Almost Always (5)

Scoring and Interpretation: The sum of responses is calculated, with a range of 8 and 40. Higher scores indicate a better quality of peer relationships. PROMIS scoring details are available [here](#).

Languages: Available in multiple languages including Spanish.

Resources & Links:

- [PROMIS Item Bank — Pediatric Social Relationship Peers](#)
- [PROMIS Pediatric Social Relationships — Peers 8a Questionnaire and Scoring Manual](#)
- [PROMIS Pediatric Peer Relationships Scale: development of a peer relationships item bank as part of social health measurement](#)

Top Problems Assessment — Youth Report (TPA)

Overview: The Youth Top Problems Assessment — Youth Report is a brief, idiographic procedure that helps identify and monitor youth problems that are especially important to them. The severity of these problems can be monitored over time as one index of whether improvement is occurring. The Youth Top Problem measure has been found to be sensitive to change over time in response to treatment.

Focus: Transdiagnostic (youth ages 8 to 17)

Estimated Completion Time: Variable

Time Frame: None (goal/problem identification)

Number of Items: Dependent on number of goals identified

Sample Items:

Youth self-identifies...

- Top Problems (Rank and Severity)

Response Scale: Individualized with severity of each problem rated from 0 (not a problem) to 4 (a very big problem).

Scoring and Interpretation: Severity ratings can be monitored for each identified problem individually or as an overall mean severity score (averaging ratings).

Languages: Information on other languages is unavailable.

Resources & Links:

- [Top Problems Assessment — Youth Report Form](#)
- [Top Problems Assessment — Youth Report Details](#)
- [Youth top problems: Using idiographic, consumer-guided assessment to identify treatment needs and track change during psychotherapy](#)

Goal-Based Outcomes (GBO)

Overview: The Goal-Based Outcomes Measure (GBO) is a way of evaluating progress towards goals with children, youth, and their families. The GBO compares how far the individual has progressed towards reaching an identified goal. The GBO has been found to be sensitive to change over time in response to treatment. The measure is licensed under creative commons (CC) and is free to use for the delivery and improvement of health and/or social care unless it is adapted. Additional information about the terms of use is available [here](#).

Focus: Transdiagnostic (youth and families)

Estimated Completion Time: Variable

Time Frame: None (goal-based)

Number of Items: Dependent on number of goals identified

Sample Items:

Individual self identifies one to three goals.

- Today I would rate progress to this goal.

Response Scale: Individualized with rating of how close to meeting goal (e.g., 0 = goal not met in any way, 5 = halfway to reaching goal, 10 = goal met completely).

Scoring and Interpretation: Progress toward individual goals is assessed periodically on the scale from no progress made to goal reached.

Languages: Information on other languages is unavailable.

Resources & Links:

- [Goal Based Outcomes \(GBO\) Information](#)
- [Test-retest stability, convergent validity, and sensitivity to change for the Goal-Based Outcome tool for adolescents: analysis of data from a randomized controlled trial](#)