LEVEL 2—Sleep Disturbance—Adult*

*PROMIS—Sleep Disturbance—Short Form

Age: ____

Sex: ☐ Male ☐ Female

Date:____

f the	measure is being completed by an informar	nt, what is you	r relationship	with the indivi	dual receiving	g care?	
n a t	ypical week, approximately how much time	do you spend	with the indiv	ridual receiving	care?		hours/wee
ecei	uctions to patient: The questions below ask ving care) have been bothered by a list of sy pox per row.						
							Clinician Use
In t	the past SEVEN (7) DAYS						Ose
		Not at all	A little bit	Somewhat	Quite a bit	Very much	
1.	My sleep was restless.	1	2	□ 3	4	5	
2.	I was satisfied with my sleep.	 5	4	3	2	1	
3.	My sleep was refreshing.	□ 5	4	□ 3	2	1	
4.	I had difficulty falling asleep.	1	2	□ 3	4	 5	
In t	the past SEVEN (7) DAYS						
		Never	Rarely	Sometimes	Often	Always	
5.	I had trouble staying asleep.	1	2	3	4	□ 5	
6.	I had trouble sleeping.	1	2	□ 3	4	□ 5	
7.	I got enough sleep.	□ 5	4	3	2 2	1	
	In the past SEVEN (7) DAYS						
		Very Poor	Poor	Fair	Good	Very good	
8.	My sleep quality was	□ 5	4	3	2	1	
					Total/Partial	Raw Score:	

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Prorated Total Raw Score:

T-Score:

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 http://www.dsm5.org/Pages/Feedback-Form.aspx.

Measure: LEVEL 2—Sleep Disturbance—Adult (PROMIS—Sleep Disturbance—Short Form)

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Instructions to Clinicians

The DSM-5 Level 2—Sleep Disturbance—Adult measure is the 8-item PROMIS Sleep Disturbance Short Form that assesses the pure domain of sleep disturbance in individuals age 18 and older. The measure is completed by the individual prior to a visit with the clinician. If the individual receiving care is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure as done in the DSM-5 Field Trials. However, the PROMIS Sleep Disturbance Short Form has not been validated as an informant report scale by the PROMIS group. Each item asks the patient (or informant) to rate the severity of the patient's sleep disturbance <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=rarely; 3=sometimes; 4=often; and 5=always) with a range in score from 8 to 40 with higher scores indicating greater severity of sleep disturbance. 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 8 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 individual's total raw score and the information entered in the T-score row on the measure.

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 6 of 8 items were answered and the sum of those 6 responses was 20, the prorated raw score would be $20 \times 8/6 = 26.67$. The T-score in this example would be that T-score associated with the rounded whole number raw score (in this case 27, for a T-score of 57.3).

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

Note: If more than 25% of the total items on the measure are missing the scores should not be used. Therefore, the individual receiving care (or informant) should be encouraged to complete all of the items on the measure.

Frequency of Use

To track change in the severity of the individual's sleep disturbance 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. For individuals with impaired capacity, it is preferred that completion of the measures at follow-up appointments is by the same knowledgeable informant. 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.

	Disturbance To Conversion				
Short Form Conversion Table Raw Score T-score SE*					
8	28.9	4.8			
9	33.1	3.7			
10	35.9	3.3			
11	38.0	3.0			
12	39.8	2.9			
13	41.4	2.8			
14	42.9	2.7			
15	44.2	2.7			
16	45.5	2.6			
17	46.7	2.6			
18	47.9	2.6			
19	49.0	2.6			
20	50.1	2.5			
21	51.2	2.5			
22	52.2	2.5			
23	53.3	2.5			
24	54.3	2.5			
25	55.3	2.5			
26	56.3	2.5			
27	57.3	2.5			
28	58.3	2.5			
29	59.4	2.5			
30	60.4	2.5			
31	61.5	2.5			
32	62.6	2.5			
33	63.7	2.6			
34	64.9	2.6			
35	66.1	2.7			
36	67.5	2.8			
37	69.0	3.0			
38	70.8	3.2			
39	73.0	3.5			
40	76.5	4.4			

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