

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—Irritability—Parent/Guardian of Child Age 6–17  
(Affective Reactivity Index [ARI])

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## LEVEL 2—Irritability—Parent/Guardian of Child Age 6–17\*

### \*Affective Reactivity Index (ARI)

Child's Name: \_\_\_\_\_

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

Sex: ☐ Male ☐ Female

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

What is your relationship with the child receiving care? \_\_\_\_\_

**Instructions to parent/guardian:** On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* your child receiving care has been bothered by “seeming irritated or easily annoyed” and/or “seeming angry or lost his/her temper” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ or x) one box per row.

					Clinician Use
In the last SEVEN (7) DAYS and compared to others of the same age, how well does each of the following statements describe the behavior/feelings of your child? Please try to answer all questions.					Item Score
		Not True	Somewhat True	Certainly True	
1.	Is easily annoyed by others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
2.	Often loses his/her temper.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
3.	Stays angry for a long time.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
4.	Is angry most of the time.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
5.	Gets angry frequently.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
6.	Loses temper easily.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
7.	Overall irritability causes him/her problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<b>Total/Partial Raw Score:</b>					
<b>Prorated Total Raw Score: (if 1 item is left unanswered)</b>					

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## Instructions to Clinicians

The DSM-5 Level 2—Irritability—Parent/Guardian of Child Age 6–17 is an adapted version of the Affective Reactivity Index (ARI) that assesses the pure domain of irritability. The original version of the ARI, which was validated in children ages 6–17, uses the same items as above but includes a past 6-month time frame.<sup>1</sup> The ARI with a 6-month time frame may be appropriate for use when first evaluating a patient and might be helpful in differential diagnosis (e.g., disruptive mood dysregulation disorder, oppositional defiant disorder). The adapted version of the ARI that was used in the DSM-5 Field Trials used a current state (i.e., past 7-day) time frame, and is intended to be part of the battery of cross-cutting Level 2 measures for assessing treatment response. The parent/guardian-rated cross-cutting measures are completed by the parent or guardian prior to each of the child's visits with the clinician. Each item asks the parent or guardian to rate the severity of his or her child's irritability during the past 7 days. The 7-day, current state time frame was *not* validated by the developers of the ARI<sup>1</sup> but was found to be reliable in conjunction with the Level 1 cross-cutting measure in the DSM-5 Field Trials.<sup>2</sup>

## Scoring and Interpretation

Each item on the scale is rated on a 3-point scale (0=not true; 1=somewhat true; 2= certainly true). 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 the first six items are summed to obtain a total raw score that ranges from 0 to 12. Higher scores indicate greater severity of irritability. In addition, the clinician is asked to calculate and use the **average total score**. The **average total score** reduces the overall score to a 3-point scale, which allows the clinician to think of the child's irritability in terms of none (0), mild-moderate (1), or moderate-severe (2). 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.<sup>2</sup> The **average total score** is calculated by dividing the raw total score by 6 (i.e., the first 6 items on the measure).

**Note:** If 2 or more of the first 6 items are left unanswered on the irritability measure (i.e., more than 25% of the total items are missing), the total scores should not be calculated. Therefore, the parent/guardian should be encouraged to complete all of the items on the measure. If 1 item of the first 6 items is left unanswered, you are asked to prorate the raw score by first summing the scores of the 5 items that were answered to get a partial raw score. Next, multiply the partial raw score by 6. Finally, divide the value by the number of items that were actually answered (i.e., 5) to obtain the prorated total raw score.

$$\text{Prorated Score} = \frac{(\text{Partial Raw Score} \times \text{number of items on the ARI})}{\text{Number of items that were actually answered}}$$

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

## Frequency of Use

To track change in the severity of the child's irritability 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.

<sup>1</sup>Stringaris A, Goodman R, Ferdinando S, Razdan V, Muhrer E, Leibenluft E, Brotman MA. The Affective Reactivity Index: a concise irritability scale for clinical and research settings. *J Child Psychol Psychiatry*. 2012 Nov;53(11):1109–17. doi: 10.1111/j.1469-7610.2012.02561.x. Epub 2012 May 10.

<sup>2</sup>Narrow WE, Clarke DE, Kuramoto SJ, Kraemer HC, Kupfer DJ, Greiner L, Regier DA. DSM-5 field trials in the United States and Canada, Part III: development and reliability testing of a cross-cutting symptom assessment for DSM-5. *Am J Psychiatry* 2013;170:71-82.