Research Article

PANIC DISORDER SEVERITY SCALE: RELIABILITY AND VALIDITY OF THE TURKISH VERSION

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We assessed the reliability and validity of the Turkish version of the seven-item Panic Disorder Severity Scale (PDSS). We recruited 174 subjects, including 104 with current DSM-IV panic disorder with (n = 76) or without (n = 28) agoraphobia, 14 with a major depressive episode, 24 with a non-panic anxiety disorder, and 32 healthy controls. Assessment instruments were Panic Disorder Severity Scale, Panic and Agoraphobia Scale, both the observer-rated (P&Ao) and self-rating (P&Asr); Clinical Global Impression Scale (CGI); Hamilton Anxiety Scale, and Beck Depression Inventory. We repeated the measures for a group of panic disorder patients (n = 51) after 4 weeks to assess test–retest reliability. The internal consistency (Cronbach's α) of the PDSS was .92–94. The inter-rater correlation coefficient was .79. The test–retest correlation coefficient after 4 weeks was .63. In discriminant validity analyses, the highest correlation for PDSS was with P&Ao, P&Asr (r = .87 and .87, respectively) and CGI (r = .76) and the lowest with Beck Depression Inventory (r = .29). The cut-off point was six/seven, associated with high sensitivity (99%) and specificity (98%). This study confirmed the objectivity, reliability and validity of the Turkish version of the PDSS. Depression and Anxiety 20:8–16, 2004.

Key words: *panic disorder severity; inter-rater reliability; test–retest reliability; panic scales*

INTRODUCTION

According to DSM-IV, panic disorder includes symptoms related to spontaneous panic attacks, anticipatory anxiety, fear, and avoidance [American Psychiatric Association, 1994]. There has been one population study in Turkey (age range = 18–85, mean age = 39.3, 54.9% female, 45.1% male) that reported 12-month prevalence of panic disorder as 0.5% among women, 0.2% among men, and .4% in total population using ICD-10 diagnostic criteria [Kılıç, 2001]. A .4–4.2% prevalence of panic disorder has been reported in community samples [Hollifield et al., 2003]. Hollifield et al. [2001] have noted that there might be symptom variation between ethnic groups and that cultural studies about panic were primarily epidemiological.

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Unfortunately, the specific instruments for the measurement of severity of panic disorder and follow-up in Turkish are very few.

There is a need for an instrument that can measure all of the dimensions of panic disorder such as panic attacks, anticipatory anxiety, phobias related to panic, wellness, severity of all symptoms, and impairment [Ballenger et al., 1998]. Because different measurement instruments are used in the studies assessing panic disorder treatment and follow-up, it has been difficult to compare the results [den Boer, 1998; Shear et al., 1997]. Shear et al. [1997] developed the Panic Disorder Severity Scale (PDSS), a seven-item measure, comprised of five items assessing each core symptom group of DSM-IV symptoms of panic disorder (panic attack frequency, distress during the panic attack, anticipatory anxiety, agoraphobic fear/avoidance, fear/avoidance of panic-related bodily sensations), and two items rating work and social impairment. The PDSS is coded on a 5-point ordinal scale (0–4), and the total score ranges from 0–28. The reliability and validity study of PDSS was published in 1997 [Shear et al., 1997], and the psychometric properties of the scale were reassessed recently in a sample including patients with and without panic disorder [Shear et al., 2001]. The PDSS has been translated into at least six languages [Shear et al., 2001]. A self-report version of PDSS was developed and found to be reliable and sensitive [Houck et al., 2002].

The purpose of this study was to report analyses of reliability and validity of the Turkish version of PDSS and test its psychometric properties.

METHODS

SUBJECTS

The study sample included 104 panic disorder patients with ($n = 76$) or without ($n = 28$) agoraphobia, admitted to psychiatry outpatient unit of Dokuz Eylül University Hospital, Izmir, Turkey in 2000–2001. Control subjects ($n = 70$) included 32 healthy controls, 14 with current major depressive episode, and 24 with a non-panic anxiety disorder (16 with generalized anxiety disorder, 8 with obsessive compulsive disorder).

Exclusion criteria were "other Axis I psychiatric disorder (substance abuse, bipolar disorders, psychotic disorder); serious physical illness (heart disease, chronic obstructive pulmonary disease); neurological disorders (epilepsy, cerebrovascular disease, demyelinating disease); pregnancy; and age above 65." For panic disorder patients, comorbid major depression was an exclusion criterion, but mild to moderate depressive symptoms secondary to panic disorder were not. For all groups, patients with comorbid Axis I diagnoses were excluded.

ASSESSMENT INSTRUMENTS

The Structured Clinical Interview for DSM-IV (SCID) was developed as a standardized diagnostic tool for DSM-IV, for experienced clinician's usage. Translation to Turkish and adaptation study was done by Çorapçıoğlu et al. [1999].

The Panic Disorder Severity Scale (PDSS) was developed by Shear et al. [1997, 2001]. It is a seven-item measure, rated on a five-point Likert scale (0 = "not at all" to 4 = "most severe"). Application takes 10–15 min. The total score ranges from 0–28 and the higher scores indicate more severe symptoms.

The Panic & Agoraphobia Scale observer-rating and self-rating forms (P&Ao, P&Asr) has an observer-rating and a self-rating versions with matching items, rated on a Likert scale with 13 questions under five main items. We used both the observer-rated and the self-rating versions. This is not a diagnostic tool, but is developed to standardize the results of clinical studies on the result of various treatment modalities [Bandelow, 1999; Bandelow et al., 1995]. Tural et al. [2002] did the reliability and validity study of the Turkish version of the P&A.

The Hamilton Anxiety Rating Scale (HAM-A) is a 14-item questionnaire to be rated by the clinician, assessing severity of generalized anxiety [Hamilton, 1969]. Yazıcı et al. [1998] confirmed the validity of the Turkish version.

The Beck Depression Inventory is a 21-item self-report questionnaire designed to assess the severity of depression, especially on cognitive levels [Beck et al., 1961]. The reliability and validity of the Turkish version was assessed in 1980 [Hisli, 1989].

The Clinical Global Impression was developed and published by National Institute of Mental Health in 1976, a brief instrument, comprising of two parts, the first being a clinician's rating of the severity of the disease, and the second for assessing general improvement or deterioration, and side effects of the drugs [National Institute of Mental Health, 1976].

PROCEDURES

The translation and back-translation of the scale were done and compared to develop the final version by experienced psychiatrists who were fluent in English. A psychiatrist made the diagnosis and informed consent was obtained. The second clinician confirmed the diagnosis with SCID, and rated PDSS, CGI, HAM-A, and P&Ao, then subjects completed self-report questionnaires, P&Asr and Beck Depression Inventory. The first clinician also rated PDSS for panic disorder patients for inter-rater reliability assessment. All patients were called for re-test after 4 weeks, but those living far away and those who declared that they did not have time could not be assessed for this particular measure.

STATISTICAL ANALYSES

All analyses were conducted by using SPSS 10.0. After Kaiser-Meyer-Olkin Measure of Sampling

Adequacy statistic, the structure of the scale was analyzed by using principal component analysis with Varimax rotation. Factors with eigenvalues >1 in the correlation matrix are extracted. Spearman correlation coefficients were calculated for discriminant validity, comparing PDSS scores with CGI, Beck Depression Inventory, and HAM-A. To determine criterion-dependent validity, the score on the PDSS most likely to represent a cut-off point, a receiver-operating characteristic curve (ROC) analysis was carried out. Internal consistency was evaluated by using Cronbach's α. We compared item/total correlation (if item deleted), by using Spearman correlation coefficient.

RESULTS

DEMOGRAPHIC PROPERTIES

The mean age of the total sample ($n = 174$) was 36.8 ± 11.3 (panic disorder group $= 37.2 \pm 9.8$; control group $= 36.3 \pm 13.0$). Age range in panic disorder group was 19–57 years. There were no significant differences in age, gender, and educational status between panic disorder group and controls. A total of 66.7% of the sample was female. Table 1 displays the socio-demographic properties of the groups.

The duration of disorder (in months) for the panic disorder group was mean $\pm sd = 45.17 \pm 72.16$, mode = 12.0. The duration of disorder (in months) for the control group (including major depressive episode, generalized anxiety disorder and obsessive–compulsive disorder) was mean $\pm sd = 22.87 \pm 33.04$, mode = 12.0.

VALIDITY MEASUREMENTS

Factor analysis. We made factors analysis with only current panic disorder patients ($n = 104$). A model with two correlated factors was found, with the first two items loading on the first factor (panic attack factor, focuses on physical symptoms), and other five on the second factor (symptoms and signs secondary to panic)

TABLE 1. Demographic characteristics of the study group ($n = 174$)

	Panic Disorder ($n = 104$)		Healthy Controls ($n = 32$)		Controls Non-panic Anxiety Disorder ($n = 24$)		Major Depression ($n = 14$)	
Features	N	%*	*n*	%*	*n*	%*	*n*	%*
Sex								
Female	67	64.4	20	62.5	20	83.3	10	71.4
Male	37	35.6	12	37.5	4	16.7	4	28.6
Age								
≤25 yr	13	12.5	5	15.6	6	25.0	6	42.9
26–40 yr	53	51	15	46.9	6	25.0	5	35.7
≥41 yr	38	36.5	12	37.5	12	50.0	3	21.4
Education								
<8 yr	32	30.8	13	40.6	9	37.5	3	21.4
8-12 yr	32	30.8	5	15.6	11	45.8	6	42.9
More than 12 yr	40	38.6	14	43.8	4	16.7	5	35.7
Marital status								
Never married	20	19.4	6	18.8	5	20.8	7	50.0
Married	81	77.7	25	78.1	19	79.2	6	42.9
Divorced or widowed	3	2.9	1	3.1	—	—	1	7.1

*Percent of columns.

TABLE 2. Rotated component matrix (panic disorder patients, $n = 104$)*

	Factor 1 (Eigenvalue 2.918)	Factor 2 (Eigenvalue 1.222)
Panic attack frequency		.848
Distress	.241	.806
Severity of anticipatory anxiety	.647	.332
Agoraphobic fear/avoidance	.797	−.130
Fear/avoidance of panic-related sensations	.699	.112
Work impairment	.678	.301
Social impairment	.673	.158

*Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.

as shown in Table 2. These two factors with eigenvalues >1 could explain 59.15% of total variance. Rotated component matrix is shown in Table 2.

Convergent and divergent validity. For the whole group ($n = 174$) and for the panic disorder group ($n = 104$), the correlation coefficient was highest for the PDSS total score with P&Ao (.87 and .65, respectively) and P&Asr (.87 and .58, respectively) and lowest with Beck Depression Inventory (.29 and .44, respectively) (Table 3).

The correlation matrix of PDSS and P&Ao sub-scores for the whole group is shown in Table 4.

Categorical assignment to presence/absence of DSM-IV panic disorder. We conducted a ROC analysis, by comparing PDSS total score with DSM-IV diagnoses, for establishing a criterion dependent validity. The cut-off we identified was 6/7 points, associated with a sensitivity of 99%, and a specificity of 98% (Fig. 1). Diagnostic efficiency of PDSS is shown in Table 5 for cut-off score of 6.

RELIABILITY MEASUREMENTS

Internal consistency. Cronbach's α of the PDSS on Day 1 was 0.92–0.94 for the whole group ($n = 174$), and 0.71–0.74 for the panic disorder group ($n = 104$).

Item-total correlation. The correlation of each item with the sum of the remaining items (if item deleted) is shown in Table 6. For the whole group ($n = 174$), the highest correlation was for anticipatory anxiety (.88), and the lowest with agoraphobic fear/avoidance (.64). In the panic disorder group ($n = 104$), the highest correlation was for work impairment (.58), and the lowest for panic attack frequency (.31).

Inter-rater reliability. Subjects were interviewed on the same day by two separate raters and inter-rater reliability of the PDSS for the panic disorder group was $r = .79$ ($P < .01$), denoting a high inter-rater reliability and objectivity.

Test–retest reliability. For the group of panic patients who were reassessed after 4 weeks ($n = 51$), the Pearson correlation coefficient between the PDSS scores on Day 1 and after 4 weeks was .63 ($P < .01$).

DISCUSSION

Findings of this study confirm that PDSS is a valid and reliable instrument in Turkish speaking subjects in clinical and follow-up studies. When presenting these findings, we have limited our sample to those with current panic disorder because it is the target population. Each item of PDSS was correlated with the sum of the remaining items to a degree between medium to very good and inter-rater reliability of the PDSS for the panic disorder group was .79. In the panic disorder group, the test–retest correlation coefficient between the PDSS scores on Day 1 and after 1 month was .63. The relatively low score for the test–retest reliability may be explained by the long interval of 4 weeks between the ratings. All the patients that were reassessed at 4 weeks ($n = 51$) had been receiving treatment and acute symptoms were partly resolved. During this interval, there might have been an improvement due to treatment.

For convergent and discriminant validity, we used the Turkish version of Panic and Agoraphobia Scale [Tural et al., 2002], HAM-A, Beck Depression Inventory, and CGI. The correlation coefficient was highest for the PDSS total score with P&Ao (.87) and P&Asr (.87) and lowest with the Beck Depression Inventory (.29). Sub scores of the PDSS also seemed to be highly correlated with the P&Ao equivalent subscales, showing the concurrent validity of the PDSS.

Assuming that panic attacks and related symptoms might be seen in the other psychiatric disorders, there was a need for a threshold score to differentiate these symptoms from panic disorder. The cut-off score of 6/7 was found to be useful and was associated with a sensitivity of 99%, and a specificity of 98%. Shear et al. [2001] have found a cut-off score of eight with a sensitivity of 83.3% and a specificity of 64%. We do

TABLE 3. Spearman correlation coefficients between Panic Disorder Severity Scale, CGI and other scales for the panic disorder group ($n = 104$) and the whole group ($n = 174$), test–retest and inter-rater correlations for the panic disorder group (Spearman's Rho)*

	Correlation with PDSS panic disorder group (Rater 1)	Correlation with PDSS whole group (Rater 1)
Clinical Global Impression	0.69	0.76
Hamilton Anxiety Scale (HAM-A)	0.35	0.54
P&Ao	0.65	0.87
P&Asr	0.58	0.87
Beck Depression Inventory	0.44	0.29
Inter-rater (Rater 2) ($n = 76$)	0.79	—
Re-test ($n = 51$)	0.63	—

*All correlations were significant at $P < .0$.

TABLE 4. PDSS and P&Ao subscores for whole group ($n = 163$), Spearman correlation matrix*

	PDSS panic attack frequency	PDSS distress	PDSS severity of anticipatory anxiety	PDSS agoraphobic fear/avoidance	PDSS fear/ avoidance of panic related sensations	PDSS work impairment	PDSS social impairment	PDSS panic attacks	P&Ao avoidance	P&Ao anticipatory anxiety	P&Ao work/ social impairment
PDSS panic attack frequency	.86										
PDSS distress	.80	.80									
PDSS severity of anticipatory anxiety	.49	.51	.63								
PDSS agoraphobic fear/ avoidance	.75	.75	.82	.65							
PDSS fear/ avoidance of panic related sensations	.72	.78	.78	.80	.75						
PDSS work impairment	.65	.75	.73	.57	.69	.80					
PDSS social impairment	.75	.74	.72	.43	.71	.62	.60				
P&Ao panic attacks	.49	.53	.53	.76	.55	.54	.54	.52			
P&Ao avoidance	.70	.74	.84	.54	.75	.69	.67	.75	.56		
P&Ao anticipatory	.68	.75	.77	.54	.69	.80	.81	.69	.59	.79	
P&Ao work/ social impairment	.67	.69	.71	.51	.72	.62	.59	.66	.51	.75	.73
P&Ao Belief of organic disease											

*All correlations are significant at the .01 level (two-tailed).

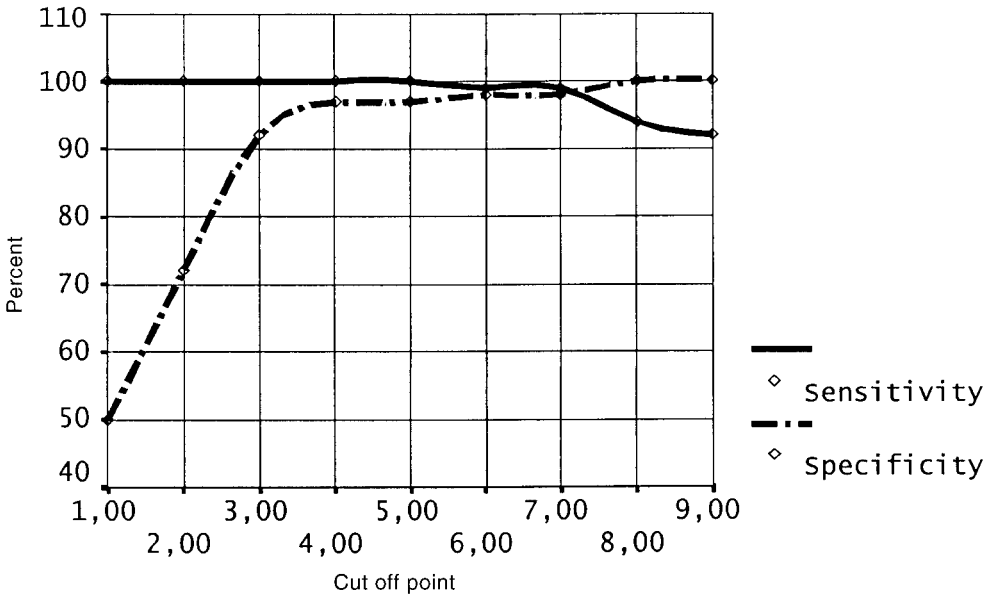

Fig. 1. Receiver-operating characteristic curve (ROC) analysis of the total panic disorder severity scale (PDSS) versus a current diagnosis of panic disorder.

not have a perfect explanation for this discrepancy, although cultural differences, limited availability, use of psychiatric services in Turkey compared to the United States, and patients seeking psychiatric treatment only when the symptom severity and impairment are high might account for some of this difference. It must also be noted that our raters (E.S.M. and H.F.) were physician clinicians. These factors might be strengthening/increasing the sensitivity and specificity of Turkish version of PDSS. In the control group, the highest scores were on Item 4 (pertaining to agoraphobic symptoms, the only item that is not directly mentioning panic symptoms).

The structure of the scale was analyzed for the panic disorder group by using principal component analysis and Varimax rotation and a model with two correlated factors explaining 59.15% of the variance was found. The first two items loaded on the first factor (panic attack factor, focuses on physical symptoms and the distress during the attack), and other five on the second factor (symptoms and signs secondary to panic attacks).

TABLE 5. Classification Table (for cut off score = 6)

	Predicted PD by PDSS		
	True	False	
Diagnosed as PD by clinician			% Correct
Yes	103	1	99.0
No	1	69	98.6

PD, panic disorder.

This is in accord with the general features of panic disorder, namely, the cognitive components (i.e., expectation anxiety, phobic features) loading on one factor, whereas physical components and the anxiety related to them loading on another factor. The findings of our study suggest that in general use the scale assesses panic disorder globally, and in panic disorder patients the acute symptom severity and symptoms secondary to more chronic panic disorder fit in a two-factor model.

The correlation for panic attack frequency was the lowest of all items. This particular symptom is often regarded as the pivotal and primary outcome measure in clinical trials, and is often responsible for failure to show a difference. Panic disorder is a multidimensional entity, however, with work and social impairment being very important components [Carpiniello et al., 2002; Rubin et al., 2000]. In assessing the overall severity of panic disorder, defining the panic attack frequency or the severity of the attacks are not enough, as phobic avoidance, anticipatory anxiety, work and social impairment, and other factors specific for this disorder also play an important role. PDSS measures these factors with a satisfactory level of objectivity, reliability and validity. The current study is limited by a relatively small sample size.

The PDSS and its component items have demonstrated adequate test–retest reliability, internal consistency, and good discriminant, concurrent, and criterion-related validities. In summary, we have confirmed that the Turkish version of PDSS is a valid and reliable instrument for panic disorder studies.

TABLE 6. Mean, standard deviation, correlation of each item with the sum of the other items and internal consistency if the item is deleted

	Whole group ($n = 174$)				Panic disorder group ($n = 104$)			
	Mean	*sd*	Corrected item-total correlation	Alpha if item deleted	Mean	*sd*	Corrected item-total correlation	Alpha if item deleted
Panic attack frequency	1.46	1.30	0.79	0.93	2.25	0.94	0.31	0.77
Distress during panic attacks	1.89	1.60	0.86	0.92	2.92	1.00	0.46	0.74
Severity of anticipatory anxiety	1.48	1.31	0.88	0.92	2.30	0.90	0.57	0.72
Aforaphobic fear/avoidance	1.55	1.13	0.64	0.94	2.02	1.00	0.45	0.74
Panic related sensation fear/ avoidance	1.31	1.21	0.83	0.93	2.02	0.94	0.49	0.73
Impairment/ interference in work function due to panic disorder	1.28	1.32	0.82	0.93	2.00	1.13	0.58	0.71
Impairment/ interference in social functioning due to panic disorder	1.24	1.25	0.78	0.93	1.89	1.07	0.49	0.73

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APPENDIX

PANİK BOZUKLUĞU ŞİDDETİ ÖLÇEĞİ (PBŞÖ)

İsim Soyadı _____ Değerlendirici_____ Tarih _____

DEĞERLENDİRİLEN ZAMAN DİLİMİ: Bir ay _____
(birini daire içine alın) Diğer (belirtiniz) _____

DEĞERLENDİRİCİYE GENEL ÖNERİLER
Amaç, agorafobili ya da agorafobisiz panik bozukluğundaki DSM-IV belirtilerinin şiddetini ölçmektir. Panik atağı sıklığı ve şiddetinin sabit bir biçimde ölçülmesini sağlamak amacıyla puanlamalar son bir ay için yapılır. Kullanıcılar farklı bir zaman dilimi seçerlerse zaman dilimi tüm başlıklar için tutarlı olmalıdır.
Her soru 0-4 olarak puanlanır, öyle ki, 0=hiç ya da mevcut değil, 1=ılımlı, nadir belirtiler, hafif bozulma; 2=orta, sık belirtiler, işlevsellikte hafif etkilenme ama hala idare edilebilir; 3=şiddetli, aşırı uğraş halindeki belirtiler, işlevselliğin büyük ölçüde aksaması ve 4=aşırı, yaygın neredeyse değişmez belirtiler, yetiyitimi yaratıcı.
Görüşmeci hastanın tam ya da sınırlı belirtili panik atağı/ları geçirip geçirmediğini bilmiyorsa önce bunu sormalıdır. Panik yoksa 2. ve 3. sorular 0 olarak puanlanmalı, görüşme 4. sorudan başlatılmalıdır. 4. ve 5. sorular da 0 olarak puanlandıysa 7. ve 8. sorular sorulmadan 0 olarak puanlanır.

☐ **1. PANİK ATAĞI SIKLIĞI, SINIRLI BELİRTİLİ ATAKLAR DAHİL**
0=Hiç panik atağı ya da sınırlı belirtili panik atağı (SBP) yok
1=Hafif, ortalama tam panik atağı sayısı haftada birden az ve bir SBP/gün'den daha fazla değil.
2=Orta, haftada bir veya iki tam panik atağı ve/veya çoğul SBP'ler/gün.
3=Şiddetli, haftada ikiden çok tam panik atakları ama ortalama günde birden çok değil.
4=Aşırı, günde birden fazla tam panik atağı geçirme, geçirilen günlerin sayısının geçirilmeyenlerden fazla olması.

☐ **2. PANİK ATAKLARI SIRASINDAKİ ZORLANMA, SINIRLI BELİRTİLİ ATAKLAR DAHİL**
0=Panik atağı ya da sınırlı belirtili panik atağı yok ya da ataklar sırasında hiç zorlanma yok.
1=Ilımlı zorlanma, ama hiç ya da az bir aksama ile etkinliği sürdürebilmektedir.
2=Orta zorlanma, ama hala idare edilebilir, etkinliğini sürdürebilmekte ve/veya konsantrasyonunu idame ettirmekte, ama bunları güçlükle yapabilmektedir.
3=Şiddetli, belirgin zorlanma ve aksama, konsantrasyonunu yitirir ve/veya etkinliğini durdurmak zorundadır, ama odanın ya da durumun içinde kalabilmektedir.
4=Aşırı, şiddetli ve yetiyitimi yaratıcı zorlanma, etkinliğini durdurmak zorunda, eğer mümkünse odayı ya da durumu terkedecektir, eğer kalırsa konsantre olamamakta, aşırı zorlanmaktadır.

☐ **3. BEKLENTİ ANKSİYETESİNİN ŞİDDETİ (Paniğe ilişkin korku, kaygılı beklenti ya da endişe)**
0=Panik atağı hakkında tasa yok
1=Ilımlı, panik atağı hakkında arasıra korku, endişe ya da kaygılı beklentisi oluyor.
2=Orta, sıklıkla endişeli, korkulu ya da kaygılı beklenti içinde, ama anksiyetesiz dönemleri de var. Dikkat çekici bir yaşam biçimi değişikliği var, ama anksiyete hala idare edilebilir ve genel işlevselliği bozulmamıştır.
3=Şiddetli, panik atağı hakkındaki korku, endişe ve kaygılı beklentilerle zihinsel uğraşı, konsantrasyon ve/veya verimli işlev görme becerisinde büyük ölçüde aksama var.
4=Aşırı, neredeyse sabit, yetiyitirici anksiyete, panik atağı hakkındaki korku, endişe ve kaygılı beklenti nedeniyle önemli görevleri sürdürememektedir.

☐ **4. AGORAFOBİK KORKU / KAÇINMA**
0= Hiç, korku ya da kaçınma yok
1=Ilımlı, arasıra korku ve/veya kaçınma, ama genellikle durumla yüzleşebilir ve başaçıkabilir Yaşam biçimi değişikliği yok ya da az.
2=Orta, dikkat çekici korku ve/veya kaçınma, ama hala kontrol edilebilir; korkulan durumlardan kaçınır ama bir yoldaşla birlikte yüzleşebilir. Biraz yaşam biçimi değişikliği vardır, ama genel işlevsellik bozulmamıştır.
3=Şiddetli, yoğun kaçınma; fobiye uyabilmek için büyük ölçüde yaşam biçimi değişikliği gerekmektedir, bu da olağan etkinlikleri sürdürmeyi güçleştirmektedir.
4=Aşırı, yaygın yetiyitirici korku ve/veya kaçınma. Yaşam biçiminde yoğun değişiklik gerekmiştir öyle ki, önemli görevler yapılamamaktadır.

☐ **5. PANİK ATAĞI İLE İLİŞKİLİ DUYUMLARDAN KORKU / KAÇINMA**
0=Zorlanma yaratıcı bedensel duyumları uyaran durum ya da etkinliklerden korku ya da kaçınma yok.
1=Ilımlı, arasıra korku ve/veya kaçınma, ama genellikle bedensel duyumları uyaran durum ve etkinliklerle az zorlanma ile yüzleşebilir ve sürdürebilir. Yaşam biçiminde az değişiklik vardır.
2=Orta, göze çarpıcı kaçınma ama hala idare edilebilir. Kesin ama sınırlı bir yaşam biçimi değişikliği vardır, öyle ki, genel işlevsellik bozulmamıştır.
3=Şiddetli, yoğun kaçınma, yaşam biçiminde büyük ölçüde değişikliğe ya da işlevsellikte aksamaya yol açmaktadır.
4=Aşırı, yaygın ve yetiyitimi yaratıcı kaçınma. Önemli görev ve etkinlikleri yapmayacak kadar yoğun bir yaşam biçimi değişikliği gerekmiştir.

☐ **6. PANİK BOZUKLUĞUNA BAĞLI OLARAK ÇALIŞMA İŞLEVSELLİĞİNDE BOZULMA / AKSAMA.**
(Puanlayıcılara not: Bu soru çalışmaya odaklanmıştır. Eğer kişi çalışmıyorsa okulu, tam gün okula gitmiyorsa evdeki sorumlulukları hakkında sorular sorunuz.)
0=Panik bozukluğu belirtilerinden dolayı bozulma yok.
1=Ilımlı, hafif bozulma, işin zorlaştığını hissetmekte ama performansı hala iyidir.
2=Orta, belirtiler düzenli ve kesin aksamaya yol açmakta, ama hala kontrol edilebilir. Meslek performansı etkilenmiş, ama başkaları çalışmasının hala yeterli olduğunu söylemektedirler.
3=Şiddetli, mesleksel performansta önemli ölçüde bozulmaya neden olmuştur, öyle ki, başkaları farketmiştir; bazı günler işe gidememektedir ya da hiç iş yapamamaktadır.
4=Aşırı, yeti yitirici belirtiler, çalışamamaktadır (ya da okula gidememekte veya ev içi sorumluluklarını sürdürememektedir).

☐ **7. PANİK BOZUKLUĞUNA BAĞLI OLARAK TOPLUMSAL İŞLEVSELLİKTE BOZULMA / AKSAMA**
0=Bozulma yok.
1=Ilımlı, hafif bozulma, toplumsal davranış niteliğinin biraz değiştiğini hissetmektedir ama toplumsal işlevsellik hala yeterlidir.
2=Orta, toplumsal yaşamda kesin aksama, ama hala kontrol edilebilir. Toplumsal etkinliklerin sıklığında ve/veya kişiler arası etkileşimlerin niteliğinde biraz azalma vardır, ama hala olağan toplumsal etkinliklerin çoğuna katılabilmektedir.
3=Şiddetli, toplumsal performansta önemli ölçüde bozulmaya neden olmaktadır. Toplumsal etkinliklerde belirgin bir azalma ve/veya diğerleriyle etkileşmekte belirgin bir güçlük vardır; diğerleriyle etkileşmek için kendini hala zorlayabilmekte ama toplumsal ya da kişiler arası durumların çoğundan hoşlanmamakta ya da iyi işlev görememektedir.
4=Aşırı, yetiyitimi yaratıcı belirtiler, nadiren dışarı çıkmakta ve diğerleriyle etkileşmektedir, panik bozukluğu nedeniyle bir ilişkisini bitirmiş olabilir.

☐ TOPLAM PUAN (1-7. soruların toplamı)