



# SUBSTANCE USE SCORING MANUAL

A brief guide to scoring the PROMIS<sup>®</sup> Substance Use instruments:

ADULT
PROMIS Item Bank v1.0 – Appeal of Substance Use (Past 3 Months)
PROMIS Item Bank v1.0 – Appeal of Substance Use (Past 30 days)
PROMIS Item Bank v1.0 – Prescription Pain Medication Misuse
PROMIS Bank v1.0 – Severity of Substance Use (Past 3 Months)
PROMIS Bank v1.0 – Severity of Substance Use (Past 30 days)
PROMIS Short Form v1.0 – Appeal of Substance Use (Past 3 Months) 7a
PROMIS Short Form v1.0 – Appeal of Substance Use (Past 30 days) 7a
PROMIS Short Form v1.0 – Prescription Pain Medication Misuse 7a
PROMIS Short Form v1.0 – Severity of Substance Use (Past 3 Months) 7a
PROMIS Short Form v1.0 – Severity of Substance Use (Past 30 days) 7a

## COMPARING SCORES ACROSS VERSIONS

Some PROMIS domains have multiple versions of instruments (i.e., v1.0, v1.1, v2.0). Generally, **it is recommended that you use the most recent version available which can be identified as the instrument with the highest version number.** In most cases, an instrument that has a decimal increase (v1.0 to v1.1) retains the same item-level parameters as well as instrument reliability and validity. In cases where a version number increases by a whole number (e.g., v1.0 to v2.0), the changes to the instrument are more substantial.

There is only one version (v1.0) of the PROMIS Substance Use measures.

## SCORING THE INSTRUMENT

Short Forms: PROMIS instruments are scored using item-level calibrations. This means that the most accurate way to score a PROMIS instrument is to use the HealthMeasures Scoring Service ([https://www.assessmentcenter.net/ac\\_scoring-service](https://www.assessmentcenter.net/ac_scoring-service)) or a data collection tool that automatically calculates scores (e.g., REDCap auto-score). This method of scoring uses responses to each item for each participant. We refer to this as “response pattern scoring.” Because response pattern scoring is more accurate than the use of raw score/scale score look up tables included in this manual, it is preferred. Response pattern scoring is especially useful when there is missing data (i.e., a respondent skipped an item), different groups of participants responded to different items, or you have created a new questionnaire using a subset of questions from a PROMIS item bank.

To use the scoring table in this manual, calculate a summed score. Each question usually has five response options ranging in value from one to five. To find the total raw score for a short form with all questions answered, sum the values of the response to each question. For example, for all the v1.0 adult 7-item forms, the lowest possible raw score is 7; the highest possible raw score is 35 (see short form scoring tables in the Appendix). **All questions must be answered to produce a valid score using the scoring tables.** If a participant has skipped a question, use the HealthMeasures Scoring Service ([https://www.assessmentcenter.net/ac\\_scoring-service](https://www.assessmentcenter.net/ac_scoring-service)) to generate a final score.



With the total raw summed score for a measure, locate the applicable score conversion table in the Appendix and use this table to translate the total raw summed score into a T-score for each participant. The T-score rescales the raw score into a standardized score with a mean of 50 and a standard deviation (SD) of 10. Therefore a person with a T-score of 40 is one SD below the mean.

For the adult PROMIS Appeal of Substance Use 7a short forms v1.0, a raw score of 10 converts to a T-score of 47.6 with a standard error (SE) of 3.0 (see scoring table for the short forms in the Appendix ).

CAT: A minimum number of four (4) items must be answered to receive a score for all Substance Use CATs. The response to the first item will guide the system's choice of the next item for the participant. The participant's response to the second item will dictate the selection of the following question, and so on. As additional items are administered, the potential for error is reduced and confidence in the respondent's score increases. The CAT will continue until either the standard error drops below a specified level (on the T-score metric 3.0), or the participant has answered the maximum number of questions (12), whichever occurs first.

## SCORES

For most PROMIS instruments, a score of 50 is the average for the United States general population with a standard deviation of 10 because calibration testing was performed on a large sample of the general population. However, this is not the case for the Substance Use measures. Instead, a mean of 50 is the average for a subset of individuals. Specifically:

- The Appeal of Substance Use sample can only be generalized to a subset of individuals who have used a drug other than alcohol or prescribed medication.
- The Prescription Pain Medication Misuse sample can only be generalized to a subset of individuals who have used a prescription pain medication.
- The Severity of Substance Use sample can only be generalized to a subset of individuals who have used a drug other than alcohol or prescribed medication.

You can read more about the calibration and centering samples on HealthMeasures.net

(<http://www.healthmeasures.net/score-and-interpret/interpret-scores/promis>). The T-score is provided with an error term (Standard Error or SE). The Standard Error is a statistical measure of variance and represents the "margin of error" for the T-score.

**Important:** *A higher PROMIS T-score represents more of the concept being measured.* For Appeal of Substance Use, a T-score of 60 is one SD higher than average. These individuals find substance use to be more appealing. By comparison, an Appeal of Substance Use T-score of 40 is one SD below the average. These individuals find substance use to be less appealing.

For Prescription Pain Medication Misuse, a T-score of 60 is one SD higher than average. These individuals may be more likely to misuse their prescription pain medication. By comparison, a Prescription Pain Medication Misuse T-score of 40 is one SD below the average. These individuals may be less likely to misuse their prescription pain medication.

For Severity of Substance Use, a T-score of 60 is one SD higher than average. These individuals use a substance(s) with a greater severity. By comparison, a Severity of Substance Use T-score of 40 is one SD below the average. These individuals use a substance(s) with less severity of use.



**Standard Error (SE):** A PROMIS score includes a T-score and a standard error (SE). The standard error is a measure of the variability for a given T-score across hypothetical repeated measurements. The standard error can be used to construct confidence intervals around a T-score. A 95% confidence interval is common. A 95% confidence interval means there is a 95% probability that the true T-score is within this range. The formula for a 95% confidence interval is  $(T\text{-score} \pm (1.96 * SE))$ . For example, if  $T=52$  and  $SE=2$ , the lower boundary of the confidence interval is  $(52 - (1.96 * 2)) = 48$  and the upper boundary is  $(52 + (1.96 * 2)) = 56$ .

## FREQUENTLY ASKED QUESTIONS (FAQs)

Q: I am interested in learning more. Where can I do that?

Review the HealthMeasures website at [www.healthmeasures.net](http://www.healthmeasures.net).

Q: How do I handle multiple responses when administering a short form on paper?

Guidelines on how to deal with multiple responses have been established. Resolution depends on the responses noted by the research participant.

- If two or more responses are marked by the respondent, and they are next to one another, then a data entry specialist will be responsible for randomly selecting one of them to be entered and will write down on the form which answer was selected. Note: To randomly select one of two responses, the data entry specialist will flip a coin (heads - higher number will be entered; tails – lower number will be entered). To randomly select one of three (or more) responses, a table of random numbers should be used with a statistician's assistance.
- If two or more responses are marked, and they are NOT all next to one another, the response will be considered missing.

Q: What is the minimum change on a PROMIS instrument that represents a clinically meaningful difference?

To learn more about research on the meaning of a change in scores, we suggest conducting a literature review to identify the most current information. The HealthMeasures website (<http://www.healthmeasures.net/score-and-interpret/interpret-scores/promis>) has additional information on interpreting scores.

## APPENDIX - SCORING TABLES

Appeal of Substance Use (Past 3 months) 7a		
<i>Short Form Conversion Table</i>		
Raw Summed Score	T-score	SE*
7	40.1	4.9
8	44.7	3.4
9	46.1	3.3
10	47.6	3.0
11	48.7	2.8
12	50.0	2.4
13	50.9	2.3
14	51.8	2.1
15	52.6	2.0
16	53.4	1.8
17	54.1	1.7
18	54.7	1.6
19	55.3	1.6
20	55.8	1.6
21	56.4	1.6
22	57.0	1.5
23	57.5	1.5
24	58.0	1.5
25	58.5	1.5
26	59.1	1.6
27	59.7	1.5
28	60.3	1.5
29	60.9	1.6
30	61.6	1.7
31	62.4	1.8
32	63.2	1.8
33	64.2	2.0
34	65.5	2.2
35	68.9	3.6

\*SE=Standard Error on T-score metric

Appeal of Substance Use (Past 30 days) 7a		
<i>Short Form Conversion Table</i>		
Raw Summed Score	T-score	SE*
7	40.1	4.9
8	44.7	3.4
9	46.1	3.3
10	47.6	3.0
11	48.7	2.8
12	50.0	2.4
13	50.9	2.3
14	51.8	2.1
15	52.6	2.0
16	53.4	1.8
17	54.1	1.7
18	54.7	1.6
19	55.3	1.6
20	55.8	1.6
21	56.4	1.6
22	57.0	1.5
23	57.5	1.5
24	58.0	1.5
25	58.5	1.5
26	59.1	1.6
27	59.7	1.5
28	60.3	1.5
29	60.9	1.6
30	61.6	1.7
31	62.4	1.8
32	63.2	1.8
33	64.2	2.0
34	65.5	2.2
35	68.9	3.6

\*SE=Standard Error on T-score metric

<b>Prescription Pain Medication Misuse 7a</b> <i>Short Form Conversion Table</i>		
<b>Raw Summed Score</b>	<b>T-score</b>	<b>SE*</b>
7	36.3	5.4
8	41.6	3.6
9	43.7	3.4
10	45.5	3.0
11	47.0	2.8
12	48.2	2.6
13	49.4	2.5
14	50.4	2.4
15	51.4	2.3
16	52.3	2.3
17	53.2	2.3
18	54.1	2.3
19	55.0	2.3
20	55.8	2.3
21	56.7	2.3
22	57.6	2.3
23	58.4	2.3
24	59.3	2.3
25	60.2	2.3
26	61.2	2.3
27	62.1	2.3
28	63.1	2.3
29	64.1	2.3
30	65.2	2.4
31	66.4	2.5
32	67.7	2.6
33	69.3	2.8
34	71.4	3.1
35	75.1	4.2

\*SE=Standard Error on T-score metric

Severity of Substance Use (Past 3 months) 7a		
<i>Short Form Conversion Table</i>		
Raw Summed Score	T-score	SE*
7	41.2	5.8
8	48.1	2.7
9	49.5	2.5
10	50.7	2.1
11	51.6	1.9
12	52.4	1.7
13	53.1	1.6
14	53.8	1.5
15	54.3	1.4
16	54.8	1.3
17	55.3	1.3
18	55.8	1.4
19	56.3	1.4
20	56.8	1.4
21	57.2	1.3
22	57.6	1.3
23	58.0	1.3
24	58.5	1.4
25	59.1	1.4
26	59.6	1.3
27	60.0	1.3
28	60.5	1.4
29	61.1	1.5
30	61.8	1.5
31	62.5	1.6
32	63.3	1.7
33	64.3	2.0
34	65.6	2.2
35	69.9	4.1

\*SE=Standard Error on T-score metric

Severity of Substance Use (Past 30 days) 7a		
<i>Short Form Conversion Table</i>		
Raw Summed Score	T-score	SE*
7	41.2	5.8
8	48.1	2.7
9	49.5	2.5
10	50.7	2.1
11	51.6	1.9
12	52.4	1.7
13	53.1	1.6
14	53.8	1.5
15	54.3	1.4
16	54.8	1.3
17	55.3	1.3
18	55.8	1.4
19	56.3	1.4
20	56.8	1.4
21	57.2	1.3
22	57.6	1.3
23	58.0	1.3
24	58.5	1.4
25	59.1	1.4
26	59.6	1.3
27	60.0	1.3
28	60.5	1.4
29	61.1	1.5
30	61.8	1.5
31	62.5	1.6
32	63.3	1.7
33	64.3	2.0
34	65.6	2.2
35	69.9	4.1

\*SE=Standard Error on T-score metric