Scoring the CAPS-5 Interview

1. As with previous versions of the CAPS, CAPS-5 symptom severity ratings are based on symptom frequency and intensity, except for items 8 (amnesia) and 12 (diminished interest), which are based on amount and intensity. However, CAPS-5 items are rated with a single severity score, in contrast to previous versions of the CAPS which required separate frequency and intensity scores for each item that were either summed to create a symptom severity score or combined in various scoring rules to create a dichotomous (present/absent) symptom score. Thus, on the CAPS-5 the clinician combines information about frequency and intensity before making a single severity rating. Depending on the item, frequency is rated as either the number of occurrences (how often in the past month) or percent of time (how much of the time in the past month). Intensity is rated on a four-point ordinal scale with ratings of Minimal, Clearly Present, Pronounced, and Extreme. Intensity and severity are related but distinct. Intensity refers to the strength of a typical occurrence of a symptom. Severity refers to the total symptom load over a given time period, and is a combination of intensity and frequency. This is similar to the quantity/frequency assessment approach to alcohol consumption. In general, intensity rating anchors correspond to severity scale anchors described below and should be interpreted and used in the same way, except that severity ratings require joint consideration of intensity and frequency. Thus, before taking frequency into account, an intensity rating of Minimal corresponds to a severity rating of Mild / subthreshold, Clearly Present corresponds with Moderate / threshold, Pronounced corresponds with Severe / markedly elevated, and Extreme corresponds with Extreme / incapacitating.

2. The five-point CAPS-5 symptom severity rating scale is used for all symptoms. Rating scale anchors should be interpreted and used as follows:

0 Absent. The respondent denied the problem or the respondent’s report doesn’t fit the DSM-5 symptom criterion.

1 Mild / subthreshold. The respondent described a problem that is consistent with the symptom criterion but isn’t severe enough to be considered clinically significant. The problem doesn’t satisfy the DSM-5 symptom criterion and thus doesn’t count toward a PTSD diagnosis.

2 Moderate / threshold. The respondent described a clinically significant problem. The problem satisfies the DSM-5 symptom criterion and thus counts toward a PTSD diagnosis. The problem would be a target for intervention. This rating requires a minimum frequency of 2 X month or some of the time (20-30%) PLUS a minimum intensity of Clearly Present.

3 Severe / markedly elevated. The respondent described a problem that is well above threshold. The problem is difficult to manage and at times overwhelming and would be a prominent target for intervention. This rating requires a minimum frequency of 2 X week or much of the time (50-60%) PLUS a minimum intensity of Pronounced.

4 Extreme / incapacitating. The respondent described a dramatic symptom, far above threshold. The problem is pervasive, unmanageable, and overwhelming, and would be a high-priority target for intervention.

3. In general, make a given severity rating only if the minimum frequency and intensity for that rating are both met. However, you may exercise clinical judgment in making a given severity rating if the reported frequency is somewhat lower than required, but the intensity is higher. For example, you may make a severity rating of Moderate / threshold if a symptom occurs 1 X month (instead of the required 2 X month) as long as intensity is rated Pronounced or Extreme (instead of the required Clearly Present). Similarly, you may make a severity rating of Severe / markedly elevated if a symptom occurs 1 X week (instead of the required 2 X week) as long as the intensity is rated Extreme (instead of the required Pronounced). If you are unable to decide between two severity ratings, make the lower rating.

4. You need to establish that a symptom not only meets the DSM-5 criterion phenomenologically, but is also functionally related to the index traumatic event, i.e., started or got worse as a result of the event. CAPS-5 items 1-8 and 10 (reexperiencing, effortful avoidance, amnesia, and blame) are inherently linked to the event. Evaluate the remaining items for trauma-relatedness (TR) using the TR inquiry and rating scale. The three TR ratings are:
a. **Definite** = the symptom can clearly be attributed to the index trauma, because (1) there is an obvious change from the pre-trauma level of functioning and/or (2) the respondent makes the attribution to the index trauma with confidence.

b. **Probable** = the symptom is likely related to the index trauma, but an unequivocal connection can’t be made. Situations in which this rating would be given include the following: (1) there seems to be a change from the pre-trauma level of functioning, but it isn’t as clear and explicit as it would be for a “definite;” (2) the respondent attributes a causal link between the symptom and the index trauma, but with less confidence than for a rating of **Definite**; (3) there appears to be a functional relationship between the symptom and inherently trauma-linked symptoms such as reexperiencing symptoms (e.g., numbing or withdrawal increases when reexperiencing increases).

c. **Unlikely** = the symptom can be attributed to a cause other than the index trauma because (1) there is an obvious functional link with this other cause and/or (2) the respondent makes a confident attribution to this other cause and denies a link to the index trauma. Because it can be difficult to rule out a functional link between a symptom and the index trauma, a rating of **Unlikely** should be used only when the available evidence strongly points to a cause other than the index trauma. **NOTE:** Symptoms with a TR rating of **Unlikely** should not be counted toward a PTSD diagnosis or included in the total CAPS-5 symptom severity score.

5. **CAPS-5 total symptom severity score** is calculated by summing severity scores for items 1-20. **NOTE:** Severity scores for the two dissociation items (29 and 30) should NOT be included in the calculation of the total CAPS-5 severity score.

6. **CAPS-5 symptom cluster severity scores** are calculated by summing the individual item severity scores for symptoms contained in a given DSM-5 cluster. Thus, the Criterion B (reexperiencing) severity score is the sum of the individual severity scores for items 1-5; the Criterion C (avoidance) severity score is the sum of items 6 and 7; the Criterion D (negative alterations in cognitions and mood) severity score is the sum of items 8-14; and the Criterion E (hyperarousal) severity score is the sum of items 15-20. A symptom cluster score may also be calculated for dissociation by summing items 29 and 30.

7. **PTSD diagnostic status** is determined by first dichotomizing individual symptoms as “present” or “absent,” then following the DSM-5 diagnostic rule. A symptom is considered present only if the corresponding item severity score is rated 2=**Moderate/threshold** or higher. Items 9 and 11-20 have the additional requirement of a trauma-relatedness rating of **Definite** or **Probable**. Otherwise a symptom is considered absent. The DSM-5 diagnostic rule requires the presence of at least one Criterion B symptom, one Criterion C symptom, two Criterion D symptoms, and two Criterion E symptoms. In addition, Criteria F and G must be met. Criterion F requires that the disturbance has lasted at least one month. Criterion G requires that the disturbance cause either clinically significant distress or functional impairment, as indicated by a rating of 2=**moderate** or higher on items 23-25.