

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-TR. 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: The Personality Inventory for DSM-5—Brief Form (PID-5-BF)—Adult
Rights granted: This measure may not be modified absent written permission from APA. This measure can be reproduced, either electronically or in print formats, without permission by researchers and by clinicians solely for use with their patients in private-practice, research, or hospital settings. For the avoidance of doubt, this includes that Clinicians may upload this instrument into their own pre-existing electronic health software systems for patient assessment and records when done solely for their own use with their patients.

Rights holder: American Psychiatric Association

To request permission to include this measure in a commercial electronic health record system (EHR) or application, to translate the measure, or for any other use beyond what is stipulated above, please contact:

<https://websrvapps.psychiatry.org/requestform/default.aspx>

The Personality Inventory for DSM-5—Brief Form (PID-5-BF)—Adult

Name: _____

Age: _____

Date: _____

Instructions: This is a list of things different people might say about themselves. We are interested in how you would describe yourself. There are no right or wrong answers. So you can describe yourself as honestly as possible, we will keep your responses confidential. We'd like you to take your time and read each statement carefully, selecting the response that best describes you.					Clinician Use
		Very False or Often False	Sometimes or Somewhat False	Sometimes or Somewhat True	
					Item score
1	People would describe me as reckless.	0	1	2	3
2	I feel like I act totally on impulse.	0	1	2	3
3	Even though I know better, I can't stop making rash decisions.	0	1	2	3
4	I often feel like nothing I do really matters.	0	1	2	3
5	Others see me as irresponsible.	0	1	2	3
6	I'm not good at planning ahead.	0	1	2	3
7	My thoughts often don't make sense to others.	0	1	2	3
8	I worry about almost everything.	0	1	2	3
9	I get emotional easily, often for very little reason.	0	1	2	3
10	I fear being alone in life more than anything else.	0	1	2	3
11	I get stuck on one way of doing things, even when it's clear it won't work.	0	1	2	3
12	I have seen things that weren't really there.	0	1	2	3
13	I steer clear of romantic relationships.	0	1	2	3
14	I'm not interested in making friends.	0	1	2	3
15	I get irritated easily by all sorts of things.	0	1	2	3
16	I don't like to get too close to people.	0	1	2	3
17	It's no big deal if I hurt other peoples' feelings.	0	1	2	3
18	I rarely get enthusiastic about anything.	0	1	2	3
19	I crave attention.	0	1	2	3
20	I often have to deal with people who are less important than me.	0	1	2	3
21	I often have thoughts that make sense to me but that other people say are strange.	0	1	2	3
22	I use people to get what I want.	0	1	2	3
23	I often "zone out" and then suddenly come to and realize that a lot of time has passed.	0	1	2	3
24	Things around me often feel unreal, or more real than usual.	0	1	2	3
25	It is easy for me to take advantage of others.	0	1	2	3
Total/Partial Raw Score:					
Prorated Total Score: (if 1-6 items left unanswered)					
Average Total Score:					

Krueger RF, Derringer J, Markon KE, Watson D, Skodol AE.
Copyright © 2013 American Psychiatric Association. All Rights Reserved.

This material can be reproduced without permission by researchers and by clinicians for use with their patients.

Personality Trait Domain Scoring

FOR CLINICIAN USE ONLY	Personality Trait Domain	PID-5 BF items	Total/Partial Raw Domain Score	Prorated Domain Score	Average Domain Score
	Negative Affect	8, 9, 10, 11, 15			
	Detachment	4, 13, 14, 16, 18			
	Antagonism	17, 19, 20, 22, 25			
	Disinhibition	1, 2, 3, 5, 6			
	Psychoticism	7, 12, 21, 23, 24			

Instructions to Clinicians

This Personality Inventory for DSM-5—Brief Form (PID-5-BF)—Adult is a 25-item self-rated personality trait assessment scale for adults age 18 and older. It assesses 5 personality trait domains including negative affect, detachment, antagonism, disinhibition, and psychotism, with each trait domain consisting of 5 items. The measure is completed by the individual prior to a visit with the clinician. If the individual receiving care is an adult age 18 and older with impaired capacity and unable to complete the form, a knowledgeable informant may complete the informant version of the measure (the PID-5-IRF). Each item on the PID-5-BF asks the individual receiving care to rate how well the item describes him or her generally.

Scoring and Interpretation

Each item on the measure is rated on a 4-point scale (i.e., 0=very false or often false; 1=sometimes or somewhat false; 2=sometimes or somewhat true; 3=very true or often true). The overall measure has a range of scores from 0 to 75, with higher scores indicating greater overall personality dysfunction. Each trait domain ranges in score from 0 to 15, with higher scores indicating greater dysfunction in the specific personality trait domain. 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 25 items should be summed to obtain a total raw score. The scores on the items within each trait domain should be summed and entered in the appropriate raw domain score box. In addition, the clinician is asked to calculate and use **average scores for each domain and for the overall measure**. The **average scores** reduce the overall score as well as the scores for each domain to a 4-point scale, which allows the clinician to think of the patient's personality dysfunction relative to observed norms.¹ The **average domain score** is calculated by dividing the raw domain score by the number of items in the domain (e.g., if all the items within the "negative affect" domain are rated as being "sometimes or somewhat true" then the average domain score would be 10/5 = 2, indicating moderate negative affect). The **average total score** is calculated by dividing the raw overall score by the total number of items in the measure (i.e., 25). The average domain and overall personality dysfunction scores were found to be reliable, easy to use, and clinically useful to the clinicians in the DSM-5 Field Trials.

Note: If 7 or more items are left unanswered on the measure (i.e., more than 25% of the total items are missing), the scores should not be calculated. Similarly, if 2 or more items are left unanswered on any one domain, the domain score should not be calculated. Therefore, the individual should be encouraged to complete all of the items on the measure. However, if 7 or more of the total items on the measure are left unanswered but 4 or 5 items for some of the domains are completed, the raw or average domain scores may be used for those domains. If for the overall measure 1 to 6 items are left unanswered, or for any domain only one item is left unanswered, you may prorate the total raw score or domain score by first summing the number of items that were answered to get a **partial raw score**. Next, multiply the partial raw score by the total number of items on the measure (i.e., 25) or in the domain (i.e., 5). Finally, divide the value by the number of items that were actually answered to obtain the prorated total or domain raw score.

$$\text{Prorated Score} = \frac{(\text{Partial Raw Score} \times \text{number of items on the PID-5 BF})}{\text{Number of items that were actually answered}}$$

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

Frequency of Use

To track change in the severity of the individual's personality dysfunction over time, it is recommended that the measure be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the individual receiving care that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.

¹Krueger RF, Derringer J, Markon KE, Watson D, Skodol AE. (2013). *The Personality Inventory for DSM-5 Brief Form (PID-5-BF)*. Manuscript in preparation.