

Outcome Measure	Penn State Worry Questionnaire (PSWQ)
Sensitivity to Change	Unknown
Population	Adult
Domain	Psychological Status
Type of Measure	Self-report scale
ICF-Code/s	b1
Description	<p>The PSWQ was designed to capture the generality, excessiveness, and uncontrollability dimensions of pathological worry.</p> <p>PSWQ has 16 items and each item is rated on a scale from 1 ('not at all typical of me') to 5 ('very typical of me'). Eleven items are worded in the direction of pathological worry, with higher numbers indicating more worry (e.g., 'Once I start worrying, I cannot stop'), while the remaining five items are worded to indicate that worry is not a problem, with higher numbers indicating less worry (e.g., 'I never worry about anything'). Total score is calculated by summing the first 11 items and the reverse-scores of the latter 5 items, with higher PSWQ scores reflecting greater levels of pathological worry.</p>
Properties	<p>See Tate (2010) for full details.</p> <p><i>Internal consistency</i> for total score excellent for Form A ($\alpha = .90$) and Form B ($\alpha = .93$).</p> <p><i>Inter-rater reliability</i> (ICC) is .95 for Form A, and .84 for Form B. <i>Test-retest reliability</i> (ICC) is .90 following 1 month for Form A, and .90 following 1 week for Form B.</p> <p><i>Convergent/divergent validity</i> – Correlates highly with similar measures:</p> <ul style="list-style-type: none"> (1) SPRS Work & Sickness Impact Profile (SIP)-Work + Recreation, $r = -.72$ (2) SPRS-Relationships & SIP-Psychosocial, $r = -.76$ <p>Lower correlations with dissimilar constructs:</p> <ul style="list-style-type: none"> (1) SPRS-Work & SIP-Relationships, $r = .45$ (2) SPRS-Relationships & SIP-Work+Recreation, $r = -.41$
Advantages	<p>The PSWQ has been shown to discriminate GAD from other anxiety disorders (Brown et al., 1992, Fresco et al., 2003). A brief version of the Penn State Questionnaire is available with good psychometrics and demonstrated sensitivity and specificity in screening for GAD in a clinical population at a day treatment clinic for psychiatric disorders (n=272) (Kertz, et al., 2014). The abbreviated scale has also been validated in adolescents and a geriatric cohort (Topper et al., 2014, Wuthrich et al., 2014). PSWQ has been shown to be sensitive to change in clinical populations with GAD but there is no data for brain-injured cohorts (Dear et al., 2011).</p>
Disadvantages	Use in TBI populations

Additional Information	
Reviewers	Jennie Ponsford

References

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