2019

University of Washington Concerns About Pain (UW-CAP) Users Guide

Version 1.0 – English

(Formerly called Pain Appraisal Scale or UW-PAS)

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UNIVERSITY OF WASHINGTON CONCERNS ABOUT PAIN (UW-CAP) SCALE ©

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Please cite the UW-Concerns About Pain (UW-CAP) user guide and short forms as follows:

University of Washington Concerns About Pain (UW-CAP) Scale Version 1 Users Guide. 2017. https://uwcorr.washington.edu/measures/uw-cap-userguide.pdf. Accessed on [insert date].

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Permission to use the UW-CAP instruments does not grant permission to modify the wording or layout of items, to distribute to others in any form, or to translate items into any other language. Permission to modify, distribute, or translate must be requested in writing from the study principal investigator, Dagmar Amtmann, PhD at uwcorr@uw.edu.

Questions about the UW-CAP Instruments

If you have questions about the UW-CAP instruments or their use in clinical care or research, please contact the University of Washington Center on Outcomes Research in Rehabilitation (UWCORR).

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Overview of the UW-CAP

Construct:

The UW-CAP is intended measure an individual's level of pain catastrophizing. The construct was defined through a series of meetings with researchers and clinical psychologists with expertise in pain in rehabilitation populations. The following definition was developed by authors and guided the development of items with the specific focus on catastrophizing in the context of chronic pain:

Pain catastrophizing cognitions are extremely negative appraisals (thoughts) about pain, and its impact on one's life now and in the future. It includes magnification of pain and its impact, helplessness, rumination, and beliefs about the worst-case scenarios.

Because the focus group and cognitive interview participants felt that the term "pain catastrophizing" had a very negative and stigmatizing connotation, the scale/item bank name was changed to Concerns About Pain (CAP).

Additional information about the focus groups and definition development can be found in this publication:

Amtmann D, Liljenquist K, Bamer A, Bocell F, Jensen M, Wilson R, Turk D. Measuring Pain Catastrophizing and Pain-Related Self-Efficacy: Expert Panels, Focus Groups, and Cognitive Interviews. *Patient*. 2018 Feb;11(1):107-117. doi: 10.1007/s40271-017-0269-1.

Calibration Population and Intended Application

The UW-CAP was developed in a sample of adults living with chronic pain (mild to severe pain with average pain intensity of 3 or above on a scale from 0 to 10 for six months or longer and for at least half the days). The calibration sample targeted individuals with different

demographic characteristics (e.g., male gender, Hispanic and African American race/ethnicity, less than high school education, younger (<45 years) and older (75+ years) age) to ensure adequate representation among this sample of people with pain. The short forms require less than 5 minutes to administer. The UW-CAP was developed in English, and has not yet been translated into other languages. It was developed to be applicable to anybody, but particularly relevant to measuring pain catastrophizing in people with chronic pain.

Instructions for using the UW-CAP

The University of Washington Concerns About Pain (UW-CAP) scale is an Item Response Theory (IRT) based instrument intended for measuring pain catastrophizing in adults. The UW-CAP is a publicly available, psychometrically sound item bank for measuring pain catastrophizing in patient populations with a focus on catastrophizing in people with chronic pain. It was developed with persons (N=795) 18 years or older with a self-reported diagnosis of low back pain, osteoarthritis of the knee, painful diabetic neuropathy, multiple sclerosis, spinal cord injury, or lower limb amputation. Scores were centered in the development sample such that a mean of 50 with a standard deviation of 10 represents the mean in the development sample. Focus groups and cognitive interviews were conducted in the process of development of the item bank to ensure that the instrument is both person-centered and clinically meaningful. The item bank was calibrated using IRT and item parameters for all items are available upon request.

Choosing a UW-CAP instrument:

Below you will find the full 24 item bank along with an 8-item, 6-item and 2-item short form. For lowest respondent burden and most reliable score choose computerized adaptive testing (CAT). If CAT is not available choose the 8-item short form. If the 8-item short form is too long, choose the 6- or 2-item short form, but understand the limitations of the score based on the 2-item short form.

Versions of the short forms to be administered to participants or patients are available on the UW-CAP website as standalone versions (e.g. https://uwcorr.washington.edu/measures/uw-cap-sf8.pdf). For clinicians and researchers, versions with individual item scoring indicated can be found below. It is best practice **not to administer the version that shows scoring to the participants**. The full bank, that is all 24 items, is not intended to be administered for any purposes. The full item bank is intended for CAT which uses an algorithm to select items based on responses to previous items. However, we provide the scoring table for the full version as well in case it is of interest to researchers.

The 8-item short form can be administered by computer or on paper. **It is recommended for use in situations where administration of CAT is not possible**. The correlation between scores on the first 6 items of the 8-item short form or the 6-item short form and the full bank is 0.99. The reliability of the first 6 items from the 8-item form or 6-item short form is very high (>0.9) between scores of 44 and 74 and can be used with confidence for individual comparisons within this range.

The 2-item scale is only intended for use in situations where the 8- or 6-item short form or CAT cannot be administered. The correlation between the 2-item form and the full bank is 0.74. Scores based on only 2-items have low reliability and cannot be used for individual comparisons or group comparisons as the reliability of the 2-item short form is never greater than 0.8.

Co-administration Recommendation

Throughout the cognitive interviews and focus groups conducted during the item bank development phase, participants expressed concern that pain catastrophizing was a very negative and stigmatizing connotation. In addition, some participants expressed a concern that truthful answers to some of the questions would be perceived as suicidal ideation and/or reflect negatively on them. Some patients also thought that answering truthfully might result in supporting a potential healthcare provider's belief that their pain was not real or they were trying "to blow it out of proportion." To be sensitive to this we felt it was important to provide guidance for clinicians about this issue and have therefore provided additional instructional text for clinicians in the clinician versions of the instruments presented below. Furthermore, if possible we recommend administering items from our pain related self-efficacy item bank after the CAP. The pain related self-efficacy item bank is more positive in nature and was developed in conjunction with the CAP and in the same development sample. It has similar psychometric properties and can be administered via CAT, a 6-item, or 2-item short form. We recommend at a minimum that two items from the pain related self-efficacy item bank be administered at the end of the CAP scale to aid in reducing patients fears. Co-administration will also provide researchers and clinicians with valuable information about a patient's perceived self-efficacy with respect to pain. We have provided a patient and clinician version below which includes the 6-item CAP short form followed directly by the 2-item pain related self-efficacy short form (we have named this the 8-item short form below). For those who wish to administer the 6-item pain related self-efficacy short form after the CAP short form copies of the scale and complete scoring instructions are available here: https://uwcorr.washington.edu/measures/uw-prse-userguide.pdf and https://uwcorr.washington.edu/measures/uw-prse-sf6.pdf.

Scoring

Individual items are summed and the total sum is then transformed to an IRT-based T-score score using the scoring tables provided. **The sum score based on adding corresponding codes for each item should not be used for any purposes**. All reliability and validation information relates to the IRT based T-scores. Raw scores/codes for each item range from 1 to 5 as indicated in the investigator/clinician versions below. Only complete responses with no missing data can be scored using the provided scoring tables. However, information on scoring with missing data is also provided under "Scoring with Missing Data" below. Instructions for scoring each individual instrument are outlined here:

Full Item Bank (24 items): In the unlikely cases where all 24 items are administered, 24 items are summed first using the values/codes provided for each response available in the clinician/researcher version of the form. Summing the codes/raw scores across the 24 items will give a total raw score that ranges from 24-120. The raw sum score is **not** a valid score and should not be used for any purposes other than looking up the IRT-based T-score. Only UW-CAP T-scores should be reported and used in analyses. Raw total scores should then be transformed to the IRT-based total T-score using the appropriate concordance table provided at the end of this document. As an example, a participant with a summary score of 80 would have a T-score of 59.6.

8 Item Short Form: As mentioned previously we recommend administering the CAP in conjunction with the pain related self-efficacy scale or followed by the 2-item pain related self-efficacy scale. The 8-item short form below includes the 6-item CAP short form and the 2-item pain related self-efficacy short form. **This form is recommended for use in most situations**. The first 6 items are summed as a first step using the values provided for each response available in the clinician/researcher version of the form. This will give a total score that ranges from 6 to 30. This is **not** a valid score and should not be used for any other purpose than looking up the IRT-based T-score. After summing the 6 items, the scores have to be transformed to the IRT-based score on a T-scale metric using the appropriate 6-item concordance table provided at the end of this document. For example, a participant with a summary score of 16 would have a T-score of 54.0. Items 7 and 8 of this form can be separately scored to get a pain related self-efficacy score by summing them and transforming them to a T-score metric using the 2-item lookup table in this document here: https://uwcorr.washington.edu/measures/uw-prse-userguide.pdf. Additional information on the meaning and use of pain related self-efficacy scores is also available in the pain related self-efficacy user guide.

6 Item Short Form: The 6 items are summed as a first step using the values provided for each response available in the clinician/researcher version of the form. This will give a total score that ranges from 6 to 30. This is **not** a valid score and should not be used for any other purpose than looking up the IRT-based T-score. After summing the 6 items, the scores have to be transformed to the IRT-based score on a T-scale metric using the appropriate concordance table provided at the end of this document. For example, a participant with a summary score of 16 would have a T-score of 54.0.

2 Item Short Form: The 2 items are summed as a first step using the values provided for each response available in the clinician/researcher version of the form. This will give a total score that ranges from 2-10. After summing the 2 items, raw total scores should be transformed to a T-scale metric using the concordance table provided at the end of this document. For example, a participant with a summary score of 5 would have a T-score of 49.2.

Scoring with Missing Data: The attached scoring table for the full item bank should only be used for complete data. For missing data use IRT software if possible. The 6-item short form scores (or the 6-item short form imbedded in the 8-item short form) can be approximated if a participant skips up to two questions. If more than 2 items are missing a score cannot be generated. On the 2-item short form, scores cannot be generated if either of the 2-items are missing. To score participants with missing data on the 6-item form, first check how many items were answered and confirm that 4 items were answered before proceeding. Next, sum the response scores from the items that were answered. Multiply this sum by 6 (the number of items in the short form). Finally, divide by the number of items that were answered. For example, if a respondent answered 5 of 6 questions and answered all items with the second lowest response option (2), you would sum all responses (10), multiply by the number of items in the short form (6) and divide by the number of items that were answered (5). Here: (10x6)/5=12. If the result is a fraction, round up to the nearest whole number. This is a pro-rated raw score. Again, the formula is:

(Raw sum x 6)/(Number of items that were actually answered) = pro-rated score

Finally, locate the 6-item score conversion table below and use this table to translate the pro-rated score into a T-score for the participant just as you would for any participant who did not have missing responses.

Interpreting UW-CAP Scores

The UW-CAP T-score is a standardized score with a mean of 50 and a standard deviation (SD) of 10. A higher T-score represents a higher level of pain catastrophizing. T-scores are comparable

across all UW-CAP instruments. This means that a score obtained by a respondent using the 6-item short form may be compared directly to a score obtained by a respondent using the full bank or a CAT administration of the scale with the understanding that the score based on CAT is more reliable (i.e., accurate) than the score based on the SF. T-scores of 50 represent the mean score of the calibration sample which included only individuals with chronic pain as described above on pages 3 and 4. Based on a normal distribution of UW-CAP T-scores, 50% of individuals with chronic pain are expected to have a T-score of 50 or higher (see Figure 1 below). A respondent that receives a T-score of 60 has reported a level of pain catastrophizing approximately 1 standard deviation above the mean of other people with chronic pain, and that suggested pain catastrophizing level is higher than 84% of individuals in the chronic pain calibration sample.

In some instances researchers or clinicians may be interested in identifying individuals with significant or meaningful levels of pain catastrophizing. Clinicians or researchers accustomed to using the Pain Catastrophizing Scale (PCS) created by Michael Sullivan (http://sullivan-painresearch.mcgill.ca/pdf/pcs/PCSManual_English.pdf) often utilize scores of 20 or 30 on the PCS measure to identify patients considered at either moderate or high risk for prolonged pain and disability. These scores correspond to patients above either the 50th or 75th percentile of the original pain sample utilized by Dr. Sullivan in creating the PCS measure. A score of 52 on the CAP measure is equivalent to a score of 20 on the PCS. A score of 57 on the CAP is equivalent to a score of 30 on the PCS. Therefore, clinicians or researcher interested in identifying people with moderate risk of developing prolonged pain and disability should use a cut-off of 52 on the CAP for those at moderate risk and a cut-off of 57 for identifying those at high risk.

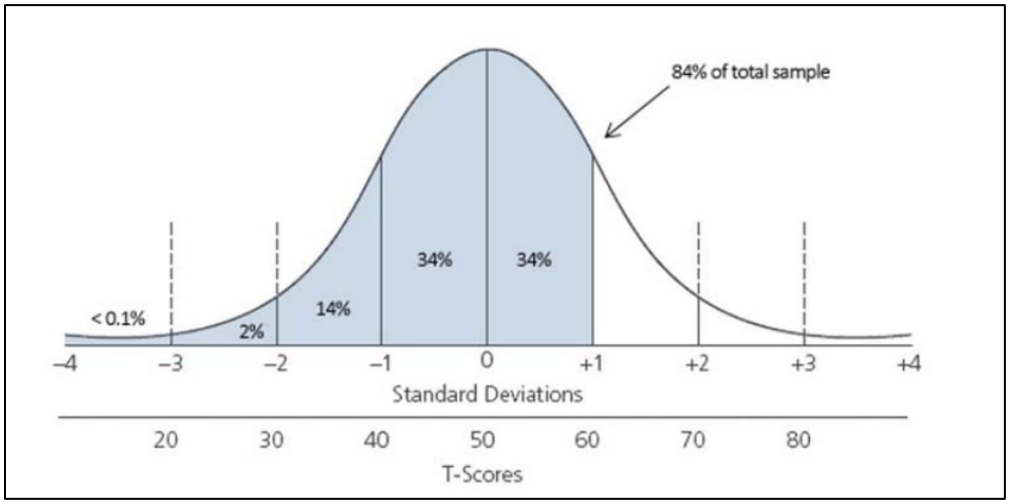

Figure 1 – A UW-CAP T-score of 60 indicates that approximately 84 percent of persons in the calibration sample reported lower pain catastrophizing, as reflected by the shaded area.

UW Concerns About Pain (UW-CAP) Investigator or Clinician Forms©

Versions 1.0 – English

University of Washington Concerns About Pain (UW-CAP) Short Form ©

Eight Item Short Form v1.0

(Investigator/Clinician Version)

It is common for people experiencing long-term pain to be concerned about the meaning and effects of their symptoms. The UW-CAP is intended to identify patient concerns so that they can be appropriately addressed, improving quality of life and health outcomes of people living with chronic pain.

High scores on the UW-CAP (≥ 55) suggest that the individual's concerns are higher than what others with chronic pain report. People with higher scores on the UW Concerns About Pain Scale tend to be more anxious about what the pain means for their lives and more worried that their pain may be a sign of future health problems. Although patients with higher scores may be more likely to express concern about their pain, ***a high score on the UW-CAP does not diminish the importance of patient's report of chronic pain***. Some patients in research studies have been concerned that by giving a high score on UW-CAP this might be misunderstood as suggesting that they have emotional problems or is an exaggeration of pain in order to receive attention, drugs, or disability, and thereby ignored and used to deny them treatment. This would be clearly a wrong use of the UW-CAP score.

Instead, a high score suggests that clinicians should speak with their patients about their particular concerns about their pain (e.g., the meaning of the symptoms, impact of pain on their lives, and treatment options) in order to reassure them. If the patient appears particularly distressed the clinician should consider referring them to a professional who is knowledgeable about the impact of chronic pain and can help the patient learn ways for dealing with the impact of pain on their lives. With appropriate help patients can learn to lower their distress and live fulfilling lives in spite some amount of ongoing pain.

The following 8-item short form includes the 6-item CAP short form followed by the 2-item short form of the Pain Related Self-Efficacy Scale. Because patients felt the CAP was negative and felt they would be stigmatized by their doctor or clinician if they answered items truthfully, we recommend administering the CAP in conjunction with either the 6-item or 2-item Pain Related Self Efficacy Scale. The first 6 items of the following 8-item questionnaire are summed and transformed to the T-score metric as recommended above. Items 7 and 8 can be separately scored to get a pain related self-efficacy score by summing them and transforming them to a T-score metric using the 2-item lookup table in this document here: http://uwcorr.washington.edu/sites/uwcorr/files/files/UWPRSE_UserGuide__v1_0.pdf

Eight Item Short Form v1.0 (continued)
(Investigator/Clinician Version)

Instructions: Pain can have a significant effect on your life. Please tell us about its effects on your life by marking one box per row.					
In the past 7 days, how often did you have the following thought when you were in pain?	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
1. My pain is more than I can manage.	☐1	☐2	☐3	☐4	☐5
2. Because of my pain, I will never be happy again.	☐1	☐2	☐3	☐4	☐5
3. Because of my pain, my life is terrible.	☐1	☐2	☐3	☐4	☐5
4. My life will only get worse because of my pain.	☐1	☐2	☐3	☐4	☐5
In the past 7 days, how often …?	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
5. Did you keep thinking about how much it hurts?	☐1	☐2	☐3	☐4	☐5
6. Did you have trouble thinking of anything other than your pain?	☐1	☐2	☐3	☐4	☐5
Instructions: Please rate how confident you are that you can do the following things at present, despite the pain. To indicate your answer please mark one box per row.					
How confident are you that…	**Not at All**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
7. You can do most of your daily activities in spite of your pain?	Do not sum these items with the above six-items. These two items can be summed and scored separately using the pain related self-efficacy users guide which can be found here: https://uwcorr.washington.edu/measures/uw-prse-userguide.				
8. You can manage your pain during your daily activities?					

University of Washington Concerns About Pain (UW-CAP) Short Form ©

Six Item Short Form v1.0

(Investigator/Clinician Version)

It is common for people experiencing long-term pain to be concerned about the meaning and effects of their symptoms. The UW-CAP is intended to identify patient concerns so that they can be appropriately addressed, improving quality of life and health outcomes of people living with chronic pain.

High scores on the UW-CAP (≥ 55) suggest that the individual's concerns are higher than what others with chronic pain report. People with higher scores on the UW-CAP tend to be more anxious about what the pain means for their lives and more worried that their pain may be a sign of future health problems. Although patients with higher scores may be more likely to express concern about their pain, ***a high score on the UW-CAP does not diminish the importance of patient's report of chronic pain***. Some patients in research studies have been concerned that by giving a high score on UW-CAP this might be misunderstood as suggesting that they have emotional problems or is an exaggeration of pain in order to receive attention, drugs, or disability, and thereby ignored and used to deny them treatment. This would be clearly a wrong use of the UW-CAP score.

Instead, a high score suggests that clinicians should speak with their patients about their particular concerns about their pain (e.g., the meaning of the symptoms, impact of pain on their lives, and treatment options) in order to reassure them. If the patient appears particularly distressed the clinician should consider referring them to a professional who is knowledgeable about the impact of chronic pain and can help the patient learn ways for dealing with the impact of pain on their lives. With appropriate help patients can learn to lower their distress and live fulfilling lives in spite some amount of ongoing pain.

Six Item Short Form v1.0 (continued)

(Investigator/Clinician Version)

In the past 7 days, <u>how often did you have the following thought</u> when you were in pain?	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
1. My pain is more than I can manage.	☐1	☐2	☐3	☐4	☐5
2. Because of my pain, I will never be happy again.	☐1	☐2	☐3	☐4	☐5
3. Because of my pain, my life is terrible.	☐1	☐2	☐3	☐4	☐5
4. My life will only get worse because of my pain.	☐1	☐2	☐3	☐4	☐5
In the past 7 days, <u>how often</u> …?	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
5. Did you keep thinking about how much it hurts?	☐1	☐2	☐3	☐4	☐5
6. Did you have trouble thinking of anything other than your pain?	☐1	☐2	☐3	☐4	☐5

University of Washington Concerns About Pain (UW-CAP) Short Form ©

Two Item Short Form v1.0

(Investigator/Clinician Version)

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High scores on the UW-CAP (≥ 55) suggest that the individual's concerns are higher than what others with chronic pain report. People with higher scores on the UW-CAP tend to be more anxious about what the pain means for their lives and more worried that their pain may be a sign of future health problems. Although patients with higher scores may be more likely to express concern about their pain, ***a high score on the UW-CAP does not diminish the importance of patient's report of chronic pain***. Some patients in research studies have been concerned that by giving a high score on UW-CAP this might be misunderstood as suggesting that they have emotional problems or is an exaggeration of pain in order to receive attention, drugs, or disability, and thereby ignored and used to deny them treatment. This would be clearly a wrong use of the UW-CAP score.

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Two Item Short Form v1.0 (continued)

(Investigator/Clinician Version)

In the past 7 days, <u>how often did you have the following thought</u> when you were in pain?	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
1. My pain is more than I can manage.	☐1	☐2	☐3	☐4	☐5
In the past 7 days, <u>how often</u> …?	**Never**	**Rarely**	**Sometimes**	**Often**	**Always**
2. Did you keep thinking about how much it hurts?	☐1	☐2	☐3	☐4	☐5

University of Washington Concerns About Pain (UW-CAP) Item Bank©

Full Item Bank

(Investigator/Clinician Version)

It is common for people experiencing long-term pain to be concerned about the meaning and effects of their symptoms. The UW-CAP is intended to identify patient concerns so that they can be appropriately addressed, improving quality of life and health outcomes of people living with chronic pain.

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University of Washington Concerns About Pain (UW-CAP) Item Bank ©

(Investigator/Clinician Version)

Instructions: Pain can have a significant effect on your life. Please tell us about its effects on your life by marking one box per row.

Item ID	In the past 7 days, how often did you have the following thought when you were in pain?	Never	Rarely	Sometimes	Often	Always
cap01	1. Because of my pain, I am a burden on my family or friends.	☐1	☐2	☐3	☐4	☐5
cap04	2. Because of my pain, I can't go on.	☐1	☐2	☐3	☐4	☐5
cap05	3. I can't stand my pain anymore.	☐1	☐2	☐3	☐4	☐5
cap11	4. I will never be able to take care of my most basic needs because of my pain.	☐1	☐2	☐3	☐4	☐5
cap12	5. Because of my pain, I will never be happy again.	☐1	☐2	☐3	☐4	☐5
cap14	6. I will never be able to do many of the things I enjoy because of my pain.	☐1	☐2	☐3	☐4	☐5
cap16	7. Because of my pain, I will be in a bad mood for the rest of my life.	☐1	☐2	☐3	☐4	☐5
cap17	8. Because of my pain, I will be unhappy for the rest of my life.	☐1	☐2	☐3	☐4	☐5
cap18	9. My pain is terrible.	☐1	☐2	☐3	☐4	☐5
cap19	10. My pain overwhelms me.	☐1	☐2	☐3	☐4	☐5
cap21	11. Because of my pain, my life is over.	☐1	☐2	☐3	☐4	☐5

Item ID	In the past 7 days, how often did you have the following thought when you were in pain?	Never	Rarely	Sometimes	Often	Always
cap22	12. Because of my pain, my life is terrible.	☐1	☐2	☐3	☐4	☐5
cap23	13. My life will only get worse because of my pain.	☐1	☐2	☐3	☐4	☐5
cap24	14. My pain is more than I can manage.	☐1	☐2	☐3	☐4	☐5
cap26	15. My pain will get worse.	☐1	☐2	☐3	☐4	☐5
cap30	16. Because of my pain, something really bad is going to happen to me.	☐1	☐2	☐3	☐4	☐5
cap31	17. My pain means something is seriously wrong with me.	☐1	☐2	☐3	☐4	☐5
cap32	18. My pain will become even more intense and hurtful in the coming years.	☐1	☐2	☐3	☐4	☐5
cap34	19. My pain will never end.	☐1	☐2	☐3	☐4	☐5

Item ID	In the past 7 days, how often …?	Never	Rarely	Sometimes	Often	Always
cap36	20. Did you keep thinking about how much it hurts?	☐1	☐2	☐3	☐4	☐5
cap38	21. Did you have trouble thinking of anything other than your pain?	☐1	☐2	☐3	☐4	☐5
cap40	22. Could you only focus on how bad your pain feels?	☐1	☐2	☐3	☐4	☐5
cap44	23. Did your pain completely fill up your mind?	☐1	☐2	☐3	☐4	☐5
cap45	24. Did you desperately want your pain to go away?	☐1	☐2	☐3	☐4	☐5

Summary Score to T-score Conversion Tables

24 Item Bank UW-CAP Summary Score to T-score Conversion

Summary Score	T-score
24	23.1
25	26.3
26	28.5
27	30.3
28	31.8
29	33.1
30	34.3
31	35.4
32	36.4
33	37.3
34	38.1
35	38.9
36	39.6
37	40.3
38	41.0
39	41.7
40	42.3
41	42.9
42	43.4
43	44.0
44	44.5
45	45.1
46	45.6
47	46.1
48	46.5
49	47.0
50	47.5
51	47.9
52	48.4
53	48.8
54	49.3
55	49.7
56	50.1
57	50.5
58	50.9
59	51.3
60	51.7

Summary Score	T-score
61	52.1
62	52.5
63	52.9
64	53.3
65	53.7
66	54.1
67	54.5
68	54.9
69	55.3
70	55.7
71	56.1
72	56.5
73	56.8
74	57.2
75	57.6
76	58.0
77	58.4
78	58.8
79	59.2
80	59.6
81	60.0
82	60.4
83	60.8
84	61.2
85	61.6
86	62.0
87	62.4
88	62.8
89	63.2
90	63.7
91	64.1
92	64.5
93	64.9
94	65.3
95	65.8
96	66.2
97	66.7

Summary Score	T-score
98	67.1
99	67.6
100	68.0
101	68.5
102	69.0
103	69.5
104	70.0
105	70.5
106	71.0
107	71.6
108	72.1
109	72.7
110	73.3
111	74.0
112	74.7
113	75.4
114	76.2
115	77.1
116	78.1
117	79.3
118	80.6
119	82.4
120	85.0

6 Item Short Form (or first 6 items from the 8 Item Scale)

UW-CAP Summary Score to T-score Conversion Table

Summary Score	T-score
6	30.8
7	35.3
8	38.7
9	41.6
10	44.1
11	46.2
12	48.1
13	49.7
14	51.2
15	52.6
16	54.0
17	55.4
18	56.8
19	58.2
20	59.6
21	61.1
22	62.5
23	64.0
24	65.5
25	67.0
26	68.7
27	70.5
28	72.5
29	74.9
30	78.1

2 Item Short Form

UW-CAP Summary Score to T-score Conversion Table

Summary Score	T-score
2	34.5
3	39.4
4	44.4
5	49.2
6	53.4
7	57.3
8	61.2
9	65.6
10	71.4