

## INSTRUCTIONS FOR SCORING THE MOBILITY INVENTORY FOR AGORAPHOBIA

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Avoidance. The MIA is scored by computing an average of the items on the Avoidance Alone scale and an average for the Avoidance Accompanied scale. Subjects are encouraged to skip items if the items are irrelevant to their lives. For example, they may have never had an opportunity to try a subway because none exists in their geographic region, or they have had no opportunity to attend a class as an adult and would be making an uneducated guess if they were to rate this item. However, such a strategy should result in no more than a few skipped items. In a clinical setting, if many items are skipped, I would question his/her assertion that avoidance is not a factor.

On the other hand, a subject may give a rating for an item that makes no sense, i.e., giving an Avoidance Accompanied rating to the item, "Staying home alone." This happens despite my having crossed that item out for the Accompanied scale. Ignore this response. If you choose to include the "other" items in your averages, check them for suitability. If you give repeated administrations (e.g., before and after treatment), you should write in the same content for "other" items as the subject used the first time on subsequent questionnaires to assure stability of item content.

Panic Frequency is scored as a simple frequency count. Generally the scores are very skewed, and a log transformation before parametric analysis or the use of nonparametric analysis is recommended.

Panic Intensity is given a 1 - 5 score depending on the response checked by the subject. If the subject has a 0 on Panic Frequency, he/she should be considered to have a missing datum on Panic Intensity even if he/she gives a response.

COMMUNITY SAMPLE NORMS FOR  
 THE AGORAPHOBIC COGNITIONS QUESTIONNAIRE  
 THE BODY SENSATIONS QUESTIONNAIRE  
 THE MOBILITY INVENTORY FOR AGORAPHOBIA

Source: Bibb, J.L. (1988). Parental bonding, pathological development, and fear of losing control among agoraphobics and normals. Unpublished doctoral dissertation, The American University, Washington, DC.

<u>Variable</u>	<u>M</u>	<u>SD</u>	<u>n</u>
ACQ (14 item)	1.60	0.46	139
ACQ-Loss of Control Factor	1.89	0.70	139
ACQ-Physical Concerns Factor	1.31	0.33	139
BSQ	1.80	0.59	88
Mobility: Avoidance Alone	1.50	0.45	88
Mobility: Avoidance Accompanied	1.24	0.35	88

NB: Subjects in this sample were not screened for normality. They were faculty and staff of The American University who volunteered to participate in a questionnaire research project.

NORMS FOR CLIENTS DIAGNOSED AS HAVING AGORAPHOBIA WITH PANIC  
ATTACKS, SEEN AT THE AGORAPHOBIA AND ANXIETY PROGRAM  
TEMPLE UNIVERSITY MEDICAL SCHOOL

	Mean	SD	Median	
Agoraphobic Cognitions (14 item version)	2.43	0.63	2.39	253
Body Sensations	3.02	0.85	3.08	254
Fear Questionnaire- Agoraphobia Factor	20.81	10.72	20.60	291
Main Phobia	6.44	2.02	7.14	205
Global Phobia	5.50	1.94	5.97	291
Mobility Inventory-				
Avoid Alone	3.22	1.01	3.20	356
Discomf. Alone	3.26	1.03	3.22	179
Avoid Acomp.	2.39	0.88	2.35	353
Discomf. Accomp.	2.54	0.77	2.50	178
Panic Frequency	3.07	3.88	2.11	300
Panic Intensity	3.19	1.00	3.01	176

## Panic Intensity of the Mobility Inventory for Agoraphobia

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Since the Panic Intensity scale was added to the Mobility Inventory after the publication of the latter, this paper is intended as a supplement to Chambless et al. (1985), to provide information on the measure of Panic Intensity (PI). The PI is a 1 (very mild) to 5 (extremely severe) scale on which the client checks his/her response, rating the intensity of panic attacks experienced during the last 7 days. No score can be obtained if Panic Frequency during that time was 0.

Data have been collected on the PI from a sample of 232 outpatients with a diagnosis of agoraphobia with panic attacks. The scale is normally distributed around a mean of 3.19 ( $SD=1.00$ ). Reliability data are available on only 12 cases across a mean pretreatment interval of 20.42 days ( $SD=16.92$ ). Reliability was a modest 0.66; however, this is good reliability for a one-item scale. There was some trend for the score to increase over time without treatment, although this was not significant,  $t = 1.83$ ,  $df = 11$ ,  $p = .094$ .

### CORRELATIONS OF THE PI WITH OTHER MEASURES

<u>Measure</u>	<i>n</i>	<i>r</i>	<i>p</i>
Avoidance Alone - Mobility Inventory	232	.19	.003
Avoidance Accompl. - Mobility Inventory	230	.18	.007
Panic Frequency - Mobility Inventory	148	.20	.001
Agoraphobic Cognitions Q.	230	.27	.001
Body Sensations Q.	174	.14	.062
Beck Depression	220	.32	.001
STAI - Trait Anxiety	219	.26	.001
Eysenck Neuroticism	158	.18	.021
Eysenck Psychoticism	158	.01	.942
Age	228	-.09	.19
Socioeconomic Status	211	.01	.86
Duration of Agoraphobia	203	-.02	.74

NB: Because panic frequency's distribution is highly skewed, the correlation of this variable with panic intensity is a nonparametric Kendall tau *b*, rather than a Pearson coefficient.

### Reference

Chambless, D.L., Caputo, G.C., Jasin, S.E., Gracely, E., & Williams, C. (1985). The Mobility Inventory for Agoraphobia. Behaviour Research and Therapy, *23*, 35-44.