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# A Review of the Clinical Utility and Psychometric Properties of the Death Anxiety Beliefs and Behaviours Scale (DABBS): Percentile Rankings and Qualitative Descriptors

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The Death Anxiety Beliefs and Behaviours Scale (DABBS), developed by Menzies and colleagues (2022), is an 18-item self-report measure designed to assess death anxiety. This technical review provides clinicians with comprehensive scoring frameworks, percentile rankings, and detailed interpretive guidelines. The document outlines the three-factor structure of the DABBS (Affect, Beliefs, and Behaviours subscales), empirically-established clinical cut-off scores, and normative data from combined university and community samples. As the first death anxiety measure to provide clinical cut-offs and treatment-guiding subscales, the DABBS offers practical utility for screening, assessment, and monitoring treatment progress. The measure's dimensional approach enables clinicians to identify specific treatment targets, with the Beliefs subscale informing cognitive interventions and the Behaviours subscale guiding exposure-based approaches for death-related avoidance.

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Click to view information on the DABBS

**September 2025**

## Developer & Author

The Death Anxiety Beliefs and Behaviours Scale (DABBS) was developed by Menzies and colleagues (2022):

> Menzies, R. E., Sharpe, L., & Dar‐Nimrod, I. (2022). The development and validation of the Death Anxiety Beliefs and Behaviours Scale. British Journal of Clinical Psychology, 61(4), 1169-1187. https://doi.org/10.1111/bjc.12387

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This document was developed to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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## Citation for this Paper

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## Description

The Death Anxiety Beliefs and Behaviours Scale (DABBS) is an 18-item self-report measure designed to assess death anxiety (i.e., fears of death or dying). The DABBS was developed specifically for use in clinical populations and was the first measure to provide a clinical cut-off score, normative data, and treatment-guiding subscales.

The DABBS includes three subscales:

- Affect, measuring the intensity of subjective anxiety relating to death or dying
- Beliefs, measuring the frequency an individual is troubled by maladaptive cognitions about death
- Behaviours, measuring maladaptive avoidance of death-related stimuli

Death anxiety has been shown to play a role in various mental health conditions, with particular evidence for its key role in OCD, anxiety disorders, health anxiety, and related conditions. Given the relevance of death anxiety across different psychopathologies, the DABBS may be useful for building a formulation of the underlying factors contributing to a client's presentation. The measure can be administered at baseline for assessment and screening purposes, and repeatedly throughout treatment to monitor progress and treatment outcomes.

The DABBS can also be used to inform psychological interventions and treatment targets for death anxiety. The Beliefs subscale can help identify maladaptive cognitions that may benefit from being addressed using cognitive interventions, and the Behaviours subscale can identify avoided stimuli which can be targeted using exposure therapy.

## Psychometric Properties

The DABBS has been validated in multiple clinical and non-clinical samples, demonstrating strong psychometric properties (Menzies et al., 2022). For the initial development, a larger pool of items was first piloted in a sample of community adults. An exploratory factor analysis was then conducted using a treatment-seeking clinical sample, revealing the expected three-factor structure. A subsequent confirmatory factor analysis showed that this three-factor structure held within a non-clinical community sample. The overall scale has excellent internal consistency (Cronbach's $\alpha = .90$), and the subscales have internal consistency of $\alpha = .94$ (Affect), $\alpha = .83$ (Beliefs), and $\alpha = .87$ (Behaviours). The DABBS has shown good test–retest reliability over a three-week interval, for the total score ($r = .86$), Affect ($r = .85$), Beliefs ($r = .78$), and Behaviours subscales ($r = .79$).

Clinical utility has been supported through studies demonstrating that higher DABBS scores are associated with increased symptom severity, including depression, anxiety, and stress (Menzies et al., 2022; Sharpe et al., 2024), greater body dysmorphia symptoms (Menzies et al., 2023), and poorer quality of life (Sharpe et al., 2024).

Overall scores on the DABBS are also associated with mental health outcomes in individuals living with cancer and other chronic physical illnesses, including fears of illness recurrence and progression (Sharpe et al., 2024; Smith et al., 2024)

A clinical cut-off score of 55 or greater has been established to indicate the likely presence of clinically significant death anxiety. The AUC for the DABBS is .90, suggesting excellent discriminant ability.

A percentile is created based upon a combined university and non-clinical sample (N = 553) (R. Menzies, personal communication, August 11, 2025). The corresponding percentile for the cut-off score (i.e., at the 70th percentile) is used to define a category of 'High' death anxiety. The 90th percentile is used to define a 'Very High' category.

Although initially developed and validated in adult samples, the DABBS has been validated in adolescents (Mazidi et al., 2024).

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## Scoring & Interpretation

The DABBS produces a raw score, a corresponding percentile and a descriptor. A higher score indicates a higher level of death anxiety. There are three subscales and a total score:

- Total score (ranging from 18 - 90)
- Affect subscale (items 1-4; scores range from 4 - 20): measures the intensity of subjective anxiety relating to death or dying
- Beliefs (items 5-11; scores range from 7 to 35): measures the frequency an individual is troubled by maladaptive cognitions about death
- Behaviours (items 12-18; scores range from 7 to 35): measures maladaptive avoidance of death-related stimuli

A total score equal to or greater than 55 indicates that an individual's death anxiety is in the clinically elevated range, suggesting significant fears of death. However, scores below this cut-off (i.e., within the normal range) may still warrant clinical intervention, particularly if an individual is expressly seeking treatment for this fear.

Percentiles are also displayed for the total score and each of the subscales. This community percentile allows for a comparison between the client's score and a sample of non-clinical and university students (N = 553). A percentile of 50 indicates an average and typical level of death anxiety. As the total score of 55 equates to the 70th percentile, this percentile is used for the subscales to indicate a score within the 'High' (i.e., clinically elevated) range. A percentile of 90 is used to define the 'Very High' category.

Interpretation at the subscale level may also be clinically useful. For example, a high score on the Behaviours subscale relative to Beliefs may suggest that exposure-based interventions targeting avoidance may be most useful to consider. Conversely, a high score on the Beliefs subscale relative to the Behaviours subscale may indicate that treatments centering on addressing unhelpful thinking patterns may be beneficial.

On first administration of the DABBS, a stacked bar chart displaying percentile scores for the total score and subscales is presented with background shading indicating high and very high ranges. Multiple administrations of the DABBS will provide two plots. The first will plot the raw total score over time and the second will plot the subscale community percentiles over time.

When DABBS scores are available from multiple timepoints, changes in scores can provide valuable information about the effectiveness of interventions or changes in symptoms. Although DABBS does not have an established framework for interpreting change over time, we can use the established recommendation for comparative interpretation, changes of at least 0.5 standard deviations in scores being considered clinically meaningful (the minimally important difference) (Norman et al., 2003; Turner et al., 2010). These changes are categorised as 'significant reduction' (≥0.5 SD reduction in score), 'significant increase' (≥0.5 SD increase in score), or 'minimal change' (<0.5 SD or no change in score). If applicable, this interpretive text outlining change in scores is displayed first within the interpretive text section.

## Supporting Information

*Percentile Calculations*

The percentile rankings for the DABBS are derived from a combined university and non-clinical sample (N = 553) provided by the scale developer (R. Menzies, personal communication, August 11, 2025). The percentiles were provided to NovoPsych for both the total score and three subscales. The percentile rankings represent the position of a given score relative to the distribution of scores in the comparative sample.

The percentile tables provide both normative and clinical sample comparisons. The normative percentiles are based on the combined university and community sample, while the clinical percentiles are derived from the treatment-seeking sample used in the original validation study (Menzies et al., 2022). These dual percentile rankings allow clinicians to compare client scores against both general population and clinical reference groups, providing context for interpretation and treatment planning.

For the total score, percentiles are calculated for raw scores ranging from 18 to 90, while subscale percentiles are calculated for: Affect (4-20), Beliefs (7-35), and Behaviours (7-35). The established clinical cut-off score of 55 corresponds to the 70th percentile in the normative sample, with the 90th percentile defining the 'Very High' category threshold.

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*Percentile Table*

| | Total Score | | |
|---|---|---|---|
| | Community | Clinical | |
| Score | Percentile | | |
| 18 | 0.6 | 0.5 | |
| 19 | 1.4 | 0.6 | |
| 20 | 1.8 | 0.7 | |
| 21 | 2 | 0.9 | |
| 22 | 2.5 | 1 | |
| 23 | 3 | 1.25 | |
| 24 | 3.5 | 1.5 | |
| 25 | 4 | 2 | |
| 26 | 5 | 2.25 | |
| 27 | 8 | 3 | |
| 28 | 7 | 3.25 | |
| 29 | 10 | 3.5 | |
| 30 | 12 | 4 | |
| 31 | 13 | 5 | |
| 32 | 14 | 6 | |
| 33 | 15 | 7 | |
| 34 | 16 | 8 | |
| 35 | 17 | 10 | |
| 36 | 18 | 11 | |
| 37 | 20 | 12 | |
| 38 | 22 | 13 | |
| 39 | 24 | 14 | |
| 40 | 27 | 16 | |
| 41 | 29 | 18 | |
| 42 | 31 | 22 | |
| 43 | 34 | 24 | |
| 44 | 37 | 25 | |
| 45 | 40 | 27 | |
| 46 | 44 | 29 | |
| 47 | 47 | 31 | |
| 48 | 50 | 35 | |
| 49 | 53 | 37 | |
| 50 | 55 | 38 | |
| 51 | 58 | 40 | |
| 52 | 61 | 42 | |
| 53 | 65 | 44 | |
| 54 | 68 | 47 | |
| 55 | 71 | 49 | High |
| 56 | 74 | 51 | |
| 57 | 77 | 53 | |
| 58 | 79 | 55 | |
| 59 | 82 | 57 | |
| 60 | 84 | 59 | |
| 61 | 86 | 61 | |
| 62 | 87 | 64 | |
| 63 | 88 | 69 | |
| 64 | 89 | 72 | |
| 65 | 91 | 74 | Very High |
| 66 | 92 | 77 | |
| 67 | 93 | 80 | |
| 68 | 94 | 83 | |
| 69 | 94.5 | 86 | |
| 70 | 95 | 88 | |
| 71 | 96 | 90 | |
| 72 | 97 | 92 | |
| 73 | 97.5 | 94 | |
| 74 | 98 | 94.5 | |
| 75 | 98.3 | 95 | |
| 76 | 98.6 | 96 | |
| 77 | 99 | 96.8 | |
| 78 | 98.5 | 97 | |
| 79 | 99.2 | 97.3 | |
| 80 | 99.5 | 97.5 | |
| 81 | 99.6 | 98 | |
| 82 | 99.7 | 98.5 | |
| 83 | 99.75 | 98.8 | |
| 84 | 99.8 | 99 | |
| 85 | 99.85 | 99.5 | |
| 86 | 99.9 | 99.6 | |
| 87 | 99.92 | 99.7 | |
| 88 | 99.95 | 99.8 | |
| 89 | 99.97 | 99.9 | |
| 90 | 99.99 | 99.99 | |

cont'd.

**Affect**

| Score | Community Percentile | Clinical Percentile | |
|---|---|---|---|
| 4 | 6 | 3 | |
| 5 | 13 | 7 | |
| 6 | 16 | 9 | |
| 7 | 20 | 12 | |
| 8 | 27 | 20 | |
| 9 | 36 | 26 | |
| 10 | 43 | 29 | |
| 11 | 49 | 32 | |
| 12 | 55 | 37 | |
| 13 | 62 | 42 | |
| 14 | 67 | 47 | |
| 15 | 73 | 52 | High |
| 16 | 81 | 62 | High |
| 17 | 89 | 74 | High |
| 18 | 92 | 79 | Very High |
| 19 | 94 | 83 | Very High |
| 20 | 97 | 93 | Very High |

**Beliefs**

| Score | Community Percentile | Clinical Percentile | |
|---|---|---|---|
| 7 | 1 | 0.8 | |
| 8 | 3 | 1 | |
| 9 | 4 | 1.5 | |
| 10 | 6 | 2 | |
| 11 | 8 | 3 | |
| 12 | 10 | 4 | |
| 13 | 13 | 5 | |
| 14 | 17 | 6 | |
| 15 | 22 | 9 | |
| 16 | 27 | 13 | |
| 17 | 31 | 18 | |
| 18 | 36 | 24 | |
| 19 | 42 | 30 | |
| 20 | 49 | 35 | |
| 21 | 56 | 43 | |
| 22 | 63 | 50 | |
| 23 | 69 | 54 | |
| 24 | 75 | 59 | High |
| 25 | 80 | 64 | High |
| 26 | 85 | 70 | High |
| 27 | 89 | 77 | High |
| 28 | 92 | 82 | Very High |
| 29 | 94 | 86 | Very High |
| 30 | 95 | 90 | Very High |
| 31 | 96 | 93 | Very High |
| 32 | 98 | 96 | Very High |
| 33 | 98.3 | 97 | Very High |
| 34 | 99.4 | 98 | Very High |
| 35 | 99.99 | 99.8 | Very High |

**Behaviours**

| Score | Community Percentile | Clinical Percentile | |
|---|---|---|---|
| 7 | 4 | 2 | |
| 8 | 8 | 4 | |
| 9 | 10 | 6 | |
| 10 | 14 | 8 | |
| 11 | 18 | 10 | |
| 12 | 24 | 14 | |
| 13 | 28 | 20 | |
| 14 | 34 | 27 | |
| 15 | 41 | 32 | |
| 16 | 47 | 37 | |
| 17 | 52 | 43 | |
| 18 | 58 | 50 | |
| 19 | 65 | 54 | |
| 20 | 71 | 59 | High |
| 21 | 77 | 65 | High |
| 22 | 82 | 69 | High |
| 23 | 86 | 74 | High |
| 24 | 89 | 79 | High |
| 25 | 91 | 84 | Very High |
| 26 | 94 | 87 | Very High |
| 27 | 95 | 89 | Very High |
| 28 | 96 | 91 | Very High |
| 29 | 97 | 95 | Very High |
| 30 | 98 | 98 | Very High |
| 31 | 99 | 98.3 | Very High |
| 32 | 99.4 | 99 | Very High |
| 33 | 99.8 | 99.5 | Very High |
| 34 | 99.99 | 99.8 | Very High |
| 35 | 99.99 | 99.99 | Very High |

*Interpretive Text*

The interpretive report for the Death Anxiety Beliefs and Behaviours Scale (DABBS) is constructed from several components that are conditionally displayed based on the individual's scores and assessment history. The report follows a structured format designed to provide clinicians with meaningful insights into the individual's death anxiety profile across three subscales and a total score.

*Initial vs. Repeat Administration*

If this is the first administration, the report begins with:

> "The Death Anxiety Beliefs and Behaviours Scale (DABBS) was administered on [date]."

If the individual has completed the DABBS previously, the report begins with a comparison of current results to previous scores based on the minimally important difference (MID = 7 points):

> "The Death Anxiety Beliefs and Behaviours Scale (DABBS) was administered on [current date]. Since the client completed the initial DABBS on [initial date] ([days] days ago) the client's total score has *[change description]*."

*[change description]:*

Significant Increase (≥7 points):

> "increased by [points] points, representing a significant increase in death anxiety."

Significant Decrease (≥7 points):

> "decreased by [points] points, representing a significant reduction in death anxiety."

Minimal Change (<7 points):

> "changed by [points] points, which indicates minimal change, suggesting relatively stable death anxiety levels."

*Clinical Cut-off Transition:*

If score moves from <55 to ≥55: "Notably, the score has moved from below to above the clinical cut-off of 55."

If score moves from ≥55 to <55: "Notably, the score has moved from above to below the clinical cut-off of 55."

**Overall Summary Structure**

The summary varies based on total score and subscale descriptors:

> "The client obtained a total score of [score] out of a possible 90, which falls at the [percentile][ordinal suffix] percentile compared to a community sample. This score falls within the '[descriptor]' range."

*Descriptor categories are defined as:*

- Normal Range: <70th percentile
- High: ≥70th but <90th percentile
- Very High: ≥90th percentile

*Clinical Significance Statements*

Total Score ≥55 (first administration):

> "A score of 55 or greater indicates clinically significant death anxiety, suggesting that the client's fears of death may warrant clinical attention."

Total Score <55 with all subscales in normal range:

> "While this score falls below the clinical cut-off of 55 and all subscales are within the normal range, it is important to note that clinical intervention may still be warranted if the client is expressly seeking treatment for fears of death or if death anxiety is causing subjective distress or functional impairment."

**Subscale Interpretations**

For each elevated subscale (High or Very High), detailed interpretations are provided:

*Affect Subscale*

Overview:

> "The client scored [score] on the Affect subscale, which falls at the [percentile]th percentile and is in the '[descriptor]' range."

Clinical Meaning:

> "This indicates elevated emotional distress related to death, including intense feelings of fear, anxiety and terror about mortality. The client experiences significant subjective anxiety when confronted with death-related thoughts or reminders."

*Beliefs Subscale*

Overview:

> "The client scored [score] on the Beliefs subscale, which falls at the [percentile]th percentile and is in the '[descriptor]' range."

Clinical Meaning:

> "This indicates frequent troubling thoughts and maladaptive cognitions about death, including catastrophic predictions about dying alone, painful death, or inability to cope with loss. The client is frequently preoccupied with death-related worries and negative predictions about mortality."

Treatment Suggestions (when Beliefs > Behaviours):

> "Given this subscale is more elevated than Behaviours, treatment could focus on cognitive restructuring techniques to challenge and modify unhelpful beliefs about death. Cognitive interventions targeting catastrophic thinking patterns and developing more balanced perspectives about mortality could be beneficial."

Treatment Suggestions (when Beliefs = Behaviours):

> "Given that both Beliefs and Behaviours subscales are equally elevated, an integrated treatment approach could be most beneficial, perhaps combining cognitive restructuring to address catastrophic thoughts with graduated exposure to reduce avoidance behaviours."

*Behaviours Subscale*

Overview:

> "The client scored [score] on the Behaviours subscale, which falls at the [percentile]th percentile and is in the '[descriptor]' range."

Clinical Meaning:

> "This indicates significant avoidance of death-related stimuli, including media, conversations, and thoughts about mortality. The client engages in maladaptive behavioural patterns to avoid confronting death-related content, which may maintain and reinforce their death anxiety."

Treatment Suggestions (when Behaviours > Beliefs):

> "Given this subscale is more elevated than Beliefs, treatment could emphasise exposure-based interventions, such as graded exposure therapy targeting avoided death-related stimuli. This approach may help the client gradually confront rather than avoid mortality-related content."

*Item-Level Analysis*

For each elevated subscale, specific items endorsed at high levels are presented:

> "In particular, the client endorsed the following items:"

Items are presented in italics with their item numbers and response levels, showing the top 3 highest-scoring items for each elevated subscale.

**Presentation Order**

The subscales are presented in order of severity based on percentile rankings, with the highest-scoring subscale(s) described first.

## Developer

Menzies, R. E., Sharpe, L., & Dar‐Nimrod, I. (2022). The development and validation of the Death Anxiety Beliefs and Behaviours Scale. British Journal of Clinical Psychology, 61(4), 1169-1187. https://doi.org/10.1111/bjc.12387

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## Assessment Questions

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# Death Anxiety Beliefs and Behaviours Scale (DABBS)

### Instructions:

Below is a list of statements about death that you may or may not agree with. Please indicate how much you agree with each statement.

| | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|---|---|---|---|---|---|
| 1 | I feel anxious about death | 1 | 2 | 3 | 4 | 5 |
| 2 | The fact that I will die someday is terrifying | 1 | 2 | 3 | 4 | 5 |
| 3 | I am scared of dying | 1 | 2 | 3 | 4 | 5 |
| 4 | Death frightens me | 1 | 2 | 3 | 4 | 5 |
| | | Never have the thought | Rarely have the thought | Sometimes have the thought | Often have the thought | Always have the thought |
| 5 | Below is a list of death-related thoughts, beliefs and attitudes that you may experience. Please indicate how frequently you are troubled by each thought.<br><br>It would be terrible to not have time to experience everything I want to | 1 | 2 | 3 | 4 | 5 |
| 6 | It would be horrible to die alone | 1 | 2 | 3 | 4 | 5 |
| 7 | My death will be a painful experience | 1 | 2 | 3 | 4 | 5 |
| 8 | I couldn't cope with growing old without my loved ones | 1 | 2 | 3 | 4 | 5 |
| 9 | I will lose a loved one suddenly and it will destroy me | 1 | 2 | 3 | 4 | 5 |
| 10 | On my deathbed, I will not be able to face death as bravely as I should | 1 | 2 | 3 | 4 | 5 |
| 11 | I couldn't cope if someone I care for developed a fatal illness | 1 | 2 | 3 | 4 | 5 |
| | | Never avoid | Rarely avoid | Sometimes avoid | Often avoid | Always avoid |
| 12 | Below is a list of activities that some people may avoid. Please indicate how frequently you would avoid each of these situations.<br><br>Watching or reading media stories about dying | 1 | 2 | 3 | 4 | 5 |
| 13 | Thinking about being diagnosed with a terminal illness | 1 | 2 | 3 | 4 | 5 |
| 14 | Reading a novel with a character who is dying | 1 | 2 | 3 | 4 | 5 |

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| | | Never avoid | Rarely avoid | Sometimes avoid | Often avoid | Always avoid |
|---|---|---|---|---|---|---|
| 15 | Thinking about a loved one dying | 1 | 2 | 3 | 4 | 5 |
| 16 | Watching a film or TV show with a character who is dying | 1 | 2 | 3 | 4 | 5 |
| 17 | Thinking about myself dying | 1 | 2 | 3 | 4 | 5 |
| 18 | Reading a memoir or essay by someone diagnosed with a terminal illness | 1 | 2 | 3 | 4 | 5 |

## Developer Reference:

Menzies, R. E., Sharpe, L., & Dar?Nimrod, I. (2022). The development and validation of the Death Anxiety Beliefs and Behaviours Scale. British Journal of Clinical Psychology, 61(4), 1169-1187. https://doi.org/10.1111/bjc.12387

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## Sample Result

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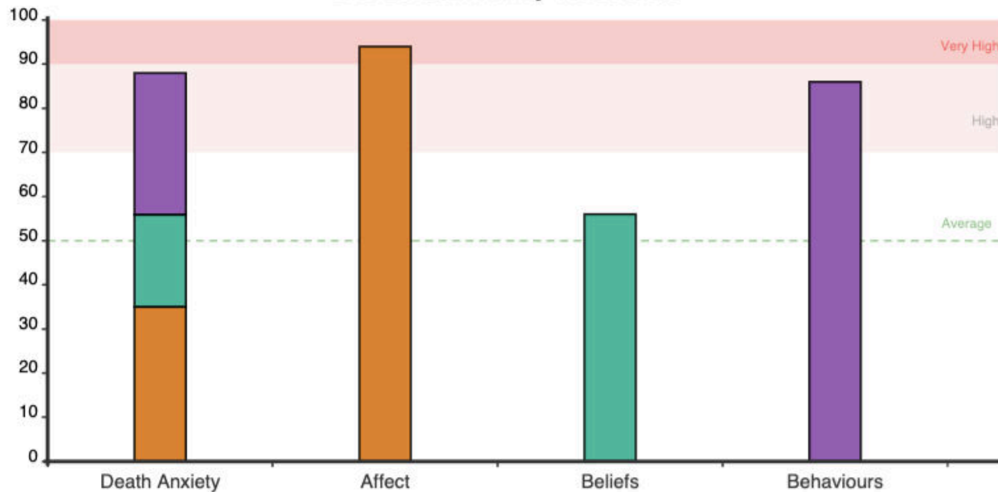
### Death Anxiety Beliefs and Behaviours Scale (DABBS)

| | | | |
|---|---|---|---|
| *Client Name* | John Smith | *Date administered* | 21 Aug 2025 |
| *Date of birth (age)* | 1 Jan 2000 (25) | *Time taken* | 50s |
| *Assessor* | Dr David Hegarty | | |

### Results

| | Raw Score | Community Percentile | Descriptor |
|---|---|---|---|
| Total Death Anxiety | 63 | 88 | High |
| Affect | 19 | 94 | Very High |
| Beliefs | 21 | 56 | Normal Range |
| Behaviours | 23 | 86 | High |




### Interpretation

The Death Anxiety Beliefs and Behaviours Scale (DABBS) was administered on 21 August 2025. The client obtained a total score of 63 out of a possible 90, which falls at the 88th percentile compared to a community sample. This score falls within the 'High' range. A score of 55 or greater indicates clinically significant death anxiety, suggesting that the client's fears of death may warrant clinical attention.

**Affect Subscale.** The client scored 19 on the Affect subscale, which falls at the 94th percentile and is in the 'Very High' range. This indicates elevated emotional distress related to death, including intense feelings of fear, anxiety and terror about mortality. The client experiences significant subjective anxiety when confronted with death-related thoughts or reminders. In particular, the client endorsed the following items:

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| Client Name | John Smith |
|---|---|

- 1. *I feel anxious about death (Strongly agree)*
- 3. *I am scared of dying (Strongly agree)*
- 4. *Death frightens me (Strongly agree)*

**Behaviours Subscale.** The client scored 23 on the Behaviours subscale, which falls at the 86th percentile and is in the 'High' range. This indicates significant avoidance of death-related stimuli, including media, conversations, and thoughts about mortality. The client engages in maladaptive behavioural patterns to avoid confronting death-related content, which may maintain and reinforce their death anxiety. Given this subscale is more elevated than Beliefs, treatment could emphasise exposure-based interventions, such as graded exposure therapy targeting avoided death-related stimuli. This approach may help the client gradually confront rather than avoid mortality-related content. In particular, the client endorsed the following items:
- 12. *Watching or reading media stories about dying (Often avoid)*
- 13. *Thinking about being diagnosed with a terminal illness (Often avoid)*
- 15. *Thinking about a loved one dying (Often avoid)*

## Scoring and Interpretation Information

For comprehensive information on the DABBS, see here.

The DABBS produces a raw score, a corresponding percentile and a descriptor. A higher score indicates a higher level of death anxiety. There are three subscales and a total score:
- Total score (ranging from 18 - 90)
- Affect subscale (items 1-4; scores range from 4 - 20): measures the intensity of subjective anxiety relating to death or dying
- Beliefs (items 5-11; scores range from 7 to 35): measures the frequency an individual is troubled by maladaptive cognitions about death
- Behaviours (items 12-18; scores range from 7 to 35): measures maladaptive avoidance of death-related stimuli

A total score equal to or greater than 55 indicates that an individual's death anxiety is in the clinically elevated range, suggesting significant fears of death. However, scores below this cut-off (i.e., within the normal range) may still warrant clinical intervention, particularly if an individual is expressly seeking treatment for this fear.

Percentiles are also displayed for the total score and each of the subscales. This community percentile allows for a comparison between the client's score and a sample of non-clinical and university students (N = 553). A percentile of 50 indicates an average and typical level of death anxiety. As the total score of 55 equates to the 70th percentile, this percentile is used for the subscales to indicate a score within the 'High' (i.e., clinically elevated) range. A percentile of 90 is used to define the 'Very High' category.

Interpretation at the subscale level may also be clinically useful. For example, a high score on the Behaviours subscale relative to Beliefs may suggest that exposure-based interventions targeting avoidance may be most useful to consider. Conversely, a high score on the Beliefs subscale relative to the Behaviours subscale may indicate that treatments centering on addressing unhelpful thinking patterns may be beneficial.

On first administration of the DABBS, a stacked bar chart displaying percentile scores for the total score and subscales is presented with background shading indicating high and very high

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| **Client Name** | John Smith |
|---|---|

ranges. Multiple administrations of the DABBS will provide two plots. The first will plot the raw total score over time and the second will plot the subscale community percentiles over time.

When DABBS scores are available from multiple timepoints, changes in scores can provide valuable information about the effectiveness of interventions or changes in symptoms. Although DABBS does not have an established framework for interpreting change over time, we can use the established recommendation for comparative interpretation, changes of at least 0.5 standard deviations in scores being considered clinically meaningful (the minimally important difference) (Norman et al., 2003; Turner et al., 2010). These changes are categorised as 'significant reduction' (?0.5 SD reduction in score), 'significant increase' (?0.5 SD increase in score), or 'minimal change' (

## Client Responses

| | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|---|---|---|---|---|---|---|
| 1 | I feel anxious about death | 1 | 2 | 3 | 4 | **5** |
| 2 | The fact that I will die someday is terrifying | 1 | 2 | 3 | **4** | 5 |
| 3 | I am scared of dying | 1 | 2 | 3 | 4 | **5** |
| 4 | Death frightens me | 1 | 2 | 3 | 4 | **5** |
| | | Never have the thought | Rarely have the thought | Sometimes have the thought | Often have the thought | Always have the thought |
| 5 | Below is a list of death-related thoughts, beliefs and attitudes that you may experience. Please indicate how frequently you are troubled by each thought. It would be terrible to not have time to experience everything I want to | 1 | **2** | 3 | 4 | 5 |
| 6 | It would be horrible to die alone | 1 | 2 | 3 | **4** | 5 |
| 7 | My death will be a painful experience | 1 | 2 | **3** | 4 | 5 |
| 8 | I couldn't cope with growing old without my loved ones | 1 | **2** | 3 | 4 | 5 |
| 9 | I will lose a loved one suddenly and it will destroy me | 1 | 2 | 3 | 4 | **5** |
| 10 | On my deathbed, I will not be able to face death as bravely as I should | **1** | 2 | 3 | 4 | 5 |
| 11 | I couldn't cope if someone I care for developed a fatal illness | 1 | 2 | 3 | **4** | 5 |

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| | | Never avoid | Rarely avoid | Sometimes avoid | Often avoid | Always avoid |
|---|---|---|---|---|---|---|
| 12 | Below is a list of activities that some people may avoid. Please indicate how frequently you would avoid each of these situations. Watching or reading media stories about dying | 1 | 2 | 3 | **4** | 5 |
| 13 | Thinking about being diagnosed with a terminal illness | 1 | 2 | 3 | **4** | 5 |
| 14 | Reading a novel with a character who is dying | 1 | **2** | 3 | 4 | 5 |
| 15 | Thinking about a loved one dying | 1 | 2 | 3 | **4** | 5 |
| 16 | Watching a film or TV show with a character who is dying | 1 | **2** | 3 | 4 | 5 |
| 17 | Thinking about myself dying | 1 | 2 | 3 | **4** | 5 |
| 18 | Reading a memoir or essay by someone diagnosed with a terminal illness | 1 | 2 | **3** | 4 | 5 |

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## Percentiles

| | Community Percentile | Clinical Percentile |
|---|---|---|
| Total Death Anxiety | 88 | 69 |
| Affect | 94 | 83 |
| Beliefs | 56 | 43 |
| Behaviours | 86 | 74 |