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## A Review of the Clinical Utility and Psychometric Properties of the Frost Multidimensional Perfectionism Scale (FMPS): Percentile Rankings, Normative Data and Qualitative Descriptors

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The Frost Multidimensional Perfectionism Scale (FMPS) is a 35-item self-report measure assessing the severity and patterns of perfectionistic beliefs and behaviours across four distinct dimensions of perfectionism. This technical review provides clinicians with comprehensive scoring frameworks, percentile rankings, and detailed interpretive guidelines.

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View the [FMPS](#) on [NovoPsych.com](#)

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## Developer & Author

The Frost Multidimensional Perfectionism Scale (FMPS) was developed by Frost and colleagues (1990):

Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14(5), 449–468. <https://doi.org/10.1007/BF01172967>

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This document was developed by NovoPsych 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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## Description

The Frost Multidimensional Perfectionism Scale (FMPS) is a 35-item self-report questionnaire designed to assess multiple dimensions of perfectionism in adolescents and adults (Frost et al., 1990). The FMPS was developed from the framework that perfectionism is not a single trait, but a multifaceted construct encompassing excessively high personal standards, concern over mistakes, doubts about the quality of one's actions, perceptions of parental expectations and criticism, and a preference for order and organisation. Unlike unidimensional measures of perfectionism, the FMPS captures both the potentially adaptive and maladaptive dimensions of perfectionistic behaviour, making it well-suited for clinical formulation and treatment planning in clinical settings.

### FMPS Subscales

In contemporary clinical use, the FMPS is commonly interpreted using four subscales (Stöber, 1998):

- **Concern over Mistakes and Doubts about Actions** (13 items): items reflect the tendency to interpret mistakes as equivalent to failure, to believe that one will lose the respect of others following failure, and to experience persistent uncertainty about the quality of one's actions. Example items include *"If I fail partly, it is as bad as being a complete failure"* and *"I usually have doubts about the simple everyday things I do."* Elevations on this subscale are most consistently associated with psychological distress and impairment.
- **Parental Expectations and Criticism** (9 items): items assess the perception that one's parents set excessively high standards and were overly critical. Example items include *"My parents set very high standards for me"* and *"I never felt like I could meet my parents' expectations."* Elevations may reflect developmental or interpersonal contributors to perfectionistic beliefs.
- **Personal Standards** (7 items): items capture the setting of excessively high personal goals and the importance placed on meeting those standards. Example items include *"I have extremely high goals"* and *"I set higher goals than most people."* Elevations may reflect achievement striving. In isolation, this dimension may not indicate clinical concern; consider co-occurring evaluative concerns.
- **Organisation** (6 items): items measure the importance placed on order, neatness, and organisation. Example items include *"Neatness is very important to me"* and *"I am an organised person."*

### Clinical Utility of the FMPS

The FMPS is a useful tool when perfectionism may be contributing to psychological distress or maintaining symptoms. Perfectionism has been identified as a transdiagnostic process implicated in a range of mental health conditions, including depression, anxiety disorders, obsessive-compulsive disorder, and eating disorders (Egan et al., 2011).

The multidimensional structure of the FMPS allows clinicians to:

- Differentiate between self-critical perfectionism (Concern over Mistakes and Doubts about Actions) and high personal standards (Personal Standards). For example, a client presenting with procrastination and indecisiveness may show elevations on the Concern over Mistakes and Doubts about Actions subscale, reflecting a fear of making errors that leads to avoidance and checking behaviours. Conversely, a client with high Personal Standards but low Concern over Mistakes may be exhibiting a more adaptive form of perfectionism which is less strongly linked to psychological distress.
- Identify possible developmental influences (Parent Expectations and Criticism)
- Distinguish organisation preferences from clinically impairing perfectionism.

The subscale profile can also inform treatment targets. Cognitive-behavioural interventions for perfectionism (e.g., Shafran et al., 2018) typically target maladaptive cognitions captured by the Concern over Mistakes and Doubts subscale. When Parental Expectations and Criticism scores are elevated, this may suggest that perfectionism

developed in response to early relational experience, and developmental or schema-focused approaches may be more appropriate.

## Psychometric Properties

### *FMPS Validity*

The FMPS demonstrates good construct validity through its pattern of associations with theoretically related constructs. Frost et al. (1990) reported that overall perfectionism was significantly correlated with depression ( $r = .46$ ), obsessive-compulsive symptoms ( $r = .36$ ), and anxiety ( $r = .44$ ) as measured by the Brief Symptom Inventory. The Concern over Mistakes subscale showed the strongest associations with psychopathology, particularly depression ( $r = .39$ ) and general symptom distress severity (PSDI  $r = .48$ ), while Doubts about Actions correlated with procrastination ( $r = .40$ ; Stöber, 1998) and self-critical depression ( $r = .61$ ; Frost et al., 1990). Conversely, Personal Standards showed positive associations with achievement orientation and goal-directed behaviour, supporting the distinction between maladaptive and more adaptive dimensions of perfectionism.

Discriminant validity was supported by the differential patterns of association across subscales. Organisation showed only non-significant associations with psychopathology, and Personal Standards demonstrated weak correlations with distress measures (Frost et al., 1990; Stöber, 1998). Howell et al. (2020) further supported this distinction through bifactor modelling, demonstrating that a general perfectionism factor was positively associated with depression ( $\beta = .447$ ), anxiety ( $\beta = .376$ ), and stress ( $\beta = .481$ ), while a perfectionistic strivings group factor showed a negative association with depression ( $\beta = -.217$ ).

### *Internal Consistency of the FMPS*

The FMPS demonstrates good to excellent internal consistency across studies. Frost et al. (1990) reported Cronbach's  $\alpha$  values of .88 for Concern over Mistakes, .83 for Personal Standards, .84 for Parental Expectations, .84 for Parental Criticism, .77 for Doubts about Actions, and .93 for Organisation. Stöber (1998) reported  $\alpha = .88$  for the combined Concern over Mistakes and Doubts factor,  $\alpha = .89$  for the combined Parental Expectations and Criticism factor,  $\alpha = .78$  for Personal Standards, and  $\alpha = .86$  for Organisation, with total scale  $\alpha = .88$ . In a large Australian university sample ( $N = 6,449$ ), Stallman and Hurst (2011) reported  $\alpha = .91$  for a 29-item version, with subscale alphas ranging from .76 to .90. Rice & Dellwo, (2002) reported test-retest reliability over a 10-week period ranging from .63 to .88 across subscales in an Australian adolescent sample.

### *FMPS Factor Structure*

The factor structure of the FMPS has been extensively examined. The original six-factor model (Frost et al., 1990) identified Concern over Mistakes, Personal Standards, Parental Expectations, Parental Criticism, Doubts about Actions, and Organisation as distinct dimensions. Subsequent research has consistently found that certain original factors are better combined. Stöber (1998) demonstrated that a four-factor solution, combining Concern over Mistakes with Doubts about Actions and Parental Expectations with Parental Criticism, provided a more parsimonious and replicable structure. This four-factor model has been widely adopted and is the scoring structure used on NovoPsych.

### *Normative Data*

Normative data for the FMPS are derived from Stöber's (1998) sample of German university students ( $N = 243$ , mean age 26.3 years,  $SD = 5.7$ ). This dataset remains the only published normative sample providing means and standard deviations for the four-factor 35-item scoring structure used on NovoPsych. While subsequent studies have reported descriptive statistics for various populations, these have typically used modified versions or different factor structures, limiting their direct comparability to the original 35-item scoring. Note. CMD = Concern over Mistakes and Doubts about Actions; PEC = Parental Expectations and Criticism; PS = Personal Standards; O = Organisation. Stöber (1998) values represent the four-factor structure used on NovoPsych. Stallman and Hurst (2011) used a modified 29-item

version with a five-factor structure. Dash indicates value not directly comparable or not reported for the same scoring model.

### *FMPS Descriptors*

The following percentile-anchored descriptors are used to aid interpretation of FMPS scores. These bands were developed by NovoPsych to assist interpretation. They reflect standard percentile banding conventions commonly used in psychological assessment (e.g., Groth-Marnat & Wright, 2016) rather than FMPS-specific validation research, and should be treated as a practical guide rather than empirically validated clinical thresholds.

These descriptors are based on where a score falls in the normative distribution, rather than on the response scale labels (Strongly Disagree to Strongly Agree). This is because those labels reflect how strongly someone agrees with a statement, not how clinically elevated their perfectionism is.

- Very Low ( $\leq 5$ th percentile, score 29-44): Scores at this level are well below the normative average, suggesting minimal endorsement of perfectionistic beliefs or behaviours in this domain.
- Low (6th–24th percentile, score 45-60): Scores at this level are below the normative average, suggesting relatively low levels of perfectionism in this domain.
- Average (25th–75th percentile, score 61-83): Scores at this level fall within the typical range for the normative sample, suggesting perfectionism levels consistent with the general population.
- High (76th–94th percentile, score 84-99): Scores at this level are above the normative average, suggesting elevated perfectionism in this domain that may warrant clinical consideration.
- Very High ( $\geq 95$ th percentile, score 100-145): Scores at this level are well above the normative average, suggesting highly elevated perfectionism in this domain that may be clinically significant.

### *FMPS Sensitivity to Change*

No known published study has directly examined the sensitivity to change of the FMPS using the Reliable Change Index (RCI) or minimally important difference (MID) methodology. However, the FMPS has been used as a primary or secondary outcome measure in clinical trials of cognitive-behavioural therapy for perfectionism (Egan et al., 2014; Rozental et al., 2017; Shafran et al., 2017), suggesting it is responsive to treatment-related changes. In the absence of a formally established change threshold, clinicians monitoring treatment progress can use the established recommendation that changes of at least 0.5 standard deviations in scores may suggest potentially meaningful change (Norman et al., 2003; Turner et al., 2010). Using the Stöber (1998) normative data, this corresponds to an approximate MID of 5.75 points for Concern over Mistakes and Doubts about Actions, 5.12 points for Parental Expectations and Criticism, 2.52 points for Personal Standards, and 2.92 points for Organisation.

## **Scoring & Interpretation**

### *FMPS Total and Subscale Scores*

All items are scored on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores indicate greater endorsement of perfectionistic beliefs and behaviours in a particular domain. The FMPS produces a Total Perfectionism score and four subscale scores.

The Total Perfectionism score is calculated as the sum of three of the four subscales (29 items; range 29–145):

- Concern over Mistakes and Doubts about Actions (13 items: 9, 10, 13, 14, 17, 18, 21, 23, 25, 28, 32, 33, 34; score range 13–65): reflects the tendency to equate mistakes with failure, fear loss of respect, and doubt the quality of one's performance.
- Parental Expectations and Criticism (9 items: 1, 3, 5, 11, 15, 20, 22, 26, 35; score range 9–45): reflects perceived parental pressure to be perfect and criticism for falling short.
- Personal Standards (7 items: 4, 6, 12, 16, 19, 24, 30; score range 7–35): reflects the setting of excessively high personal standards and goals.

- The Organisation subscale (6 items: 2, 7, 8, 27, 29, 31; score range 6–30), which reflects the importance placed on order, neatness, and organisation, is excluded from the Total Perfectionism score. High organisation is not inherently problematic; however, high Organisation combined with elevated scores on the other subscales may exacerbate perfectionistic dysfunction.

### *FMPS Percentiles*

All scores are presented as raw totals as well as percentiles, so clinicians can see both the client's actual responses and how those scores compare with a normative sample. Percentile ranks are calculated based on Stöber's (1998) normative sample of university students. A percentile of 50 indicates an average level of perfectionism relative to this comparison group. Given that the normative sample consists of university students, percentiles should be interpreted with appropriate caution when applied to clinical populations, individuals from different age groups, or those from culturally diverse backgrounds. Percentiles provide a relative comparison point rather than absolute clinical thresholds.

### *FMPS Descriptors*

The following percentile-anchored descriptors are used to aid interpretation of FMPS scores. These bands were developed by NovoPsych to assist interpretation, and should be treated as a practical guide rather than empirically validated clinical thresholds.

These descriptors are based on where a score falls in the normative distribution, rather than on the response scale labels (Strongly Disagree to Strongly Agree). This is because those labels reflect how strongly someone agrees with a statement, not how clinically elevated their perfectionism is.

- **Very Low** ( $\leq 5$ th percentile, score 29-44): Scores at this level are well below the normative average, suggesting minimal endorsement of perfectionistic beliefs or behaviours in this domain.
- **Low** (6th–24th percentile, score 45-60): Scores at this level are below the normative average, suggesting relatively low levels of perfectionism in this domain.
- **Average** (25th–75th percentile, score 61-83): Scores at this level fall within the typical range for the normative sample, suggesting perfectionism levels consistent with the general population.
- **High** (76th–94th percentile, score 84-99): Scores at this level are above the normative average, suggesting elevated perfectionism in this domain that may warrant clinical consideration.
- **Very High** ( $\geq 95$ th percentile, score 100-145): Scores at this level are well above the normative average, suggesting highly elevated perfectionism in this domain that may be clinically significant.

### *FMPS Tracking Progress*

In the absence of a formally validated Reliable Change Index (RCI) or minimally important difference (MID) for the FMPS, changes of at least 0.5 standard deviations in scores may suggest potentially meaningful change (Norman et al., 2003; Turner et al., 2010).

Using the Stöber (1998) normative data, the following score changes may signal meaningful change:

- **Total Perfectionism:** approximately 9 points
- **Concern over Mistakes and Doubts about Actions:** approximately 6 points
- **Parental Expectations and Criticism:** approximately 5 points
- **Personal Standards:** approximately 3 points
- **Organisation:** approximately 3 points

These thresholds should be interpreted as approximate guides rather than definitive benchmarks, as they are derived from a non-clinical normative sample rather than treatment outcome data.

### *FMPS Graphs*

Results are also presented in a table that lists raw scores, percentiles, and descriptors for Total Perfectionism and all four subscales.

On first administration, a percentile bar chart is presented, displaying the percentile scores for each subscale with descriptor bands (Very Low, Low, Average, High, Very High) as background shading. Each bar reflects the client's score on a 0–100 scale relative to a community sample.

Because all scores are converted to percentiles, each subscale is displayed on the same scale. This allows clinicians to quickly see which domains are most elevated, regardless of differences in the number of items per subscale. Higher bars indicate greater endorsement of perfectionistic traits in that domain relative to the normative sample.

On subsequent administrations, a line graph displays subscale percentile scores over time, with descriptor bands as background shading, allowing clinicians to track changes across administrations.

## Supporting Information

### Percentile Calculations

The FMPS normative data are derived from Stöber (1998), who validated the four-factor structure of the FMPS with a sample of German university students. This sample provides normative reference data for interpreting scores.

The normative group (N = 243, mean age = 26.30, SD = 5.7) had a mean Total Perfectionism score of 71.94 (SD = 17.23). The mean and standard deviation provide context for understanding where an individual client's score falls relative to the general non-clinical population.

For each possible Total Perfectionism score value (ranging from 29 to 145), the corresponding z-score was calculated using the sample parameters:

$$z = (X - M) / SD$$

where X is the total score. These z-scores were then converted to percentiles using the cumulative normal distribution function:

$$\text{percentile} = \Phi(z) \times 100$$

where  $\Phi$  is the standard normal cumulative distribution function. The same method is applied to subscale scores using the respective subscale means and standard deviations from the non-clinical sample.

### Minimally Important Difference (MID)

To determine whether observed change in scores is clinically meaningful, a Minimally Important Difference (MID) threshold has been calculated for the FMPS Total Perfectionism score. The MID represents the smallest change considered clinically meaningful and is calculated as:

$$MID = SD \times 0.5$$

Using the normative sample SD = 17.23 (Norman et al., 2003; Turner et al., 2010), the MID threshold for Total

Score Change	Clinical Interpretation
<b>Decrease <math>\geq</math> 9 points</b>	Meaningful improvement, this change suggests a genuine reduction in perfectionistic beliefs and behaviours
<b>Change <math>&lt;</math> 9 points</b>	Change within expected range, may reflect minimal change, stable symptoms, or insufficient treatment response
<b>Increase <math>\geq</math> 9 points</b>	Meaningful worsening, this change suggests a genuine increase in perfectionistic beliefs and behaviours

Perfectionism is approximately 9 points.

*Percentile Tables*

Table 1. FMPS Total Perfectionism Score Percentile Distributions for the Normative Comparison Group.

Total	
Stober (1998)	
Raw Score	Non-Clinical Percentile
29	1
30	1
31	1
32	1
33	1.2
34	1.4
35	1.6
36	1.8
37	2.1
38	2.4
39	2.8
40	3
41	3.6
42	4
43	4.7
44	5
45	6
46	6.6
47	7
48	8
49	9
50	10
51	11
52	12



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53	14
54	15
55	16
56	18
57	19
58	21
59	23
60	24
61	26
62	28
63	30
64	32
65	34
66	37
67	39
68	41
69	43
70	46
71	48
72	50
73	52
74	55
75	57
76	59
77	62
78	64
79	66
80	68
81	70



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82	72
83	74
84	76
85	78
86	79
87	81
88	82
89	84
90	85
91	87
92	88
93	89
94	90
95	91
96	92
97	92.7
98	93
99	94
100	94.8
101	95
102	95.9
103	96
104	96.9
105	97
106	97.6
107	97.9
108	98.2
109	98.4
110	98.6



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111	98.8
112	99
113	99.1
114	99.3
115	99.4
116	99.5
117	99.55
118	99.6
119	99.68
120	99.7
121	99.78
122	99.82
123	99.8
124	99.87
125	99.9
126	99.91
127	99.93
128	99.94
129	99.95
130	99.96
131	99.97
132	99.98
133	99.98
134	99.98
135	99.99
136	99.99
137	99.99
138	99.99
139	99.99

140	99.99
141	99.99
142	99.99
143	99.99
144	99.99
145	99.99

Table 1.1. FMPS Concern over Mistakes and Doubts about Actions Subscale Score Percentile Distributions for the Normative Comparison Group.

Concern Over Mistakes and Doubts	
Stober (1998)	
Raw Score	Non-Clinical Percentile
13	3
14	4
15	5
16	6
17	7
18	9
19	11
20	13
21	15
22	18
23	21
24	24
25	27
26	31
27	35
28	39
29	43



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30	48
31	52
32	56
33	60
34	64
35	68
36	72
37	75
38	79
39	82
40	84
41	87
42	89
43	91
44	93
45	94
46	95
47	96
48	97
49	97.6
50	98.2
51	98.6
52	98.9
53	99.2
54	99.4
55	99.6
56	99.7
57	99.8
58	99.8

59	99.9
60	99.9
61	99.9
62	99.9
63	99.9
64	99.9
65	99.9

Table 1.2. FMPS Parental Expectations and Criticism Subscale Score Percentile Distributions for the Normative Comparison Group.

Parental Expectations and Criticism	
Stober (1998)	
Raw Score	Non-Clinical Percentile
9	8
10	10
11	13
12	15
13	18
14	22
15	26
16	30
17	35
18	39
19	44
20	49
21	54
22	59
23	64
24	69

25	73
26	77
27	81
28	84
29	87
30	89
31	91
32	93
33	95
34	96
35	97
36	97.7
37	98.3
38	98.8
39	99.1
40	99.4
41	99.6
42	99.7
43	99.8
44	99.9
45	99.9

Table 1.3. FMPS Personal Standards Subscale Score Percentile Distributions for the Normative Comparison Group.

Personal Standards	
Stober (1998)	
Raw Score	Non-Clinical Percentile
7	1
8	1
9	1



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10	2
11	3
12	4
13	6
14	8
15	12
16	16
17	21
18	27
19	33
20	41
21	48
22	56
23	63
24	70
25	76
26	82
27	86
28	90
29	93
30	95
31	97
32	98
33	98.7
34	99.2
35	99.6

Table 1.4. FMPS Organisation Subscale Score Percentile Distributions for the Normative Comparison Group.

Organisation	
Stober (1998)	
Raw Score	Non-Clinical Percentile
6	1
7	1
8	1
9	1
10	1
11	2
12	3
13	5
14	8
15	11
16	16
17	21
18	27
19	35
20	42
21	51
22	59
23	67
24	74
25	80
26	85
27	90
28	93
29	95
30	97

### Interpretive Text

The interpretive report for the Frost Multidimensional Perfectionism Scale (FMPS) is constructed from several components that are conditionally displayed based on the client's scores and assessment history. The report follows a structured format designed to provide clinicians with meaningful insights into the client's perfectionism profile across four subscales and a total score.

#### Initial vs. Repeat Administration

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

*"The Frost Multidimensional Perfectionism Scale (FMPS) was administered on [date]."*

If the client has completed the FMPS previously, the report begins with a comparison of current results to previous scores based on the approximate minimally important difference (0.5 SD):

*"The Frost Multidimensional Perfectionism Scale (FMPS) was administered on [current date]. Since the client completed the initial FMPS on [initial date] ([days] days ago), the client's Total Perfectionism score has [change description]."*

#### [change description]:

**Meaningful Improvement** (decrease  $\geq 9$  points on Total): *"decreased by [X] points, representing a potentially meaningful reduction in overall perfectionism"*

**Meaningful Worsening** (increase  $\geq 9$  points on Total): *"increased by [X] points, representing a likely clinically meaningful increase in overall perfectionism, [moving from [previous descriptor] to [current descriptor]/remaining in the [descriptor] range]."*

**Minimal Change** ( $< 9$  points on Total): *"changed by [X] points, which does not exceed the approximate threshold for clinically meaningful change, [remaining in the [descriptor] range/moving from [previous descriptor] to [current descriptor]]."*

**No Change** ( $< 9$  points on Total): *"not changed, [remaining in the [descriptor] range]."*

#### Total Score Interpretation

The report always includes an interpretation of the Total Perfectionism score:

*"The client obtained a Total Perfectionism score of [X] out of a possible 145, which falls at the [XX]th percentile compared to a non-clinical university sample (Stöber, 1998). [Interpretation based on descriptor]."*

The interpretation text varies based on the percentile descriptor:

#### Very Low Total Perfectionism ( $\leq 5$ th percentile)

*"This score is in the Very Low range, indicating relatively low endorsement of perfectionistic beliefs and behaviours compared to the normative sample. At this level, perfectionism may be less central to the client's current difficulties. However, interpretation should be guided by the subscale profile, functional impact, and the broader clinical context. Low scores may reflect genuinely low perfectionism, differences in how items are interpreted, or the absence of distress related to standards and mistakes. The clinical significance of any score depends on how these patterns relate to the client's lived experience and presenting concerns."*

#### Low Total Perfectionism (6th–24th percentile)

*"This score is in the Low range, indicating relatively low levels of overall perfectionism compared to the normative sample. The client reports relatively fewer perfectionistic concerns, perceived parental pressure, and high personal standards relative to the comparison group. Perfectionism may be less likely to play a*

*central role in the client's presentation, though individual subscale scores may reveal specific areas of elevation worth exploring."*

#### Average Total Perfectionism (25th–75th percentile)

*"This score is in the Average range, indicating a typical level of overall perfectionism relative to the normative sample. The client endorses some perfectionistic beliefs and standards, which is common in the general population and is not, in itself, indicative of distress or dysfunction. The clinical relevance of an average total score depends on the subscale profile: clinicians are encouraged to review whether specific subscales are elevated, as the total score may mask meaningful variation across perfectionism dimensions."*

#### High Total Perfectionism (76th–94th percentile)

*"This score is in the High range, indicating elevated overall perfectionism compared to the normative sample. The client reports a pattern of perfectionistic beliefs and behaviours that exceeds what is typical, and this elevation may be associated with increased vulnerability to psychological distress, particularly if accompanied by high scores on the Concern over Mistakes and Doubts about Actions subscale. Examining the subscale profile can help identify which dimensions of perfectionism are most pronounced and may warrant further exploration within the clinical context."*

#### Very High Total Perfectionism ( $\geq$ 95th percentile)

*"This score is in the Very High range, indicating highly elevated overall perfectionism. The client reports strong endorsement of perfectionistic beliefs and behaviours across multiple dimensions. Scores in this range have been associated with higher levels of depression, anxiety, obsessive-compulsive symptoms, and procrastination (Frost et al., 1990; Howell et al., 2020). The subscale profile can be reviewed to clarify the specific nature of the client's perfectionism, which may help guide formulation and treatment planning. Cognitive-behavioural interventions targeting maladaptive perfectionistic cognitions and behaviours have demonstrated efficacy in treating perfectionism-related distress."*

### Subscale Interpretations

For each subscale, the report includes the raw score, percentile, and descriptor, followed by subscale-specific interpretation text. Subscales are presented in order of clinical relevance: Concern over Mistakes and Doubts about Actions first, followed by Parental Expectations and Criticism, Personal Standards, and Organisation.

#### Concern over Mistakes and Doubts about Actions

*"The client obtained a score of [X] on Concern over Mistakes and Doubts about Actions, which falls at the [XX]th percentile ([descriptor])."*

For High or Very High:

*"This elevated score suggests the client is prone to interpreting mistakes as evidence of personal failure, worrying about losing the respect of others when they make errors, and experiencing persistent uncertainty about the quality of their actions. These patterns are the dimensions of perfectionism most strongly associated with psychological distress and may manifest as checking behaviours, procrastination, difficulty completing tasks, and indecisiveness. Highest-scoring items in this domain include: [top 3 items listed as symptom areas]."*

#### Parental Expectations and Criticism

*"The client obtained a score of [X] on Parental Expectations and Criticism, which falls at the [XX]th percentile ([descriptor])."*

For High or Very High:

*"This elevated score suggests the client perceives (or perceived) their parents as setting excessively high standards and being overly critical when those standards were not met. These perceived parental attitudes may have been internalised as cognitive schemas that continue to influence the client's self-evaluation and perfectionistic behaviour, regardless of the current family context. This pattern may be relevant for schema-focused or developmental approaches to treatment. Highest-scoring items in this domain include: [top 3 items listed as symptom areas]."*

### **Personal Standards**

*"The client obtained a score of [X] on Personal Standards, which falls at the [XX]th percentile ([descriptor])."*

For High or Very High:

*"This elevated score suggests the client sets particularly high personal goals and standards for themselves. Elevated Personal Standards can represent either adaptive striving or a contributor to distress, depending on the broader profile. When accompanied by high Concern over Mistakes, elevated standards may fuel a cycle of self-criticism and dissatisfaction. When Concern over Mistakes is in the average or lower range, elevated standards may reflect healthy achievement orientation. Highest-scoring items in this domain include: [top 3 items listed as symptom areas]."*

### **Organisation**

*"The client obtained a score of [X] on Organisation, which falls at the [XX]th percentile ([descriptor])."*

For High or Very High:

*"This elevated score suggests the client places a high value on order, neatness, and organisation. High Organisation scores are not inherently problematic and do not contribute to the Total Perfectionism score. However, when combined with elevated scores on other subscales, a strong need for organisation may contribute to rigidity, difficulty tolerating disorder, and spending excessive time on arranging and structuring tasks at the expense of other activities."*

## Developer

Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14(5), 449–468. <https://doi.org/10.1007/BF01172967>

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Assessment Questions



NovoPsych

## Frost Multidimensional Perfectionism Scale (FMPS)

**Instructions:**

Please answer the following questions in relation to how much they apply to you. Do not spend too much time on any one question.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	My parents set very high standards for me.	1	2	3	4	5
2	Organization is very important to me.	1	2	3	4	5
3	As a child, I was punished for doing things less than perfectly.	1	2	3	4	5
4	If I do not set the highest standards for myself, I am likely to end up a second-rate person.	1	2	3	4	5
5	My parents never tried to understand my mistakes.	1	2	3	4	5
6	It is important to me that I be thoroughly competent in what I do.	1	2	3	4	5
7	I am a neat person.	1	2	3	4	5
8	I try to be an organized person.	1	2	3	4	5
9	If I fail at work/school, I am a failure as a person.	1	2	3	4	5
10	I should be upset if I make a mistake.	1	2	3	4	5
11	My parents wanted me to be the best at everything.	1	2	3	4	5
12	I set higher goals than most people.	1	2	3	4	5
13	If someone does a task at work/school better than I do, then I feel as if I failed the whole task.	1	2	3	4	5
14	If I fail partly, it is as bad as being a complete failure.	1	2	3	4	5
15	Only outstanding performance is good enough in my family.	1	2	3	4	5
16	I am very good at focusing my efforts on attaining a goal.	1	2	3	4	5



		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
17	Even when I do something very carefully, I often feel that it is not quite right.	1	2	3	4	5
18	I hate being less than the best at things.	1	2	3	4	5
19	I have extremely high goals.	1	2	3	4	5
20	My parents expect excellence from me.	1	2	3	4	5
21	People will probably think less of me if I make a mistake.	1	2	3	4	5
22	I never feel that I can meet my parents' expectations.	1	2	3	4	5
23	If I do not do as well as other people, it means I am an inferior being.	1	2	3	4	5
24	Other people seem to accept lower standards from themselves than I do.	1	2	3	4	5
25	If I do not do well all the time, people will not respect me.	1	2	3	4	5
26	My parents have always had higher expectations for my future than I have.	1	2	3	4	5
27	I try to be a neat person.	1	2	3	4	5
28	I usually have doubts about the simple everyday things that I do.	1	2	3	4	5
29	Neatness is very important to me.	1	2	3	4	5
30	I expect higher performance in my daily tasks than most people.	1	2	3	4	5
31	I am an organized person.	1	2	3	4	5
32	I tend to get behind in my work because I repeat things over and over.	1	2	3	4	5
33	It takes me a long time to do something "right".	1	2	3	4	5
34	The fewer mistakes I make, the more people will like me.	1	2	3	4	5
35	I never feel that I can meet my parents' standards.	1	2	3	4	5

Developer Reference:



NovoPsych

Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research*, 14(5), 449–468. <https://doi.org/10.1007/BF01172967>

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### Frost Multidimensional Perfectionism Scale (FMPS)

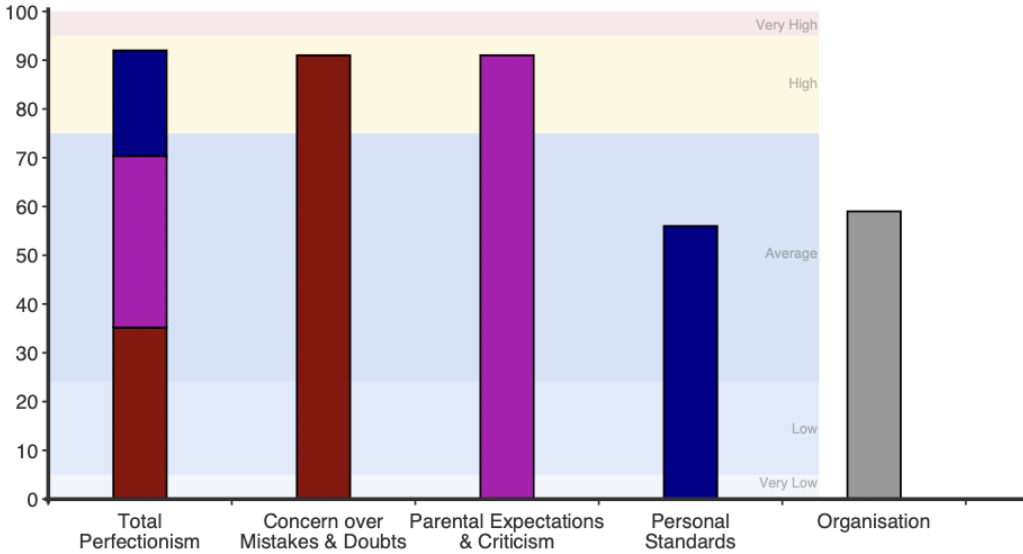
<i>Client Name</i>	Client Generic	<i>Date administered</i>	1 Jan 2026
<i>Date of birth (age)</i>	1 Jan 1990 (36)	<i>Time taken</i>	29s
<i>Assessor</i>	Dr Emerson Bartholomew		

---

### Results

	Raw Score	Community Percentile	Descriptor
Total Perfectionism	96	92	High
Concern over Mistakes & Doubts	43	91	High
Parental Expectations & Criticism	31	91	High
Personal Standards	22	56	Average
Organisation	22	59	Average

### FMPS Community Percentiles



Component	Raw Score	Community Percentile	Descriptor
Total Perfectionism	96	92	High
Concern over Mistakes & Doubts	43	91	High
Parental Expectations & Criticism	31	91	High
Personal Standards	22	56	Average
Organisation	22	59	Average


*Note: Organisation is not included in the Total Perfectionism score, as high organisation is not inherently a problematic component of perfectionism.*

---

### Interpretation

The Frost Multidimensional Perfectionism Scale (FMPS) was administered on 01 January 2026.

The client obtained a Total Perfectionism score of 96 out of a possible 145, which falls at the 92nd percentile compared to a non-clinical university sample. This score is in the High range, indicating elevated overall perfectionism compared to the normative sample. The client reports a



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**Client Name** | Client Generic

pattern of perfectionistic beliefs and behaviours that exceeds what is typical, and this elevation may be associated with increased vulnerability to psychological distress. Notably, the profile shows relatively lower personal standards, suggesting achievement striving may be less central to the client's perfectionism.

**Elevated Subscales**

The client obtained a score of 43 on Concern over Mistakes and Doubts about Actions, which falls at the 91st percentile (High). This score suggests very high endorsement, relative to the normative sample, of items relating to interpreting mistakes as personal failure, fearing loss of respect following errors, and experiencing uncertainty about the quality of one's actions. Elevations on this dimension have been associated in research with higher levels of depression, anxiety, and general psychological distress. In clinical contexts, this pattern may contribute to heightened self-criticism, difficulty tolerating mistakes, or hesitancy in completing tasks. Highest-scoring items in this domain include:

- 13. *If someone does a task at work/school better than I do, then I feel as if I failed the whole task. (Strongly agree)*
- 17. *Even when I do something very carefully, I often feel that it is not quite right. (Strongly agree)*
- 25. *If I do not do well all the time, people will not respect me. (Strongly agree)*

The client obtained a score of 31 on Parental Expectations and Criticism, which falls at the 91st percentile (High). This elevated score suggests very high endorsement, relative to the normative sample, of items relating to perceived high parental standards and critical responses to mistakes. These perceived parental attitudes may be associated with internalised beliefs about performance and evaluation that influence current perfectionistic patterns. This subscale assesses perceptions of parental expectations and criticism and should be interpreted within the broader clinical context. This pattern may be clinically relevant when exploring the client's developmental experiences and beliefs about evaluation. Highest-scoring items in this domain include:

- 3. *As a child, I was punished for doing things less than perfectly. (Strongly agree)*
- 22. *I never feel that I can meet my parents' expectations. (Strongly agree)*
- 35. *I never feel that I can meet my parents' standards. (Strongly agree)*

**Scoring and Interpretation Information**

**FMPS Total and Subscale Scores**

The FMPS produces a Total Perfectionism score and four subscale scores. The Total Perfectionism score is calculated as the sum of three of the four subscales (29 items, ranging 29–145). Higher scores indicate greater endorsement of perfectionistic beliefs and behaviours in a particular domain.

-Concern over Mistakes and Doubts about Actions (13 items: 9, 10, 13, 14, 17, 18, 21, 23, 25, 28, 32, 33, 34; score range 13–65): reflects the tendency to equate mistakes with failure, fear of respect, and doubt the quality of one's performance.

-Parental Expectations and Criticism (9 items: 1, 3, 5, 11, 15, 20, 22, 26, 35; score range 9–45): reflects perceived parental pressure to be perfect and criticism for falling short.

Personal Standards (7 items: 4, 6, 12, 16, 19, 24, 30; score range 7–35): reflects the setting of excessively high personal standards and goals.



<b>Client Name</b>	Client Generic
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-Organisation (6 items: 2, 7, 8, 27, 29, 31; score range 6–30), reflects the importance placed on order, neatness, and organisation. High organisation is not inherently problematic; however, high Organisation combined with elevated scores on the other subscales may exacerbate perfectionistic dysfunction.

**FMPS Percentiles**

All scores are presented as raw totals as well as percentiles, so clinicians can see both the client’s actual responses and how those scores compare with a normative sample. Percentile ranks are calculated based on Stöber’s (1998) normative sample of university students (N = 243, mean age 26.30). A percentile of 50 indicates an average level of perfectionism relative to this comparison group. Given that the normative sample consists of university students, percentiles should be interpreted with appropriate caution when applied to clinical populations, individuals from different age groups, or those from culturally diverse backgrounds. Percentiles provide a relative comparison point rather than absolute clinical thresholds.

**FMPS Descriptors**

The following percentile-anchored descriptors are used to aid interpretation of FMPS scores. These bands were developed by NovoPsych to assist interpretation, and should be treated as a practical guide rather than empirically validated clinical thresholds.

These descriptors are based on where a score falls in the normative distribution, rather than on the response scale labels (Strongly Disagree to Strongly Agree). This is because those labels reflect how strongly someone agrees with a statement, not how clinically elevated their perfectionism is.

- Low (5th and lower percentile, score 29-44): Scores at this level are well below the normative average, suggesting minimal endorsement of perfectionistic beliefs or behaviours in this domain.
- Below Average (6th–24th percentile, score 45-60): Scores at this level are below the normative average, suggesting relatively low levels of perfectionism in this domain.
- Average (25th–75th percentile, score 61-83): Scores at this level fall within the typical range for the normative sample, suggesting perfectionism levels consistent with the general population.
- Above Average (76th–94th percentile, score 84-99): Scores at this level are above the normative average, suggesting elevated perfectionism in this domain that may warrant clinical consideration.
- High (95th and higher percentile, score 100-145): Scores at this level are well above the normative average, suggesting highly elevated perfectionism in this domain that may be clinically significant.

**FMPS Tracking Progress**

In the absence of a formally validated Reliable Change Index (RCI) or minimally important difference (MID) for the FMPS, changes of at least 0.5 standard deviations in scores may suggest potentially meaningful change (Norman et al., 2003; Turner et al., 2010).

Using the Stöber (1998) normative data, the following score changes may signal meaningful change:

- Total Perfectionism: approximately 9 points



<b>Client Name</b>	Client Generic
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- Concern over Mistakes and Doubts about Actions: approximately 6 points
- Parental Expectations and Criticism: approximately 5 points
- Personal Standards: approximately 3 points
- Organisation: approximately 3 points

These thresholds should be interpreted as approximate guides rather than definitive benchmarks, as they are derived from a non-clinical normative sample rather than treatment outcome data.

**FMPS Graphs**

Results are also presented in a table that lists raw scores, percentiles, and descriptors for Total Perfectionism and all four subscales.

On first administration, a percentile bar chart is presented, displaying the percentile scores for each subscale with descriptor bands (Low, Below Average, Average, Above Average, High) as background shading. Each bar reflects the client’s score on a 0–100 scale relative to a community sample.

Because all scores are converted to percentiles, each subscale is displayed on the same scale. This allows clinicians to quickly see which domains are most elevated, regardless of differences in the number of items per subscale. Higher bars indicate greater endorsement of perfectionistic traits in that domain relative to the normative sample.

On subsequent administrations, a line graph displays subscale percentile scores over time, with descriptor bands as background shading, allowing clinicians to track changes across administrations.

**Client Responses**

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	My parents set very high standards for me.	1	2	3	4	5
2	Organization is very important to me.	1	2	3	4	5
3	As a child, I was punished for doing things less than perfectly.	1	2	3	4	5
4	If I do not set the highest standards for myself, I am likely to end up a second-rate person.	1	2	3	4	5
5	My parents never tried to understand my mistakes.	1	2	3	4	5



<b>Client Name</b>	Client Generic
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**Client Responses (cont.)**

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
6	It is important to me that I be thoroughly competent in what I do.	1	2	3	4	5
7	I am a neat person.	1	2	3	4	5
8	I try to be an organized person.	1	2	3	4	5
9	If I fail at work/school, I am a failure as a person.	1	2	3	4	5
10	I should be upset if I make a mistake.	1	2	3	4	5
11	My parents wanted me to be the best at everything.	1	2	3	4	5
12	I set higher goals than most people.	1	2	3	4	5
13	If someone does a task at work/school better than I do, then I feel as if I failed the whole task.	1	2	3	4	5
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21	People will probably think less of me if I make a mistake.	1	2	3	4	5
22	I never feel that I can meet my parents' expectations.	1	2	3	4	5
23	If I do not do as well as other people, it means I am an inferior being.	1	2	3	4	5
24	Other people seem to accept lower standards from themselves than I do.	1	2	3	4	5



**Client Name** | Client Generic

**Client Responses (cont.)**

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
25	If I do not do well all the time, people will not respect me.	1	2	3	4	5
26	My parents have always had higher expectations for my future than I have.	1	2	3	4	5
27	I try to be a neat person.	1	2	3	4	5
28	I usually have doubts about the simple everyday things that I do.	1	2	3	4	5
29	Neatness is very important to me.	1	2	3	4	5
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35	I never feel that I can meet my parents' standards.	1	2	3	4	5