

Personal Agency: Autonomy Scale (PA:AS)
Recommended 2026 Version

Note: The IBM-HS construct of Personal Autonomy is composed of two elements: autonomy norm and capacity. Each element is measured by its own 3-item measure: the Personal Agency: Autonomy Scale (PA:AS) and the Personal Agency: Capacity Scale (PA:CS). In certain datasets, the factor analytic evidence will suggest scoring/modeling the PA:AS and PA:CS as separate measures/factors/dimensions, but in other datasets the factor analytic evidence may suggest scoring/modeling both measures as a single unidimensional/essentially unidimensional/general factor. When in doubt, the default is to treat them as separate measures.

Note: For more help-seeking resources, including [theory](#), [constructs](#), and [measures](#), please visit HelpSeekingResearch.com.

Note: Visit <http://drjosephhammer.com/research/mental-help-seeking-intention-scale-mhsis/> for information on how to administer, score, interpret, discuss the reliability and validity of, consider the limitations of, and obtain permission to use these instruments in their various formats, versions, and translations.

Note: it is not advised to list the name of the scale for participants to view. That may bias their responses. It is better to list the abbreviation, if you must label the instrument for the respondents' eyes.

Questionnaire Instructions

For the purposes of this questionnaire, “mental health professionals” include psychologists, psychiatrists, clinical social workers, and mental health therapists and counselors.

As you answer the questions in this questionnaire, we would like you to imagine something.

Imagine that you have been experiencing a serious mental health concern for the last month. You feel significantly more nervous, restless, hopeless, and isolated, and are having trouble sleeping and concentrating on your work.

We’re going to ask you some questions about how you—given your personal views and experiences to date—might feel about seeking help from a mental health professional **if you were dealing with this hypothetical mental health concern** right now.

1. My seeking help from a mental health professional in the next 3 months would be up to me.

1 (Completely false)	2	3	4	5	6 (Completely true)
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2. My seeking help from a mental health professional in the next 3 months would _____.

1 (Not be under my control)	2	3	4	5	6 (Be under my control)
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3. My seeking help from a mental health professional in the next 3 months would.

1 (Not be up to me)	2	3	4	5	6 (Be up to me)
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Scoring Key and Suggestions for Valid Administration of the **PA:AS**

- No reverse scoring is necessary.
- The **PA:AS** contains three items which produce a single mean score to measure a single **personal agency: autonomy** dimension/factor.
- To calculate the mean score, add the scores for all three items then divide by three.
- The resulting mean score should range from a minimum of 1 to a maximum of 6.
- Regarding calculating mean scores in the presence of missing data:
 - Do not calculate a mean for a participant who is missing any data on the 3 items.
- If you are administering this measure alongside other *reasoned action tradition-based* measures, it is best to intersperse these three items among the other *reasoned action tradition-based* measure items, in a nonsystematic order (see [Ajzen, 2006](#)).
 - Note: *reasoned action tradition-based* measures include the Theory of Reasoned Action (TRA), Theory of Planned Behavior (TPB), Integrative Model of Behavioral Prediction (IMBP), Integrated Behavioral Model (IBM), and Integrated Behavioral Model of Mental Health Help Seeking Questionnaire (IBM-HS-Q).
- If you are administering this measure alongside other *reasoned action tradition-based* measures, to ensure that all participants are interpreting the terminology in this measure and other TRA/TPB/IMBP/IBM/IBM-HS-Q measure items consistently, we recommend including the Questionnaire Instructions (see above) in the survey prior to participants completing any **PA:AS** items and other TRA/TPB/IMBP/IBM/IBM-HS-Q measure items, whether immediately prior, or toward the start, of the entire survey. When measuring these help-seeking constructs conditionally, such as by using a hypothetical mental health concern vignette scenario, it is important for responses to all TRA/TPB/IMBP/IBM/IBM-HS-Q measure items to reflect people's conditional perceptions. This consistency is important to ensure compliance with the reasoned action tradition's TACT principle. Read Step 2 of the IBM-HS mixed-method protocol webpage (<https://www.helpseekingresearch.com/theory/ibm-hs/applications/mixed-method-protocol/>) for guidance on aligning the **PA:AS** and other *reasoned action tradition-based* measures with the TACT principle.