

## DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:  Male  Female

Date: \_\_\_\_\_

**Instructions:** The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

|       |     | None<br>Not at all   | Slight<br>Rare, less<br>than a day<br>or two | Mild<br>Several<br>days | Moderate<br>More than<br>half the<br>days | Severe<br>Nearly<br>every<br>day | Highest<br>Domain<br>Score<br>(clinician) |  |
|-------|-----|--|--|-------------------------|---|----------------------------------|---|--|
|       |     | During the past <b>TWO (2) WEEKS</b> , how much (or how often) have you... |  |                         |   |                                  |   |  |
| I.    | 1.  | 0  | 1  | 2                       | 3   | 4                                |   |  |
|       | 2.  | 0  | 1  | 2                       | 3   | 4                                |   |  |
| II.   | 3.  | 0  | 1  | 2                       | 3   | 4                                |   |  |
| III.  | 4.  | 0  | 1  | 2                       | 3   | 4                                |   |  |
| IV.   | 5.  | 0  | 1  | 2                       | 3   | 4                                |   |  |
|       | 6.  | 0  | 1  | 2                       | 3   | 4                                |   |  |
| V. &  | 7.  | 0  | 1  | 2                       | 3   | 4                                |   |  |
| VI.   | 8.  | 0  | 1  | 2                       | 3   | 4                                |   |  |
| VII.  | 9.  | 0  | 1  | 2                       | 3   | 4                                |   |  |
|       | 10. | 0  | 1  | 2                       | 3   | 4                                |   |  |
| VIII. | 11. | 0  | 1  | 2                       | 3   | 4                                |   |  |
|       | 12. | 0  | 1  | 2                       | 3   | 4                                |   |  |
|       | 13. | 0  | 1  | 2                       | 3   | 4                                |   |  |
| IX.   | 14. | 0  | 1  | 2                       | 3   | 4                                |   |  |
|       | 15. | 0  | 1  | 2                       | 3   | 4                                |   |  |
| X.    | 16. | 0  | 1  | 2                       | 3   | 4                                |   |  |
|       | 17. | 0  | 1  | 2                       | 3   | 4                                |   |  |
|       | 18. | 0  | 1  | 2                       | 3   | 4                                |   |  |
|       | 19. | 0  | 1  | 2                       | 3   | 4                                |   |  |
|       |     | In the past <b>TWO (2) WEEKS</b> , have you...                             |  |                         |   |                                  |   |  |
| XI.   | 20. | <input type="checkbox"/> Yes   |  |                         | <input type="checkbox"/> No               |                                  |   |  |
|       | 21. | <input type="checkbox"/> Yes   |  |                         | <input type="checkbox"/> No               |                                  |   |  |
|       | 22. | <input type="checkbox"/> Yes   |  |                         | <input type="checkbox"/> No               |                                  |   |  |
|       | 23. | <input type="checkbox"/> Yes   |  |                         | <input type="checkbox"/> No               |                                  |   |  |
| XII.  | 24. | <input type="checkbox"/> Yes   |  |                         | <input type="checkbox"/> No               |                                  |   |  |
|       | 25. | <input type="checkbox"/> Yes   |  |                         | <input type="checkbox"/> No               |                                  |   |  |