

## DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_  
 Provider Name \_\_\_\_\_ Date \_\_\_\_\_ Male \_\_\_\_\_

If this questionnaire is completed by an informant, what is your relationship with the individual? \_\_\_\_\_

In a typical week, approximately how much time do you spend with the individual? \_\_\_\_\_ hours/week

**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<br>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) |
|-------|---|-----------------------|--|-------------------------|---|----------------------------------|---|
| I.    | 1. Little interest or pleasure in doing things?   | 0                     | 1  | 2                       | 3   | 4                                |   |
|       | 2. Feeling down, depressed, or hopeless?  | 0                     | 1  | 2                       | 3   | 4                                |   |
| II.   | 3. Feeling more irritated, grouchy, or angry than usual?  | 0                     | 1  | 2                       | 3   | 4                                |   |
| III.  | 4. Sleeping less than usual, but still have a lot of energy?  | 0                     | 1  | 2                       | 3   | 4                                |   |
|       | 5. Starting lots more projects than usual or doing more risky things than usual?  | 0                     | 1  | 2                       | 3   | 4                                |   |
| IV.   | 6. Feeling nervous, anxious, frightened, worried, or on edge?   | 0                     | 1  | 2                       | 3   | 4                                |   |
|       | 7. Feeling panic or being frightened?   | 0                     | 1  | 2                       | 3   | 4                                |   |
|       | 8. Avoiding situations that make you anxious?   | 0                     | 1  | 2                       | 3   | 4                                |   |
| V.    | 9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?   | 0                     | 1  | 2                       | 3   | 4                                |   |
|       | 10. Feeling that your illnesses are not being taken seriously enough?   | 0                     | 1  | 2                       | 3   | 4                                |   |
| VI.   | 11. Thoughts of actually hurting yourself?  | 0                     | 1  | 2                       | 3   | 4                                |   |
| VII.  | 12. Hearing things other people couldn't hear, such as voices even when no one was around?  | 0                     | 1  | 2                       | 3   | 4                                |   |
|       | 13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?   | 0                     | 1  | 2                       | 3   | 4                                |   |
| VIII. | 14. Problems with sleep that affected your sleep quality over all?  | 0                     | 1  | 2                       | 3   | 4                                |   |
| IX.   | 15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?   | 0                     | 1  | 2                       | 3   | 4                                |   |
| X.    | 16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?  | 0                     | 1  | 2                       | 3   | 4                                |   |
|       | 17. Feeling driven to perform certain behaviors or mental acts over and over again?   | 0                     | 1  | 2                       | 3   | 4                                |   |
| XI.   | 18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?   | 0                     | 1  | 2                       | 3   | 4                                |   |
| XII.  | 19. Not knowing who you really are or what you want out of life?  | 0                     | 1  | 2                       | 3   | 4                                |   |
|       | 20. Not feeling close to other people or enjoying your relationships with them?   | 0                     | 1  | 2                       | 3   | 4                                |   |
| XIII. | 21. Drinking at least 4 drinks of any kind of alcohol in a single day?  | 0                     | 1  | 2                       | 3   | 4                                |   |
|       | 22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?  | 0                     | 1  | 2                       | 3   | 4                                |   |
|       | 23. Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]? | 0                     | 1  | 2                       | 3   | 4                                |   |

TOTAL:

## Instructions to Clinicians

The DSM-5 Level 1 Cross-Cutting Symptom Measure is a self- or informant-rated measure that assesses mental health domains that are important across psychiatric diagnoses. It is intended to help clinicians identify additional areas of inquiry that may have significant impact on the individual’s treatment and prognosis. In addition, the measure may be used to track changes in the individual’s symptom presentation over time.

This adult version of the measure consists of 23 questions that assess 13 psychiatric domains, including depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning, and substance use. Each item inquires about how much (or how often) the individual has been bothered by the specific symptom during the past 2 weeks. If the individual is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable adult informant may complete the measure. The measure was found to be clinically useful and to have good test-retest reliability in the DSM-5 Field Trials that were conducted in adult clinical samples across the United States and in Canada.

## Scoring and Interpretation

Each item on the measure is rated on a 5-point scale (0=none or not at all; 1=slight or rare, less than a day or two; 2=mild or several days; 3=moderate or more than half the days; and 4=severe or nearly every day). The score on each item within a domain should be reviewed. Because additional inquiry is based on the highest score on any item within a domain, the clinician is asked to indicate that score in the “Highest Domain Score” column. A rating of mild (i.e., 2) or greater on any item within a domain (except for substance use, suicidal ideation, and psychosis) may serve as a guide for additional inquiry and follow up to determine if a more detailed assessment for that domain is necessary. For substance use, suicidal ideation, and psychosis, a rating of slight (i.e., 1) or greater on any item within the domain may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment is needed. The DSM-5 Level 2 Cross-Cutting Symptom Measures may be used to provide more detailed information on the symptoms associated with some of the Level 1 domains (see Table 1 below).

## Frequency of Use

To track change in the individual’s symptom presentation over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual’s symptoms and treatment status. For individuals with impaired capacity, it is preferable that the same knowledgeable informant completes the measures at follow-up appointments. Consistently high scores on a particular domain may indicate significant and problematic symptoms for the individual that might warrant further assessment, treatment, and follow-up. Clinical judgment should guide decision making.

**Table 1: Adult DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure: domains, thresholds for further inquiry, and associated Level 2 measures for adults ages 18 and over**

| Domain | Domain Name                       | Threshold to guide further inquiry | DSM-5 Level 2 Cross-Cutting Symptom Measure available online   |
|--------|-----------------------------------|------------------------------------|--|
| I.     | Depression                        | Mild or greater                    | LEVEL 2—Depression—Adult (PROMIS Emotional Distress—Depression—Short Form) <sup>1</sup>  |
| II.    | Anger                             | Mild or greater                    | LEVEL 2—Anger—Adult (PROMIS Emotional Distress—Anger—Short Form) <sup>1</sup>  |
| III.   | Mania                             | Mild or greater                    | LEVEL 2—Mania—Adult (Altman Self-Rating Mania Scale)   |
| IV.    | Anxiety                           | Mild or greater                    | LEVEL 2—Anxiety—Adult (PROMIS Emotional Distress—Anxiety—Short Form) <sup>1</sup>  |
| V.     | Somatic Symptoms                  | Mild or greater                    | LEVEL 2—Somatic Symptom—Adult (Patient Health Questionnaire 15 Somatic Symptom Severity [PHQ-15])  |
| VI.    | Suicidal Ideation                 | Slight or greater                  | None   |
| VII.   | Psychosis                         | Slight or greater                  | None   |
| VIII.  | Sleep Problems                    | Mild or greater                    | LEVEL 2—Sleep Disturbance - Adult (PROMIS—Sleep Disturbance—Short Form) <sup>1</sup>   |
| IX.    | Memory                            | Mild or greater                    | None   |
| X.     | Repetitive Thoughts and Behaviors | Mild or greater                    | LEVEL 2—Repetitive Thoughts and Behaviors—Adult (adapted from the Florida Obsessive-Compulsive Inventory [FOCI] Severity Scale [Part B]) |
| XI.    | Dissociation                      | Mild or greater                    | None   |
| XII.   | Personality Functioning           | Mild or greater                    | None   |
| XIII.  | Substance Use                     | Slight or greater                  | LEVEL 2—Substance Abuse—Adult (adapted from the NIDA-modified ASSIST)  |

<sup>1</sup>The PROMIS Short Forms have not been validated as an informant report scale by the PROMIS group.



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NOTES:

The APA is offering a number of “emerging measures” for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

**Measure:** DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult **Rights granted:** This measure can be reproduced without permission by researchers and by clinicians for use with their patients.

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