



LEVEL 2—Somatic Symptom—Adult Patient*

* Adapted from the Patient Health Questionnaire Physical Symptoms (PHQ-15)

Patient Name _____ DOB _____ Female _____
 Provider Name _____ Date _____ Male _____ Other _____

If the measure is being completed by an informant, what is your relationship with the individual receiving care? _____

In a typical week, approximately how much time do you spend with the individual receiving care? _____ hours/week

Instructions: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you (the individual receiving care) have been bothered by “unexplained aches and pains”, and/or “feeling that your illnesses are not being taken seriously enough” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you (the individual receiving care) have been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ or x) one box per row.

				Clinician Use	
During the past 7 days, how much have you been bothered by any of the following problems?				Item Score	
		Not bothered at all (0)	Bothered a little (1)	Bothered a lot (2)	
1.	Stomach pain				
2.	Back pain				
3.	Pain in your arms, legs, or joints (knees, hips, etc.)				
4.	Menstrual cramps or other problems with your periods <i>WOMEN ONLY</i>				
5.	Headaches				
6.	Chest pain				
7.	Dizziness				
8.	Fainting spells				
9.	Feeling your heart pound or race				
10.	Shortness of breath				
11.	Pain or problems during sexual intercourse				
12.	Constipation, loose bowels, or diarrhea				
13.	Nausea, gas, or indigestion				
14.	Feeling tired or having low energy				
15.	Trouble sleeping				
Total/Partial Raw Score:					
Prorated Total Raw Score: (if 1-3 items left unanswered)					

Adapted from Physical Symptoms (PHQ-15) for research and evaluation purposes.

TOTAL:



Instructions to Clinicians

The DSM-5 Level 2—Somatic Symptom—Adult measure is an adaptation of the 15-item Patient Health Questionnaire Physical Symptoms (PHQ-15) that assesses the domain of somatic symptoms. The measure is completed by the individual (or his or her informant) prior to a visit with the clinician. If the individual is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure. Each item asks the individual (or informant) to rate the severity of the individual’s somatic symptom **during the past 7 days**.

Scoring and Interpretation

Each item on the PHQ-15 is rated on a 3-point scale (0=not bothered at all; 1=bothered a little; 2= bothered a lot). The total score can range from 0 to 30, with higher scores indicating greater severity of somatic symptoms. The clinician is asked review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for “Clinician Use.” The raw scores on the 15 items should be summed to obtain a total raw score and interpreted using the Interpretation Table for the PHQ-15 Somatic Symptom Severity scale below:

Interpretation Table for the PHQ-15 Somatic Symptom Severity scale

Levels of Somatic Symptom Severity	PHQ-15 Score
Minimal	0-4
Low	5-9
Medium	10-14
High	15-30

Note: If 4 or more items are left unanswered on the PHQ-15 (i.e., more than 25% of the total items are missing) the total score should not be calculated. As such, the individual (or informant) should be encouraged to complete all of the items on the measure. If 1 to 3 items are left unanswered, you should prorate the raw score by first summing scores of items that were answered to get a **partial raw score**. Next, multiply the partial raw score by the total number of items on the measure (i.e., 15). Finally, divide the value by the number of items that were actually answered to obtain the prorated total raw score.

$$\text{Prorated Score} = \frac{(\text{Partial Raw Score} \times \text{number of items on the PHQ-15})}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

The prorated total raw score should be interpreted using the Interpretation Table for the PHQ-15 Somatic Symptom Severity scale above.

Frequency of Use

To track change in the severity of the individual’s somatic symptom 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 an individual of impaired capacity, it is preferred that completion of the measure at follow-up appointments is by the same knowledgeable informant. Consistently high scores on a particular domain may indicate significant and problematic areas for the patient that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.



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: LEVEL 2—Somatic Symptom—Adult Patient (adapted from the Patient Health Questionnaire Physical Symptoms [PHQ-15])

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(<http://www.phqscreeners.com/instructions/instructions.pdf>). The original measure was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc.

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