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

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

Name: _____

Age: _____

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 Not at all	Slight Rare, less than a day or two	Mild Several days	Moderate More than half the days	Severe Nearly every day	Highest Domain Score (clinician)					
		During the past TWO (2) WEEKS , how much (or how often) have you...										
I.	1.	Been bothered by stomachaches, headaches, or other aches and pains?					0	1	2	3	4	
	2.	Worried about your health or about getting sick?					0	1	2	3	4	
II.	3.	Been bothered by not being able to fall asleep or stay asleep, or by waking up too early?					0	1	2	3	4	
III.	4.	Been bothered by not being able to pay attention when you were in class or doing homework or reading a book or playing a game?					0	1	2	3	4	
IV.	5.	Had less fun doing things than you used to?					0	1	2	3	4	
	6.	Felt sad or depressed for several hours?					0	1	2	3	4	
V. & VI.	7.	Felt more irritated or easily annoyed than usual?					0	1	2	3	4	
	8.	Felt angry or lost your temper?					0	1	2	3	4	
VII.	9.	Started lots more projects than usual or done more risky things than usual?					0	1	2	3	4	
	10.	Slept less than usual but still had a lot of energy?					0	1	2	3	4	
VIII.	11.	Felt nervous, anxious, or scared?					0	1	2	3	4	
	12.	Not been able to stop worrying?					0	1	2	3	4	
	13.	Not been able to do things you wanted to or should have done, because they made you feel nervous?					0	1	2	3	4	
IX.	14.	Heard voices—when there was no one there—speaking about you or telling you what to do or saying bad things to you?					0	1	2	3	4	
	15.	Had visions when you were completely awake—that is, seen something or someone that no one else could see?					0	1	2	3	4	
X.	16.	Had thoughts that kept coming into your mind that you would do something bad or that something bad would happen to you or to someone else?					0	1	2	3	4	
	17.	Felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off?					0	1	2	3	4	
	18.	Worried a lot about things you touched being dirty or having germs or being poisoned?					0	1	2	3	4	
	19.	Felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening?					0	1	2	3	4	
		In the past TWO (2) WEEKS , have you...										
XI.	20.	Had an alcoholic beverage (beer, wine, liquor, etc.)?			<input type="checkbox"/> Yes		<input type="checkbox"/> No					
	21.	Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco?			<input type="checkbox"/> Yes		<input type="checkbox"/> No					
	22.	Used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)?			<input type="checkbox"/> Yes		<input type="checkbox"/> No					
	23.	Used any medicine without a doctor's prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)?			<input type="checkbox"/> Yes		<input type="checkbox"/> No					
XII.	24.	In the last 2 weeks, have you thought about killing yourself or committing suicide?			<input type="checkbox"/> Yes		<input type="checkbox"/> No					
	25.	Have you EVER tried to kill yourself?			<input type="checkbox"/> Yes		<input type="checkbox"/> No					

Instructions to Clinicians

The DSM-5-TR Level 1 Cross-Cutting Symptom Measure is a self-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 child's treatment and prognosis. In addition, the measure may be used to track changes in the child's symptom presentation over time. This child-rated version of the measure consists of 25 questions that assess 12 psychiatric domains, including depression, anger, irritability, mania, anxiety, somatic symptoms, inattention, suicidal ideation/attempt, psychosis, sleep disturbance, repetitive thoughts and behaviors, and substance use. Each item asks the child, age 11–17, to rate how much (or how often) he or she has been bothered by the specific symptom during the past 2 weeks. The measure was found to be clinically useful and had good test-retest reliability in the DSM-5 Field Trials conducted in pediatric clinical samples across the United States.

Scoring and Interpretation

Nineteen of the 25 items on the measure are each 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 suicidal ideation, suicide attempt, and substance abuse items are each rated on a "Yes or No" scale. 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. Table 1 (below) outlines threshold scores that may be used to guide further inquiry for the domains. With the exception of inattention and psychosis, a rating of mild (i.e., 2) or greater on any item within a domain that is scored on the 5-point scale may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment for that domain is needed. The DSM-5-TR Level 2 Cross-Cutting Symptom measures listed in Table 1 may be used as a resource to provide more detailed information on the symptoms associated with some of the Level 1 domains.

Frequency of Use

To track change in the child's symptom presentation over time, it is recommended that the measure be completed at regular intervals as clinically indicated, depending on the stability of the child's symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic symptoms for the child that might warrant further assessment, treatment, and follow-up. Clinical judgment should guide decision making.

Table 1: DSM-5-TR Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17: domains, thresholds for further inquiry, and associated Level 2 measures

Domain	Domain Name	Threshold to guide further inquiry	DSM-5-TR Level 2 Cross-Cutting Symptom Measure available online
I.	Somatic Symptoms	Mild or greater	LEVEL 2—Somatic Symptom—Child Age 11–17 (Patient Health Questionnaire Somatic Symptom Severity [PHQ-15])
II.	Sleep Problems	Mild or greater	LEVEL 2—Sleep Disturbance—Child Age 11-17 (PROMIS—Sleep Disturbance—Short Form) ¹
III.	Inattention	Slight or greater	None
IV.	Depression	Mild or greater	LEVEL 2—Depression—Child Age 11–17 (PROMIS Emotional Distress—Depression—Pediatric Item Bank)
V.	Anger	Mild or greater	LEVEL 2—Anger—Child Age 11–17 (PROMIS Emotional Distress—Calibrated Anger Measure—Pediatric)
VI.	Irritability	Mild or greater	LEVEL 2—Irritability—Child Age 11–17 (Affective Reactivity Index [ARI])
VII.	Mania	Mild or greater	LEVEL 2—Mania—Child Age 11–17 (Altman Self-Rating Mania Scale [ASRM])
VIII.	Anxiety	Mild or greater	LEVEL 2—Anxiety—Child Age 11–17 (PROMIS Emotional Distress—Anxiety—Pediatric Item Bank)
IX.	Psychosis	Slight or greater	None
X.	Repetitive Thoughts & Behaviors	Mild or greater	LEVEL 2—Repetitive Thoughts and Behaviors—Child 11–17 (adapted from the Children's Florida Obsessive-Compulsive Inventory [C-FOCI] Severity Scale)
XI.	Substance Use	Yes/ Don't Know	LEVEL 2—Substance Use—Child Age 11–17 (adapted from the NIDA-modified ASSIST)
XII.	Suicidal Ideation/ Suicide Attempts	Yes/ Don't Know	None

¹Not validated for children by the PROMIS group but found to have acceptable test-retest reliability with child informants in the DSM-5 Field Trial.

Save form and send to the Behavioral Health Staff at: behavioralhealth@uplandhillshealth.org. Or print and give to your Counselor.