

DSM-5-TR

Parent/Guardian - Rated Level 1 Cross-Cutting Symptom Measure - Child Age 6-17

Child's Name: _____

Age: _____

Date: _____

Relationship with the child:

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

During the past TWO (2) WEEKS, how much (or how often) has your child...		None Not at all	Slight Less than a day or 2	Mild Several Days	Moderate More than 1/2 the days	Severe Nearly Every Day	Highest Domain Score (clinician)
I.	Complained of stomachaches, headaches, or other aches and pains?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Said he/she was worried about his/her health or about getting sick?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
II.	Had problems sleeping—that is, trouble falling asleep, staying asleep, or waking up too early?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
III.	Had problems paying attention when he/she was in class or doing his/her homework or reading a book or playing a game?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
VI.	Had less fun doing things than he/she used to?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Seemed sad or depressed for several hours?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
V.	Seemed more irritated or easily annoyed than usual?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
VI.	Seemed angry or lost his/her temper?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
VII.	Started lots more projects than usual or did more risky things than usual?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Slept less than usual for him/her, but still had lots of energy?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
VIII.	Said he/she felt nervous, anxious, or scared?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Not been able to stop worrying?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Said he/she couldn't do things he/she wanted to or should have done, because they made him/her feel nervous?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
IX.	Said that he/she heard voices—when there was no one there—speaking about him/her or telling him/her what to do or saying bad things to him/her?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Said that he/she had a vision when he/she was completely awake—that is, saw something or someone that no one else could see?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
X.	Said that he/she had thoughts that kept coming into his/her mind that he/she would do something bad or that something bad would happen to them or to someone else?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Said he/she 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?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Seemed to worry a lot about things he/she touched being dirty or having germs or being poisoned?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Said that he/she had to do things in a certain way, like counting or saying special things out loud, in order to keep something bad from happening?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
In the past TWO (2) WEEKS, has your child ...							
XI.	Had an alcoholic beverage (beer, wine, liquor, etc.)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Used drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants/solvents (like glue), or methamphetamine (like speed)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Used any medicine without a doctor's prescription (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
XII.	In the past TWO (2) WEEKS, has he/she talked about wanting to kill himself/herself or about wanting to commit suicide?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	
	Has he/she EVER tried to kill himself/herself?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	