

# 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 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 <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. & VI.	7.	0	1	2	3	4		
	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.	Yes			No			
	21.	Yes			No			
	22.	Yes			No			
	23.	Yes			No			
XII.	24.	Yes			No			
	25.	Yes			No			