

**SUMMARY DIAGNOSTIC CHECKLISTS
TEMPLATES**

SUMMARY LIFETIME DIAGNOSES CHECKLIST-

Date of Assessment: ____/____/____

0 = NO INFORMATION 3 = DEFINITE
 1 = NOT PRESENT 4 = IN PARTIAL REMISSION*
 2 = PROBABLE
 *(where applicable, according to the DSM-5)

Probable Diagnosis:
 1. Meets criteria for core symptoms of the disorder.
 2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis
 3. Evidence of functional impairment

<u>Ages:</u> Score in years	DIAGNOSIS MOST SEVERE PAST (MSP) EPISODE	AGE OF ONSET MSP EPISODE	DIAGNOSIS CURRENT EPISODE	AGE OF ONSET OF CURRENT EPISODE
	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
1. Major Depressive Episode	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
2. Dysthymia	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
3. Unspecified Depressive Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
4. Adjustment Disorder w Depressed Mood	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
5. Mania	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
6. Hypomania	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
7. Cyclothymia	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
8. Bipolar Mixed Episode (MDE & Mania)	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
9. Hypomania/Mixed Episode	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
10. Unspecified Bipolar Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
11. Unspecified Mood Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
12. Primary Mood Disorder w Psychotic Features	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
13. Disruptive Mood Dysregulation Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
14. Schizoaffective Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
15. Schizophrenia	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
16. Schizophreniform Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
17. Brief Reactive Psychosis	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
18. Unspecified Psychotic DO	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>

8962154

YEAR

ID

DATE



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SUMMARY LIFETIME DIAGNOSES CHECKLIST

Ages:
Score in years.

	DIAGNOSIS MOST SEVERE PAST (MSP)	AGE OF ONSET MSP	DIAGNOSIS CURRENT EPISODE	AGE OF ONSET CURRENT EPISODE
	EPISODE	EPISODE		EPISODE
19. Panic Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
20. Agoraphobia Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
21. Separation Anxiety DO	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
22. Social Anxiety DO	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
23. Selective Mutism	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
24. Specific Phobia	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
25. Generalized Anxiety DO	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
26. Obsessive Compulsive DO	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
27. Post-traumatic Stress DO	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
28. Acute Stress Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
29. Unspecified Anxiety DO	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
30. Adjustment DO w/ Anxious Mood	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
31. Enuresis	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
32. Encopresis	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
33. Anorexia Nervosa	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
34. Bulimia	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
35. Binge Eating Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
36. Eating Disorder NOS	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>

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ID

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SUMMARY LIFETIME DIAGNOSES CHECKLIST

Ages:
Score in years

	DIAGNOSIS MOST SEVERE PAST (MSP) EPISODE	AGE OF ONSET MSP EPISODE	DIAGNOSIS CURRENT EPISODE	AGE OF ONSET CURRENT EPISODE
37. ADHD	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
	<input type="radio"/> Combined (1) <input type="radio"/> Inattentive (2) <input type="radio"/> Impulsive/Hyperactive (3)		<input type="radio"/> Combined (1) <input type="radio"/> Inattentive (2) <input type="radio"/> Impulsive/Hyperactive (3)	
38. Unspecified ADHD	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
39. Conduct Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
40. Oppositional Defiant Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
41. Unspecified Disruptive Behavior DO	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
42. Adjustment DO w/ Dist. of Conduct	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
43. Adj DO w/ Mixed Mood and Conduct	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
44. Tourettes	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
45. Chronic Motor or Vocal Tic DO	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
46. Transient Tic Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
47. Autism Spectrum Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
48. Alcohol Use Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
49. Substance Use Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
50. Other Diagnosis (specify)	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
51. Other Diagnosis (specify)	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>

SUBSTANCE INDUCED MOOD AND ANXIETY

52. Substance Induced Mood DO	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
Specify Mood	<input type="radio"/> Mania <input type="radio"/> Hypomania <input type="radio"/> Mixed <input type="radio"/> Depression <input type="radio"/> Other/ Unknown			
53. Substance Induced Anxiety DO	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>	0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>

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ID

TREATMENT HISTORY: Score: 0=No Information, 1=No, 2=Yes

Outpatient Treatment

0 1 2

Psychiatric Hospitalization

0 1 2

Age of First Outpatient Treatment (years)

Age of First Psychiatric Hospitalization (years)

Total Duration of Outpatient Treatment (weeks)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Number of Psychiatric Hospitalizations

Total Duration of Inpatient Treatment (weeks)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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SUICIDAL BEHAVIOR:

Ideation: 0 1 2

Gesture: 0 1 2

Attempt: 0 1 2

RELIABILITY OF INFORMATION:

Good (2)

Fair (1)

Poor (0)

8962154



ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FOLLOW-UP SUMMARY DIAGNOSES CHECKLIST

Date of Last Assessment: ____/____/____

0 = NO INFORMATION 3 = DEFINITE
1 = NOT PRESENT 4 = IN PARTIAL REMISSION*
2 = PROBABLE
 *(where applicable, according to the DSM-5)

1. Meets criteria for core symptoms of the disorder.
2. Meets all but one, or a minimum of 75% of the remaining criteria required for the diagnosis
3. Evidence of functional impairment

<u>Ages:</u> Score in years	DIAGNOSIS MOST SEVERE PAST (MSP) EPISODE SINCE LAST INTERVIEW	AGE OF ONSET MSP EPISODE SINCE LAST INTERVIEW	DIAGNOSIS CURRENT EPISODE	AGE OF ONSET OF CURRENT EPISODE
1. Major Depressive Episode	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
2. Dysthymia	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
3. Unspecified Depressive Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
4. Adjustment DO w/ Depressed Mood	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
5. Mania	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
6. Hypomania	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
7. Cyclothymia	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
8. Bipolar Mixed Episode (MDE and Mania)	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
9. Hypomania/ Mixed Episode	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
10. Unspecified Bipolar Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
11. Unspecified Mood Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
12. Primary Mood DO w. Psychotic Features	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
13. Disruptive Mood Dysregulation DO	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
14. Schizoaffective Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
15. Schizophrenia	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
16. Schizophreniform Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
17. Brief Reactive Psychosis	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
18. Unspecified Psychotic Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>

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YEAR

ID

DATE



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FOLLOW-UP SUMMARY DIAGNOSES CHECKLIST

Ages:
Score in years

	DIAGNOSIS MOST SEVERE PAST (MSP) EPISODE SINCE LAST INTERVIEW	AGE OF ONSET MSP EPISODE SINCE LAST INTERVIEW		DIAGNOSIS CURRENT EPISODE	AGE OF ONSET CURRENT EPISODE
19. Panic Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
20. Agoraphobia Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
21. Separation Anxiety Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
22. Social Anxiety Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
23. Selective Mutism	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
24. Specific Phobia	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
25. Generalized Anxiety Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
26. Obsessive Compulsive Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
27. Post-traumatic Stress Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
28. Acute Stress Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
29. Unspecified Anxiety Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
30. Adjustment DO w/ Anxious Mood	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
31. Enuresis	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
32. Encopresis	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
33. Anorexia Nervosa	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
34. Bulimia	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
35. Binge Eating Disorder	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>
36. Eating Disorder NOS	0 1 2 3	<input style="width: 50px; height: 20px;" type="text"/>		0 1 2 3 4	<input style="width: 50px; height: 20px;" type="text"/>

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ID

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FOLLOW-UP SUMMARY DIAGNOSES CHECKLIST

Ages:
Score in years

DIAGNOSIS MOST SEVERE PAST (MSP) EPISODE SINCE LAST INTERVIEW

AGE OF ONSET MSP EPISODE SINCE LAST INTERVIEW

DIAGNOSIS CURRENT EPISODE

AGE OF ONSET CURRENT EPISODE

37. ADHD	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
	<input type="radio"/> Combined (1) <input type="radio"/> Inattentive (2) <input type="radio"/> Impulsive/Hyperactive (3)		<input type="radio"/> Combined (1) <input type="radio"/> Inattentive (2) <input type="radio"/> Impulsive/Hyperactive (3)	
38. Unspecified ADHD	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
39. Conduct Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
40. Oppositional Defiant Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
41. Unspecified Disruptive Behavior	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
42. Adjustment DO w/ Dist. of Conduct	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
43. Adj. DO w/ Mixed Mood and Conduct	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
44. Tourettes	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
45. Chronic Motor or Vocal Tic DO	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
46. Transient Tic Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
47. Autism Spectrum Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
48. Alcohol Use Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
49. Substance Use Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
50. Other Diagnosis (Specify)	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
51. Other Diagnosis (Specify)	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>

SUBSTANCE INDUCED MOOD AND ANXIETY

Substance Induced Mood Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>
Specify Mood	<input type="radio"/> Mania <input type="radio"/> Hypomania <input type="radio"/> Mixed <input type="radio"/> Depression <input type="radio"/> Other/ Unknown			
Substance Induced Anxiety Disorder	0 1 2 3	<input type="text"/>	0 1 2 3 4	<input type="text"/>

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ID

TREATMENT HISTORY (since last assessment): Score: 0=No Information, 1=No, 2=Yes

Outpatient Treatment

0 1 2

Psychiatric Hospitalization

0 1 2

Age of First Outpatient Treatment (years)

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Age of First Psychiatric Hospitalization (years)

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Total Duration of Outpatient Treatment (weeks)

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Number of Psychiatric Hospitalizations

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Total Duration of Inpatient Treatment (weeks)

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SUICIDAL BEHAVIOR:

Ideation: 0 1 2

Gesture: 0 1 2

Attempt: 0 1 2

RELIABILITY OF INFORMATION:

Good (2)

Fair (1)

Poor (0)

8962154



ID

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AMERICAN PSYCHIATRIC ASSOCIATION
DSM-5 CROSS-CUTTING SYMPTOM MEASURES

<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Level1>

DSM-5 Parent/Guardian-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 6–17

Child's Name: _____

Age: _____

Sex: Male Female

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**.

		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) has your child...							
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 TWO (2) WEEKS , has your child ...							
XI.	20.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know				
	21.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know				
	22.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know				
	23.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know				
XII.	24.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know				
	25.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know				

Instructions to Clinicians

The DSM-5 Parent/ Guardian-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 6–17 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. The measure may also be used to track changes in the child’s symptom presentation over time.

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 parent or guardian to rate how much (or how often) his or her child 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 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, No, or Don’t Know” 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 each domain. 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. A parent or guardian’s rating of “Don’t Know” on the suicidal ideation, suicide attempt, and any of the substance use items, especially for a child age 11–17, may be used as a guide for additional inquiry of the issues with the child. The DSM-5 Level 2 Cross-Cutting Symptom measures 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, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child’s symptoms and treatment status, and preferably by the same parent or guardian. 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 Parent/Guardian-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 6–17: domains, thresholds for further inquiry, and associated Level 2 measures

Domain	Domain Name	Threshold to guide further inquiry	DSM-5 Level 2 Cross-Cutting Symptom Measure available online
I.	Somatic Symptoms	Mild or greater	LEVEL 2—Somatic Symptom—Parent/Guardian of Child Age 6–17 (Patient Health Questionnaire 15 Somatic Symptom Severity (PHQ-15))
II.	Sleep Problems	Mild or greater	LEVEL 2—Sleep Disturbance—Parent/ Guardian of Child Age 6–17 (PROMIS—Sleep Disturbance—Short Form) ¹
III.	Inattention	Slight or greater	LEVEL 2—Inattention—Parent/Guardian of Child Age 6–17 (SNAP-IV)
IV.	Depression	Mild or greater	LEVEL 2—Depression—Parent/Guardian of Child Age 6–17 (PROMIS Emotional Distress—Depression—Parent Item Bank)
V.	Anger	Mild or greater	LEVEL 2—Anger—Parent/Guardian of Child Age 6–17 (PROMIS Emotional Distress—Calibrated Anger Measure—Parent)
VI.	Irritability	Mild or greater	LEVEL 2—Irritability—Parent/Guardian of Child Age 6–17 (Affective Reactivity Index)
VII.	Mania	Mild or greater	LEVEL 2—Mania—Parent/Guardian of Child Age 6–17 (adapted from the Altman Self-Rating Mania Scale)
VIII.	Anxiety	Mild or greater	LEVEL 2—Anxiety—Parent/Guardian of Child Age 6–17 (adapted from PROMIS Emotional Distress—Anxiety—Parent Item Bank)
IX.	Psychosis	Slight or greater	None
X.	Repetitive Thoughts and Behaviors	Mild or greater	None
XI.	Substance Use	Yes/ Don’t Know	LEVEL 2—Substance Use—Parent/Guardian of Child Age 6–17 (adapted from the NIDA-modified ASSIST)/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 parent informants in the DSM-5 Field Trial.

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 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				
		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 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 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 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 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.