

# DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure-Child Age 11-17

The questions below ask about things that might have bothered you. For each question, select the option that best describes how much (or how often) you have been bothered by each problem.

	Not at all	Rare, less than a day or two	Several days	More than half the days	Nearly every day
1) During the past two weeks, how often have you been bothered by stomachaches, headaches, or other aches and pains?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) During the past two weeks, how often have you worried about your health or about getting sick?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) During the past two weeks, how often have you been bothered by not being able to fall asleep or stay asleep, or by waking up too early?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) During the past two weeks, how often have you 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) During the past two weeks, how often have you had less fun doing things than you used to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) During the past two weeks, how often have you felt sad or depressed for several hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) During the past two weeks, how often have you felt more irritated or easily annoyed than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) During the past two weeks, how often have you felt angry or lost your temper?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) During the past two weeks, how often have you started lots more projects than usual or done more risky things than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10)					

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|-----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|     | During the past two weeks, how often have you slept less than usual but still had a lot of energy?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11) | During the past two weeks, how often have you felt nervous, anxious, or scared?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12) | During the past two weeks, how often have you not been able to stop worrying?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13) | During the past two weeks, how often have you not been able to do things you wanted to or should have done, because they made you feel nervous?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14) | During the past two weeks, how often have you heard voices - when there was no one there - speaking about you or telling you what to do or saying bad things to you?                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15) | During the past two weeks, how often have you had visions when you were completely awake, that is, seen something or someone that no one else could see?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16) | During the past two weeks, how often have you 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17) | During the past two weeks, how often have you 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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18) | During the past two weeks, how often have you worried a lot about things you touched being dirty or having germs or being poisoned?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19) |  |                       |                       |                       |                       |                       |

During the past two weeks, how often have you felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening?

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Yes

No

20) In the past two weeks, have you had an alcoholic beverage (beer, wine, liquor, etc.)?

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21) In the past two weeks, have you smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco?

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22) In the past two weeks, have you used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)?

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23) In the past two weeks, have you 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)?

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24) In the past two weeks, have you thought about killing yourself or committing suicide?

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25) Have you thought about killing yourself or committing suicide?

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