

## Somatic Symptom Disorder

1. **Do you currently experience any physical symptoms that cause you a great deal of distress or that interfere with your ability to carry out daily activities?** **A** **S** **P**  
☒ ☒

What kinds of symptoms are you experiencing (e.g., pain, fatigue, weakness, shortness of breath, dizziness)? Have you been diagnosed with a medical condition that relates to these symptoms? In what way do these symptoms cause you distress or interfere with your life?

[EXISTING MEDICAL CONDITION DOES NOT PRECLUDE DIAGNOSIS]

[NOTES:]

- 2a. **Are you preoccupied with thoughts about how serious these physical symptoms are?** **A** **S** **P**  
How often do you think about this? Do you think about this more than people in the same situation would think about it? Do you think about this more than you should?

- 2b. **Is the anxiety you experience about your physical health persistent and intense?** **A** **S** **P**  
Do other people think that you're too anxious about your physical symptoms and your health? What does your doctor think?

[NOTES:]

- 2c. **Do these concerns about your physical health take up a lot of time and energy?** **A** **S** **P**

For instance, do you:

- ☐ Spend a lot of time thinking about them
- ☐ Check your body
- ☐ Seek reassurance from your doctor
- ☐ Research health information
- ☐ Go to different doctors to get second opinions
- ☐ Undergo multiple medical tests
- ☐ Undergo multiple medical treatments that provide no relief
- ☐ [OTHER BEHAVIOURS:] \_\_\_\_\_

[AT LEAST ONE #2 ITEM IS CODED P] **A** **P**  
☒

3. **[CONCERN ABOUT PHYSICAL SYMPTOMS HAS PERSISTED FOR AT LEAST 6 MONTHS. IF NOT KNOWN, ASK:]** **A** **P**  
☒

How long has this been a problem for you?

[DOES NOT NEED TO BE THE SAME CONCERN FOR THE ENTIRE DURATION OF 6 MONTHS]

DIAGNOSTIC IMPRESSION:  
SOMATIC SYMPTOM DISORDER

**A** **S** **P**  
☒

[SPECIFY:]

SOMATIC SYMPTOMS PRIMARILY INVOLVE PAIN

WITH ☐  
PREDOMINANT  
PAIN

[SPECIFY:]

SEVERE SYMPTOMS, MARKED IMPAIRMENT, LONG DURATION (> 6 MONTHS)

PERSISTENT ☐

[SPECIFY:]

ONLY ONE #2 ITEM IS CODED P

MILD ☐

≥ TWO #2 ITEMS ARE CODED P

MODERATE ☐

≥ TWO #2 ITEMS ARE CODED P AND THERE ARE MULTIPLE  
SOMATIC COMPLAINTS OR ONE SEVERE SOMATIC COMPLAINT

SEVERE ☐

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER

WITH PANIC ☐  
ATTACKS

[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,  
SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

4. How old were you when these symptoms first began?

\_\_\_\_\_

5. How old were you when these symptoms began to be a problem for you?

\_\_\_\_\_

6. On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are you bothered by your symptoms?

\_\_\_\_\_