1. Name: \_\_\_\_\_\_

2. Age: \_\_\_\_\_\_

3 Sex: \_0. Male \_1. Female

4. Date: \_\_ / \_\_ / \_\_\_\_ (MM/DD/YYYY)

*If this questionnaire is completed by an informant*, **what is your relationship with the individual?**

**In a typical week, approximately how much time do you spend with the individual?**

**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**.

During the past **TWO (2) WEEKS**, how much (or how often) have you been bothered by the following problems?

*Domain I*

1. Little interest or pleasure in doing things?

 \_ 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

 \_ 4. Severe or nearly every day

2. Feeling down, depressed, or hopeless?

 \_ 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

 \_ 4. Severe or nearly every day

*Domain II*

3. Feeling more irritated, grouchy, or angry than usual?

 \_ 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

 \_ 4. Severe or nearly every day

*Domain III*

4. Sleeping less than usual, but still have a lot of energy?

 \_ 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

 \_ 4. Severe or nearly every day

5. Starting lots more projects than usual or doing more risky things than usual?

 \_ 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

 \_ 4. Severe or nearly every day

Domain IV

6. Feeling nervous, anxious, frightened, worried, or on edge?

 \_ 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

 \_ 4. Severe or nearly every day

7. Feeling panic or being frightened?

 \_ 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

 \_ 4. Severe or nearly every day

8. Avoiding situations that make you anxious?

 \_ 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

 \_ 4. Severe or nearly every day

Domain V

9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?

 \_ 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

 \_ 4. Severe or nearly every day

10. Feeling that your illnesses are not being taken seriously enough?

 \_ 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

 \_ 4. Severe or nearly every day

Domain VI

11. Thoughts of actually hurting yourself?

 \_ 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

 \_ 4. Severe or nearly every day

Domain VII

12. Hearing things other people couldn’t hear, such as voices even when no one was around?

 \_ 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

 \_ 4. Severe or nearly every day

13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?

 \_ 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

 \_ 4. Severe or nearly every day

Domain VIII

14. Problems with sleep that affected your sleep quality over all?

 \_ 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

 \_ 4. Severe or nearly every day

Domain IX

15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?

 \_ 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

 \_ 4. Severe or nearly every day

Domain X

16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?

 \_ 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

 \_ 4. Severe or nearly every day

17. Feeling driven to perform certain behaviors or mental acts over and over again?

 \_ 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

 \_ 4. Severe or nearly every day

Domain XI

18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?

 \_ 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

 \_ 4. Severe or nearly every day

Domain XII

19. Not knowing who you really are or what you want out of life?

 \_ 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

 \_ 4. Severe or nearly every day

20. Not feeling close to other people or enjoying your relationships with them?

 \_ 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

 \_ 4. Severe or nearly every day

Domain XIII

21. Drinking at least 4 drinks of any kind of alcohol in a single day?

 \_ 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

 \_ 4. Severe or nearly every day

22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?

 \_ 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

 \_ 4. Severe or nearly every day

23. Using any of the following medicines ON YOUR OWN, that is, without a doctor’s prescription, in greater amounts or longer than prescribed [e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)]?

 \_ 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

 \_ 4. Severe or nearly every day

Highest domain score (clinician)

Domain I \_\_\_\_\_

Domain II \_\_\_\_\_

Domain III \_\_\_\_\_

Domain IV \_\_\_\_\_

Domain V \_\_\_\_\_

Domain VI \_\_\_\_\_

Domain VII \_\_\_\_\_

Domain VIII \_\_\_\_\_

Domain IX \_\_\_\_\_

Domain X \_\_\_\_\_

Domain XI \_\_\_\_\_

Domain XII \_\_\_\_\_

Domain XIII \_\_\_\_\_

Notes: **Instructions to Clinicians**

The DSM-5 Level 1 Cross-Cutting Symptom Measure is a self- or informant-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 individual’s treatment and prognosis. In addition, the measure may be used to track changes in the individual’s symptom presentation over time.

This adult version of the measure consists of 23 questions that assess 13 psychiatric domains, including depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning, and substance use. Each item inquires about how much (or how often) the individual has been bothered by the specific symptom during the past 2 weeks. If the individual is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable adult informant may complete the measure. The measure was found to be clinically useful and to have good test-retest reliability in the DSM-5 Field Trials that were conducted in adult clinical samples across the United States and in Canada.

**Scoring and Interpretation**

Each item on the measure is 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 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. A rating of mild (i.e., 2) or greater on any item within a domain (except for substance use, suicidal ideation, and psychosis) may serve as a guide for additional inquiry and follow up to determine if a more detailed assessment for that domain is necessary. For substance use, suicidal ideation, and psychosis, a rating of slight (i.e., 1) or greater on any item within the domain may serve as a guide for additional inquiry and follow-up to determine if a more detailed assessment is needed. The DSM-5 Level 2 Cross-Cutting Symptom Measures may be used to provide more detailed information on the symptoms associated with some of the Level 1 domains (see Table 1 below).

**Frequency of Use**

To track change in the individual’s symptom presentation over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual’s symptoms and treatment status. For individuals with impaired capacity, it is preferable that the same knowledgeable informant completes the measures at follow-up appointments. Consistently high scores on a particular domain may indicate significant and problematic symptoms for the individual that might warrant further assessment, treatment, and follow-up. Clinical judgment should guide decision making.

**Table 1: Adult DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure: domains, thresholds for further inquiry, and associated Level 2 measures for adults ages 18 and over**

Domain and Domain Name

Threshold to guide further inquiry

DSM-5 Level 2 Cross-Cutting Symptom Measure available online

I. Depression

Threshold: Mild or greater

Cross-cutting Symptom measure: LEVEL 2—Depression—Adult (PROMIS Emotional Distress—Depression—Short Form)

II. Anger

Threshold: Mild or greater

Cross-cutting Symptom measure: LEVEL 2—Anger—Adult (PROMIS Emotional Distress—Anger—Short Form)

III. Mania

Threshold: Mild or greater

Cross-cutting Symptom measure: LEVEL 2—Mania—Adult (Altman Self-Rating Mania Scale)

IV. Anxiety

Threshold: Mild or greater

Cross-cutting Symptom measure: LEVEL 2—Anxiety—Adult (PROMIS Emotional Distress—Anxiety—Short Form)

V. Somatic Symptoms

 Threshold: Mild or greater

 Cross-cutting Symptom measure: LEVEL 2—Somatic Symptom—Adult (Patient Health Questionnaire 15 Somatic Symptom Severity [PHQ-15])

VI. Suicidal Ideation

 Threshold: Slight or greater

 Cross-cutting Symptom measure: None

VII. Psychosis

 Threshold: Slight or greater

 Cross-cutting Symptom measure: None

VIII. Sleep Problems

 Threshold: Mild or greater

 Cross-cutting Symptom measure: LEVEL 2—Sleep Disturbance - Adult (PROMIS—Sleep Disturbance—Short Form)

IX. Memory

 Threshold: Mild or greater

 Cross-cutting Symptom measure: None

X. Repetitive Thoughts and Behaviors

Threshold: Mild or greater

Cross-cutting Symptom measure: LEVEL 2—Repetitive Thoughts and Behaviors—Adult (adapted from the Florida Obsessive-Compulsive Inventory [FOCI] Severity Scale [Part B])

XI. Dissociation

Threshold: Mild or greater

Cross-cutting Symptom measure: None

XII. Personality Functioning

Threshold: Mild or greater

Cross-cutting Symptom measure: None

XIII. Substance Use

Threshold: Slight or greater

Cross-cutting Symptom measure: LEVEL 2—Substance Abuse—Adult (adapted from the NIDA-modified ASSIST)

Note: The PROMIS Short Forms have not been validated as an informant report scale by the PROMIS group

Reference:

American Psychiatric Association. (2013). DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult. https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA\_DSM5\_Level-1-Measure-Adult.pdf

Bastiaens L, Galus J. The DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure as a Screening Tool. *Psychiatr Q*. 2018;89(1):111-115. doi:10.1007/s11126-017-9518-7

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