DSM-5 CROSS-CUTTING SYMPTOM MEASURE

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.

Name

Age

Identified Gender

Date

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?

Little interest of pleasure in doing things?

None

slight

mild

moderate

severe

Feeling Down, Depressed, or hopeless

🗌 none

🗌 slight

- ____ mild
- moderate
- severe

Feeling more grouchy, irritated, or angry than usu

- none
- slight
- mild
- moderate
- severe

Sleeping less than usual, but have a lot of energy

- slight
- ____ mild
- moderate
- severe

Starting More projects than usual

none

slight

mild

moderate

severe

Feeling nervous, anxious, frightened, worried, or

🗌 none

slight

____ mild

moderate

severe

Feeling Panic or being frightened

🗌 none

🗌 sligt

____ mild

moderate

severe

Avoiding situations that make you anxious

|--|

slight

milde

moderate

severe

unexplained aches and pains

🗌 none

🗌 slight

mild

moderate

severe

Feeling that your sickness isn't being considered

	none
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slight

••••
l mild
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- moderate
- severe

Thoughts of actually hurting yourself?

- none
- slight
- mild
- moderate
- severe

Hearing things that other people can't hear

- slight
- ____ mild
- moderate
- severe

Feeling somebody can read your thoughts?

none

slight

mild

🔲 moderate

severe

Problems with quality of sleep

	nor	ne
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🗌 slight

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moderate

severe

Problems with memory

🗌 none

slight

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moderate

severe

Unpleasant repeated thoughts, urges, or images

_____mild

moderate

severe

Feeling driven to do things over and over again

none

slight

mild

🔲 moderate

severe

Feeling detached from yourself

🗌 none

🗌 slight

____ mild

moderate

severe

Not knowing who you are or what you want in life?

none

slight

- ____ mild
- moderate
- severe

Not feeling close to people or enjoying others.

- ____ mild
- moderate
- severe

Drinking at least 4 drinks in a day

none

🗌 slight

mild

moderate

severe

Smoking any cigarettes, cigar, pipe, snuff, tobacco

🗌 none

slight

- ____ mild
- moderate
- severe

Abusing meds without a prescription(painkillers)

- none
- slight
- 🗌 mild
- moderate
- severe