DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: _____ Age: ____ Sex: q Male q Female 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?_____hours/week

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?	**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	**Office Use only**
I.	1. Little interest or pleasure in doing things?	☐	☐	☐	☐	☐	
	2. Feeling down, depressed, or hopeless?	☐	☐	☐	☐	☐	
II.	3. Feeling more irritated, grouchy, or angry than usual?	☐	☐	☐	☐	☐	
III.	4. Sleeping less than usual, but still have a lot of energy?	☐	☐	☐	☐	☐	
	5. Starting lots more projects than usual or doing more risky things than usual?	☐	☐	☐	☐	☐	
IV.	6. Feeling nervous, anxious, frightened, worried, or on edge?	☐	☐	☐	☐	☐	
	7. Feeling panic or being frightened?	☐	☐	☐	☐	☐	
	8. Avoiding situations that make you anxious?	☐	☐	☐	☐	☐	
V.	9. Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	☐	☐	☐	☐	☐	
	10. Feeling that your illnesses are not being taken seriously enough?	☐	☐	☐	☐	☐	
VI.	11. Thoughts of actually hurting yourself?	☐	☐	☐	☐	☐	
VII.	12. Hearing things other people couldn't hear, such as voices even when no one was around?	☐	☐	☐	☐	☐	
	13. Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	☐	☐	☐	☐	☐	
VIII.	14. Problems with sleep that affected your sleep quality over all?	☐	☐	☐	☐	☐	
IX.	15. Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	☐	☐	☐	☐	☐	
X.	16. Unpleasant thoughts, urges, or images that repeatedly enter your mind?	☐	☐	☐	☐	☐	
	17. Feeling driven to perform certain behaviors or mental acts over and over again?	☐	☐	☐	☐	☐	
XI.	18. Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	☐	☐	☐	☐	☐	
XII.	19. Not knowing who you really are or what you want out of life?	☐	☐	☐	☐	☐	
	20. Not feeling close to other people or enjoying your relationships with them?	☐	☐	☐	☐	☐	
XIII.	21. Drinking at least 4 drinks of any kind of alcohol in a single day?	☐	☐	☐	☐	☐	
	22. Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	☐	☐	☐	☐	☐	
	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)]?	☐	☐	☐	☐	☐	

WHODAS 2.0

World Health Organization Disability Assessment Schedule 2.0
36-item version, self-administered

Patient Name: _____ Age: _____ Sex: **q** Male **q** Female Date:

This questionnaire asks about difficulties due to health/mental health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the past 30 days and answer these questions thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

							Office Use Only		
Numeric scores assigned to each of the items:		1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score
In the last 30 days, how much difficulty did you have in:									
Understanding and communicating									
D1.1	Concentrating on doing something for ten minutes?	None	Mild	Moderate	Severe	Extreme or cannot do			
D1.2	Remembering to do important things?	None	Mild	Moderate	Severe	Extreme or cannot do		____ 30	____ 5
D1.3	Analyzing and finding solutions to problems in day-to-day life?	None	Mild	Moderate	Severe	Extreme or cannot do			
D1.4	Learning a new task, for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do			
D1.5	Generally understanding what people say?	None	Mild	Moderate	Severe	Extreme or cannot do			
D1.6	Starting and maintaining a conversation?	None	Mild	Moderate	Severe	Extreme or cannot do			
Getting around									
D2.1	Standing for long periods, such as 30 minutes?	None	Mild	Moderate	Severe	Extreme or cannot do			
D2.2	Standing up from sitting down?	None	Mild	Moderate	Severe	Extreme or cannot do		____ 25	____ 5
D2.3	Moving around inside your home?	None	Mild	Moderate	Severe	Extreme or cannot do			
D2.4	Getting out of your home?	None	Mild	Moderate	Severe	Extreme or cannot do			
D2.5	Walking a long distance, such as a kilometer (or equivalent)?	None	Mild	Moderate	Severe	Extreme or cannot do			
Self-care									
D3.1	Washing your whole body?	None	Mild	Moderate	Severe	Extreme or cannot do			
D3.2	Getting dressed?	None	Mild	Moderate	Severe	Extreme or cannot do		____ 20	____ 5
D3.3	Eating?	None	Mild	Moderate	Severe	Extreme or cannot do			
D3.4	Staying by yourself for a few days?	None	Mild	Moderate	Severe	Extreme or cannot do			
Getting along with people									
D4.1	Dealing with people you do not know?	None	Mild	Moderate	Severe	Extreme or cannot do			
D4.2	Maintaining a friendship?	None	Mild	Moderate	Severe	Extreme or cannot do			
D4.3	Getting along with people who are close to you?	None	Mild	Moderate	Severe	Extreme or cannot do		____ 25	____ 5
D4.4	Making new friends?	None	Mild	Moderate	Severe	Extreme or cannot do			
D4.5	Sexual activities?	None	Mild	Moderate	Severe	Extreme or cannot do			

							Clinician Use Only		
Numeric scores assigned to each of the items:		1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score
In the last 30 days, how much difficulty did you have in:									
Life activities—Household									
D5.1	Taking care of your household responsibilities?	None	Mild	Moderate	Severe	Extreme or cannot do			
D5.2	Doing most important household tasks well?	None	Mild	Moderate	Severe	Extreme or cannot do			
D5.3	Getting all of the household work done that you needed to do?	None	Mild	Moderate	Severe	Extreme or cannot do		20	5
D5.4	Getting your household work done as quickly as needed?	None	Mild	Moderate	Severe	Extreme or cannot do			
Life activities—School/Work									
If you work (paid, non-paid, self-employed) or go to school, complete questions D5.5–D5.8, below. Otherwise, skip to D6.1.									
Because of your health condition, in the past 30 days, how much difficulty did you have in:									
D5.5	Your day-to-day work/school?	None	Mild	Moderate	Severe	Extreme or cannot do			
D5.6	Doing your most important work/school tasks well?	None	Mild	Moderate	Severe	Extreme or cannot do			
D5.7	Getting all of the work done that you need to do?	None	Mild	Moderate	Severe	Extreme or cannot do		20	5
D5.8	Getting your work done as quickly as needed?	None	Mild	Moderate	Severe	Extreme or cannot do			
Participation in society									
In the past 30 days:									
D6.1	How much of a problem did you have in joining in community activities (for example, festivities, religious, or other activities) in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.2	How much of a problem did you have because of barriers or hindrances around you?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.3	How much of a problem did you have living with dignity because of the attitudes and actions of others?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.4	How much time did you spend on your health condition or its consequences?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.5	How much have you been emotionally affected by your health condition?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.6	How much has your health been a drain on the financial resources of you or your family?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.7	How much of a problem did your family have because of your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do			
D6.8	How much of a problem did you have in doing things by yourself for relaxation or pleasure?	None	Mild	Moderate	Severe	Extreme or cannot do			
						General Disability Score (Total):		180	5