

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  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**.

	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	Highest Domain Score (clinician)
I.	During the past <b>TWO (2) WEEKS</b> , how much (or how often) have you been bothered by the following problems?					
	0	1	2	3	4	
	0	1	2	3	4	
II.	0	1	2	3	4	
III.	0	1	2	3	4	
	0	1	2	3	4	
IV.	0	1	2	3	4	
	0	1	2	3	4	
	0	1	2	3	4	
V.	0	1	2	3	4	
	0	1	2	3	4	
VI.	0	1	2	3	4	
VII.	0	1	2	3	4	
	0	1	2	3	4	
VIII.	0	1	2	3	4	
IX.	0	1	2	3	4	
X.	0	1	2	3	4	
	0	1	2	3	4	
XI.	0	1	2	3	4	
XII.	0	1	2	3	4	
	0	1	2	3	4	
XIII.	0	1	2	3	4	
	0	1	2	3	4	
	0	1	2	3	4	