The APA is offering a number of "emerging measures" for further research and clinical evaluation. These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress. They should be used in research and evaluation as potentially useful tools to enhance clinical decision-making and not as the sole basis for making a clinical diagnosis. Instructions, scoring information, and interpretation guidelines are provided; further background information can be found in DSM-5-TR. The APA requests that clinicians and researchers provide further data on the instruments' usefulness in characterizing patient status and improving patient care at <a href="http://www.dsm5.org/Pages/Feedback-Form.aspx">http://www.dsm5.org/Pages/Feedback-Form.aspx</a>.

Measure: LEVEL 2—Somatic Symptom—Child Age 11–17 (adapted from the Patient Health Questionnaire Physical Symptoms [PHQ-15]) **Rights granted:** This measure can be reproduced without permission by researchers and by clinicians for use with their patients. **Rights holder:** This measure was adapted from the Patient Health Questionnaire Physical Symptoms (PHQ-15]), which is in the public domain (http://www.phqscreeners.com/instructions/instructions.pdf). The original measure was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. **To request permission for any other use beyond what is stipulated above, contact:** The measure is in the public domain and can be used without permission.

# LEVEL 2—Somatic Symptom—Child Age 11–17<sup>\*</sup>

\*Adapted from the Patient Health Questionnaire Physical Symptoms (PHQ-15)

Name: \_\_\_\_\_

Age: \_\_\_\_

Date: \_\_\_\_\_

**Instructions to the child:** On the DSM-5-TR Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by "stomachaches, headaches, or other aches and pains" and/or being "worried about your health or about getting sick" at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms **during the past 7 days.** Please respond to each item by marking ( $\checkmark$  or x) one box per row.

					Clinician Use	
During the past 7 days, how much have you been bothered by any of the following problems? Item Score						
		Not bothered at all (0)	Bothered a little (1)	Bothered a lot (2)		
1.	Stomach pain					
2.	Back pain					
3.	Pain in your arms, legs, or joints (knees, hips, etc.)					
4.	FOR ADULTS					
5.	Headaches					
6.	Chest pain					
7.	Dizziness					
8.	Fainting spells					
9.	Feeling your heart pound or race					
10.	Shortness of breath					
11.	FOR ADULTS					
12.	Constipation, loose bowels, or diarrhea					
13.	Nausea, gas, or indigestion					
14.	Feeling tired or having low energy					
15.	Trouble sleeping					
Total/Partial Raw Score:						
	Prorated Score: (if 10 or more items answered) Adapted from Physical Symptoms (PHO-15) for research and evaluation purp					

Adapted from Physical Symptoms (PHQ-15) for research and evaluation purposes.

### **Instructions to Clinicians**

The DSM-5-TR Level 2—Somatic Symptom—Child Age 11–17 is an adaptation of the 15-item Patient Health Questionnaire Physical Symptoms (PHQ-15) that assesses the domain of somatic symptoms in children and adolescents. Items 4 and 11 are specific to adults and therefore blacked out on this child version of the measure. The measure is completed by the child prior to a visit with the clinician. Each item asks the child to rate the severity of his or her somatic symptoms <u>during the past 7 days</u>.

### Scoring and Interpretation

Each item on the PHQ-15 is rated on a 3-point scale (0=not bothered at all; 1=bothered a little; 2= bothered a lot). The total score can range from 0 to 26, with higher scores indicating greater severity of somatic symptoms. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use." For this adapted PHQ-15, if all 13 items are answered, the scores on the 13 items should be summed to obtain a total raw score. The total raw score should then be prorated to a score out of 30 so that the Interpretation Table below can be used to determine the severity of the child's somatic symptoms. The prorated score is obtained by multiplying the total raw score by 15 and dividing the value obtained by 13.

Prorated Score (if all 13 items answered) = <u>(Total Raw Score x 15)</u> 13

## Interpretation Table for the Level 2 Somatic Symptom-Child Scale

Levels of Somatic Symptom Severity	Prorated Score	
Minimal	0-4	
Low	5-9	
Medium	10-14	
High	15-30	

**Note:** If 9 or fewer of the 13 items are answered on the adapted PHQ-15 (i.e., more than 25% of the total items are missing), the total scores should not be calculated. Therefore, the child should be encouraged to complete all of the items on the measure. If 10 to 12 items are answered, you are asked to prorate the raw score by first summing the scores for the items that were answered to get a **partial raw score**. Next, multiply the partial raw score by 15. Finally, divide the value by the number of items that were actually answered to obtain the prorated total raw score.

```
Prorated Score (if 10-12 items answered) =
```

(Partial Raw Score x 15) Number of items that were actually answered

If the result is a fraction, round to the nearest whole number. The prorated total raw score should be interpreted using the Interpretation Table above.

## **Frequency of Use**

To track change in the severity of the child's somatic symptoms over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child's symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.