

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. The APA requests that clinicians and researchers provide further data on the instruments’ usefulness in characterizing patient status and improving patient care at <http://www.dsm5.org/Pages/Feedback-Form.aspx>.

Measure: LEVEL 2—Somatic Symptom—Adult Patient (adapted from the Patient Health Questionnaire Physical Symptoms [PHQ-15])

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LEVEL 2—Somatic Symptom—Adult Patient*

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

Name: _____ Age: _____ Sex: Male Female Date: _____

If the measure is being completed by an informant, what is your relationship with the individual receiving care? _____

In a typical week, approximately how much time do you spend with the individual receiving care? _____ hours/week

Instructions: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you (the individual receiving care) have been bothered by “unexplained aches and pains”, and/or “feeling that your illnesses are not being taken seriously enough” at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you (the individual receiving care) have been bothered by a list of symptoms **during the past 7 days**. Please respond to each item by marking (✓ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Pain in your arms, legs, or joints (knees, hips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Menstrual cramps or other problems with your periods <i>WOMEN ONLY</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Feeling your heart pound or race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Pain or problems during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Constipation, loose bowels, or diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Nausea, gas, or indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Feeling tired or having low energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total/Partial Raw Score:					
Prorated Total Raw Score: (if 1-3 items left unanswered)					

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

Instructions to Clinicians

The DSM-5 Level 2—Somatic Symptom—Adult measure is an adaptation of the 15-item Patient Health Questionnaire Physical Symptoms (PHQ-15) that assesses the domain of somatic symptoms. The measure is completed by the individual (or his or her informant) prior to a visit with the clinician. If the individual is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure. Each item asks the individual (or informant) to rate the severity of the individual's somatic symptom **during the past 7 days**.

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 30, with higher scores indicating greater severity of somatic symptoms. The clinician is asked 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." The raw scores on the 15 items should be summed to obtain a total raw score and interpreted using the Interpretation Table for the PHQ-15 Somatic Symptom Severity scale below:

Interpretation Table for the PHQ-15 Somatic Symptom Severity scale

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

Note: If 4 or more items are left unanswered on the PHQ-15 (i.e., more than 25% of the total items are missing) the total score should not be calculated. As such, the individual (or informant) should be encouraged to complete all of the items on the measure. If 1 to 3 items are left unanswered, you should prorate the raw score by first summing scores of items that were answered to get a **partial raw score**. Next, multiply the partial raw score by the total number of items on the measure (i.e., 15). Finally, divide the value by the number of items that were actually answered to obtain the prorated total raw score.

$$\text{Prorated Score} = \frac{(\text{Partial Raw Score} \times \text{number of items on the PHQ-15})}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number.

The prorated total raw score should be interpreted using the Interpretation Table for the PHQ-15 Somatic Symptom Severity scale above.

Frequency of Use

To track change in the severity of the individual's somatic symptom 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 an individual of impaired capacity, it is preferred that completion of the measure at follow-up appointments is by the same knowledgeable informant. Consistently high scores on a particular domain may indicate significant and problematic areas for the patient that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.