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**Measure:** LEVEL 2—Somatic Symptom—Parent/Guardian of Child Age 6-17 (adapted from the Patient Health Questionnaire Physical Symptoms [PHQ-15])

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## LEVEL 2—Somatic Symptom—Parent/Guardian of Child Age 6-17\*

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

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female Date: \_\_\_\_\_

What is your relationship with the child receiving care? \_\_\_\_\_

**Instructions to parent/guardian:** On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* your child receiving care has been bothered by “complaining of stomachaches, headaches, or other aches and pains” and/or “worrying about his/her 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 your child has 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 has your child 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 his or her arms, legs, or joints (knees, hips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<b>FOR ADULTS</b>	<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 his or her 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.	<b>FOR ADULTS</b>	<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"/>	
<b>Total/Partial Raw Score:</b>					
<b>Prorated Score: (if 10 or more items answered)</b>					

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

## Instructions to Clinicians

The DSM-5 Level 2 Measure—Somatic Symptom—Parent/Guardian of Child Age 6–17 is an adaptation of the 15-item Patient Health Questionnaire Physical Symptoms (PHQ-15) that assesses the domain of somatic symptoms. 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 parent or guardian about the child prior to a visit with the clinician. Each item asks the parent or guardian to rate the severity of the child’s somatic symptoms **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 26, with higher scores indicating greater severity of somatic symptoms. The clinician is asked to review the score on 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.

$$\text{Prorated Score (if all 13 items answered)} = \frac{(\text{Total Raw Score} \times 15)}{13}$$

**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 parent or guardian 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.

$$\text{Prorated Score (if 10-12 items answered)} = \frac{(\text{Partial Raw Score} \times 15)}{\text{Number of items that were actually answered}}$$

If the result is a fraction, round to the nearest whole number. The prorated total raw score should be interpreted using the Interpretation Table 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. For consistency, it is preferred that completion of the measures at follow-up appointments is by the same parent or guardian. 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.