

# DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17

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

Age: \_\_\_\_\_

Sex: ☐ Male ☐ Female

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

**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)
During the past <b>TWO (2) WEEKS</b> , how much (or how often) have you...							
I.	1.	0	1	2	3	4	
	2.	0	1	2	3	4	
II.	3.	0	1	2	3	4	
III.	4.	0	1	2	3	4	
IV.	5.	0	1	2	3	4	
	6.	0	1	2	3	4	
V. & VI.	7.	0	1	2	3	4	
	8.	0	1	2	3	4	
VII.	9.	0	1	2	3	4	
	10.	0	1	2	3	4	
VIII.	11.	0	1	2	3	4	
	12.	0	1	2	3	4	
	13.	0	1	2	3	4	
IX.	14.	0	1	2	3	4	
	15.	0	1	2	3	4	
X.	16.	0	1	2	3	4	
	17.	0	1	2	3	4	
	18.	0	1	2	3	4	
	19.	0	1	2	3	4	
In the past <b>TWO (2) WEEKS</b> , have you...							
XI.	20.	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
	21.	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
	22.	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
	23.	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
XII.	24.	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
	25.	<input type="checkbox"/> Yes			<input type="checkbox"/> No		

## LEVEL 2—Anger—Child Age 11–17\*

\*PROMIS Emotional Distress—Calibrated Anger Measure—Pediatric<sup>1</sup>

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

Age: \_\_\_\_\_

Sex: ☐ Male ☐ Female

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

**Instructions to the child:** On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by “feeling irritated or easily annoyed” and/or “feeling angry or lost your temper” 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 (✓ or x) one box per row.

							Clinician Use
In the past SEVEN (7) DAYS...							Item Score
		Never	Almost Never	Sometimes	Often	Almost Always	
1.	I felt mad.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
2.	I was so angry I felt like throwing something.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
3.	I was so angry I felt like yelling at somebody.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
4.	When I got mad, I stayed mad.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
5.	I felt fed up.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.	I felt upset.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
<b>Total/Partial Raw Score:</b>							
<b>Prorated Total Raw Score:</b>							
<b>T-Score:</b>							

The PROMIS measure was developed for and can be used with children ages 8-17.

<sup>1</sup>This measure was not tested in the DSM-5 Field Trials.

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## LEVEL 2—Anxiety—Child Age 11–17\*

\* PROMIS Emotional Distress—Anxiety—Pediatric Item Bank

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

Age: \_\_\_\_\_

Sex: ☐ Male ☐ Female

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

**Instructions to the child:** On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by “feeling nervous, anxious, or scared”, “not being able to stop worrying” and/or “not being able to do things you wanted to or should have done because they made you feel nervous” 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 (✓ or x) one box per row.

							Clinician Use
In the past SEVEN (7) DAYS....							Item Score
		Never	Almost Never	Sometimes	Often	Almost Always	
1.	I felt like something awful might happen.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
2.	I felt nervous.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
3.	I felt scared.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
4.	I felt worried.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
5.	I worried about what could happen to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.	I worried when I went to bed at night.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
7.	I got scared really easy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
8.	I was afraid of going to school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
9.	I was worried I might die.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
10.	I woke up at night scared.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
11.	I worried when I was at home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
12.	I worried when I was away from home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
13.	It was hard for me to relax.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
<b>Total/Partial Raw Score:</b>							
<b>Prorated Total Raw Score:</b>							
<b>T-Score:</b>							

\* The PROMIS measure was developed for and can be used with children ages 8-17 but was tested in children ages 11–17 in the DSM-5 Field Trials.

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## LEVEL 2—Depression—Child Age 11–17\*

\*PROMIS Emotional Distress—Depression—Pediatric Item Bank

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

Age: \_\_\_\_\_

Sex: ☐ Male ☐ Female

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

**Instructions to the child:** On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by “having little interest or pleasure in doing things” and/or “feeling down, depressed, or hopeless” 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 (✓ or x) one box per row.

							Clinician Use
In the past SEVEN (7) DAYS...							Item Score
		Never	Almost Never	Sometimes	Often	Almost Always	
1.	I could not stop feeling sad.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
2.	I felt alone.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
3.	I felt everything in my life went wrong.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
4.	I felt like I couldn't do anything right.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
5.	I felt lonely.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6.	I felt sad.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
7.	I felt unhappy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
8.	I thought that my life was bad.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
9.	Being sad made it hard for me to do things with my friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
10.	I didn't care about anything.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
11.	I felt stressed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
12.	I felt too sad to eat.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
13.	I wanted to be by myself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
14.	It was hard for me to have fun.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
<b>Total/Partial Raw Score:</b>							
<b>Prorated Total Raw Score:</b>							
<b>T-Score:</b>							

\*The PROMIS measure was developed for and can be used with children ages 8-17 but was tested in children ages 11–17 in the DSM-5 Field Trials.

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## LEVEL 2—Irritability—Child Age 11–17\*

### \* Affective Reactivity Index (ARI)

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

Age: \_\_\_\_\_

Sex: ☐ Male ☐ Female

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

**Instructions to the child:** On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by “feeling irritated or easily annoyed” and/or “feeling angry or lost your temper” 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 (✓ or x) one box per row.

					Clinician Use
In the last SEVEN (7) DAYS and compared to others of the same age, how well does each of the following statements describe your behavior or feelings? Please try to answer all questions.					Item Score
		Not True	Somewhat True	Certainly True	
1.	Am easily annoyed by others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
2.	Often lose my temper.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
3.	Stay angry for a long time.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
4.	Am angry most of the time.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
5.	Get angry frequently.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
6.	Lose temper easily.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
7.	Overall irritability causes me problems.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<b>Total/Partial Raw Score:</b>					
<b>Prorated Total Raw Score: (if 1 item is left unanswered)</b>					

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## The Bindu Institute Consent to Use and Disclose Your Health Information

This form is an agreement between you, and The Bindu Institute, When we use the words “you” and “your” below, this can mean you, your child, a relative, or some other person if you have written his or her name here:

When we examine, test, diagnose, treat, or refer you, we will be collecting what the law calls “protected health information” (PHI) about you. We need to use this information in our office to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others to arrange payment for your treatment, to help carry out certain business or government functions, or to help provide other treatment to you. By signing this form, you are also agreeing to let us use your PHI and to send it to others for the purposes described above. Your signature below acknowledges that you have read or heard our notice of privacy practices, which explains in more detail what your rights are and how we can use and share your information.

**If you do not sign this form agreeing to our privacy practices, we cannot treat you.** In the future, we may change how we use and share your information, and so we may change our notice of privacy practices. If we do change it, you can get a copy from our website, [www.thebinduinstitute.com](http://www.thebinduinstitute.com), or by calling us at (850) 692-9824. Please ask to speak to our privacy officer.

If you are concerned about your PHI, you have the right to ask us not to use or share some of it for treatment, payment, or administrative purposes. You will have to tell us what you want in writing. Although we will try to respect your wishes, we are not required to accept these limitations. However, if we do agree, we promise to do as you asked. After you have signed this consent, you have the right to revoke it by writing to our privacy officer. We will then stop using or sharing your PHI, but we may already have used or shared some of it, and we cannot change that.

\_\_\_\_\_  
Signature of client or his or her personal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client or personal representative

\_\_\_\_\_  
Relationship to the client

\_\_\_\_\_  
Description of personal representative’s authority

\_\_\_\_\_  
Signature of authorized representative of this office or practice

Date of NPP: \_\_\_\_\_

☐ Copy given to the client/parent/personal representative

## The Bindu Institute Notice of Privacy Practices (Brief Version)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your personal health information as part of providing professional care. We are also required by law to keep your information private. These laws are complicated, but we must give you this important information. This is a shorter version of the attached, full, legally required notice of privacy practices. Please talk to our privacy officer (see the end of this form) about any questions or problems.

### How we use and disclose your protected health information with your consent

We will use the information we collect about you mainly to provide you with **treatment**, to arrange **payment** for our services, and for some other business activities that are called, in the law, **health care operations**. After you have read this notice we will ask you to sign a **consent form** to let us use and share your information in these ways. If you do not consent and sign this form, we cannot treat you. If we want to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

### Disclosing your health information without your consent

There are some times when the laws require us to use or share your information. For example:

1. When there is a serious threat to your or another's health and safety or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
2. When we are required to do so by lawsuits and other legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For workers' compensation and similar benefit programs.

There are some other rare situations. They are described in the longer version of our notice of privacy practices.

### Your rights regarding your health information

1. You can ask us to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You can ask us to limit what we tell people involved in your care or the payment for your care, such as family members and friends.
3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but we may charge you for it. Contact our privacy officer to arrange how to see your records. See below.
4. If you believe that the information in your records is incorrect or missing something important, you can ask us to make additions to your records to correct the situation. You have to make this request in writing and send it to our privacy officer. You must also tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this notice, we will post the new version in our waiting

area, and you can always get a copy of it from the privacy officer.

6. You have the right to file a complaint if you believe your privacy rights have been violated. You can file a complaint with our privacy officer and with the Secretary of the U.S. Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way. Also, you may have other rights that are granted to you by the laws of our state, and these may be the same as or different from the rights described above. We will be happy to discuss these situations with you now or as they arise. If you have any questions regarding this notice or our health information privacy policies, please contact our privacy officer, who is Alice Malcolm, and can be reached by phone at or by e-mail at [alice@TheBindulInstitute.com](mailto:alice@TheBindulInstitute.com)

The effective date of this notice is May 31, 2019.