

**Somatic Severity Measure for Adults:**

*Adapted from the Patient Health Questionnaire (PHQ-15) for Evaluation and Research*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male  Female  Date: \_\_\_\_\_

**Instructions:** During the **past 4 weeks**, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

					<i>Clinician Use</i>
		<i>Not Bothered At All</i>	<i>Bothered a Little</i>	<i>Bothered a Lot</i>	<i>Item Score</i>
1.	Stomach pain	0	1	2	
2.	Back pain	0	1	2	
3.	Pain in your arms, legs, or joints (knees, hips, etc.)	0	1	2	
4.	Menstrual cramps or other problems with your periods <b>(FOR WOMEN ONLY)</b>	0	1	2	
5.	Headaches	0	1	2	
6.	Chest pain	0	1	2	
7.	Dizziness	0	1	2	
8.	Fainting spells	0	1	2	
9.	Feeling your heart pound or race	0	1	2	
10.	Shortness of breath	0	1	2	
11.	Pain or problems during sexual intercourse	0	1	2	
12.	Constipation, loose bowels, or diarrhea	0	1	2	
13.	Nausea, gas, or indigestion	0	1	2	
14.	Feeling tired or having low energy	0	1	2	
15.	Trouble sleeping	0	1	2	
<b>Raw Scores:</b>					
					<b>Total Score:</b>

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- |                                 |                               |                           |                                |
|---------------------------------|-------------------------------|---------------------------|--------------------------------|
| <input type="checkbox"/>        | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/>       |
| <b>Not Difficult<br/>At All</b> | <b>Somewhat<br/>Difficult</b> | <b>Very<br/>Difficult</b> | <b>Extremely<br/>Difficult</b> |

(Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer)

**Purpose:**

This is a self-rated 15-item measure that quickly screens the severity of somatic symptomatology in adults over age 18. The measure is completed by the client prior to the first visit with a psychologist. Each item asks the client to rate the severity of symptoms within the past 4 weeks. This measure will be used to track changes in symptomatology over time.

**Scoring and Interpretation:**

Each item on the measure is rated on a 3-point likert scale. The total score can range from 0 – 30, with higher scores indicating greater severity. 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. The raw scores on the 15 items should be summed to obtain a total raw score and should be interpreted using the Scoring Table for the PHQ-15.

**Scoring Table for the PHQ-15**

Somatic Symptomatology Severity	PHQ-15 Score
None	0-4
Low	5-9
Moderate	10-14
High	15-30