

**A USER'S GUIDE TO THE
SCALE FOR ASSESSMENT OF SOMATIC SYMPTOMS**

SASS

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The User’s Guide has been written in Indian English. For any doubts or clarifications or issues related to interpretation, the above authors may be contacted.

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Contents

Preface

Foreword Dr Afzal Javed
Foreword Dr Dinesh Bhugra
Foreword Dr Vikram Patel

Important Information about citation

Chapter one: General description of the Scale for Assessment of Somatic Symptoms

Chapter two: Guide for the clinician using SASS-R

Chapter three: Glossary and Interview guide for use with the SASS

Chapter four: Interview guide for SASS-R

Chapter five: Psychometrics, Interpretation & Use of SASS

Appendices:

Appendix 1 Scale for Assessment of Somatic Symptoms - Revised [SASS- R]

Appendix 2 Scale for Assessment of Somatic Symptoms [SASS], Original

Appendix 3 Scale for Assessment of Somatic Symptoms [SASS] [Detailed Version]

Appendix 4 SASS for patients with medical disorders like cancer

Appendix 5 Screening for somatic symptoms, SASS Screening

Appendix 6 SASS 15 item version used in psychiatric settings

Appendix 7 SASS (version used in pregnant women)

Citations and References

Acknowledgements

Preface

The Scale for Assessment of Somatic Symptoms (SASS) was designed to be a clinician administered tool aimed at assessing somatic symptoms and somatization in different groups of general medical, psychiatric and cancer or medically ill patients. Measuring and quantifying something which is subjective, which cannot be seen or felt, which is interpreted differently by health professionals, cannot be easy. SASS has been used for this purpose since the mid-1980s until date.

The User manual is intended to guide the clinicians and researchers in administering the scale. The Manual also gives the details about the original and the revised versions of SASS and information on the scoring systems and interpretations. The Manual also includes details about the use of scale in special population and a brief 15 item scale for use in busy psychiatric outpatient setting.

The Scale and the methods described in this book are result of the years of research and all the details regarding the same are enclosed herewith. They are not intended to be a definitive set of instructions for this topic. You may discover there are other methods and materials to accomplish the end result. The information provided in this book is up-to-date and correct as per the best of the authors knowledge and can be used for clinical and research purposes.

**Naveen Pai
Sundar Nag
Geetha Desai
Santosh K Chaturvedi**

Bangalore 2021

Foreword

I am pleased to write this foreword for the Scale for Assessment of Somatic Symptoms (SASS) manual developed by very renowned clinicians working in National Institute of Mental Health & Neurosciences Bangalore (NIMHANS) at India.

This is indeed a great effort focusing on identification and assessment of somatic symptoms that are quite common & prevalent in our psychiatric patients.

Somatization disorder that is characterized by recurring, multiple, and current, clinically significant complaints about somatic symptoms has been recognized in both psychiatric classifications (ICD 11 & DSM 5).

Although links of somatization with mental health disorders have been studied and diagnosed for more than a century, there is still a debate and uncertainty regarding its pathophysiology and underlying dynamics. Despite these limitations, the issue of diagnosis and assessment of somatization continues to be an important area in our day-to-day clinical practices. The current scale is a valuable addition not only as a tool for assessment of these symptoms but also gives further insight about acknowledging and understanding its impact on psychopathology.

The manual is self-explanatory, easy to use and a comprehensive tool for use in research, training, and clinical settings. The authors of this scale are well acclaimed and much-admired clinicians, researchers and teachers and I would wish that this scale will add a lot of value to the current literature in this area.

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FOREWORD

Cultures dictate the way their members express distress, what idioms of distress are used and where help is sought from. Individuals also explain their distress using a number of different models, which depend upon a number of factors such as socio-economic status, educational levels among others. In cultures where Cartesian mind-body dualism is paramount, people may present their stress in psychological or medical terms whereas in many healthcare systems mind, body, external factors such as environment, and diet affect their illness models. Somatisation and its consequences have been of interest to clinicians and researchers alike for millennia. From Charcot's treatments of neurological disorders to Freud's development of psychoanalysis as a therapeutic intervention for hysteria, presenting of psychological distress with physical symptoms has been important. In many countries traditional ways of patients presenting with hysteria has disappeared although presenting with symptoms of somatisation is not uncommon across many cultures. Physical symptoms and complaints are often erroneously seen as malingering and not taken very seriously. In many cultures these are the presentations for help-seeking partly because that's what the doctors are seen as responsible for and partly it is something concrete to present with. There is no doubt that with proper training and clinical assessment these can be understood clearly and rather pejorative terms such as medically unexplained symptoms can be abandoned. Similarly, the use of terms such as 'functional' should be given up. Somatisation reflects physical symptoms and bodily symptoms and can occur as a result of very many psychiatric disorders. Unless the clinicians are aware, seriousness with which these symptoms present and their impact on an individual's functioning is ignored which is a real pity.

Epidemiological studies use varying assessment tools which makes it almost impossible to make direct comparisons. All symptoms are subjective and their expression needs to be understood in the clinical encounter in a manner which

does not denigrate the presentation. Studies in the past have often failed to understand the seriousness as well as severity.

The Scale for Assessment of Somatic Symptoms was developed to overcome some of the challenges in our understanding of the severity and distress caused by such symptoms. In that context this manual is a laudable attempt to facilitate the assessment of somatic symptoms by the clinician to identify, measure and quantify symptoms across a range of specialties. The manual will guide the clinician in a practical way to assess the severity and set of symptoms in a measurable way so that after initial assessment, progress can be measured and suitable research can be carried out.

Dr Santosh K Chaturvedi has been working in the field for over three decades and our congratulations are due to him and his team in developing the Scale which no doubt will form a powerful tool in the assessment of these challenging disorders.

Professor Dinesh Bhugra, CBE

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President, Royal College of Psychiatrists (2008-2011)

President, World Psychiatric Association (2014-2017)

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Foreword

Somatic symptoms are a hallmark of mental health problems, in particular mood and anxiety disorders, but their role in the assessment and diagnosis of these problems has been historically neglected as they were typically perceived (mistakenly, in my view) as being a 'mask' for the inner emotional and cognitive phenomena which patients preferred not to share with others. This belief was also tied to the notion that such symptoms were commoner in less educated people and, by extension, in less developed countries. In fact, we now know that somatic symptoms, which can affect virtually any organ system and whose expression can be influenced by social and cultural factors such as gender, are by far the most common and, often, the most distressing illness experiences associated with common mental health problems.

The historic neglect of these common presentations by a psychiatry dominated by clinical observations in highly specialised settings, which are utterly non-representative of the wider population-based experiences of mental distress, has contributed to the lack of measurement tools for the systematic assessment of somatic symptoms. This is why the development of the Scale for Assessment of Somatic Symptoms (SASS) was a critically important milestone for public mental health and the extensive history of its use in a variety of contexts demonstrates its utility as an effective tool to address the low levels of recognition of mental health problems in primary, general medical and community settings.

As an investigator who has used this measure in population-based studies of women's health, I can testify to its ease of use, its acceptability to community samples (both due to its brevity and simplicity) and, most important, its strong correlation with mood and anxiety disorders.

The SASS is a practical realization of the widely acknowledged observation that mental health and physical health are inseparable and should find a place in both researching the phenomenology of common mental health problems and their assessment in routine practice.

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The Scale for Assessment of Somatic Symptoms, SASS, and all its versions are free of costs for use for academic and research purposes.

The Scale should not be sold or resold.

Chapter one

General description of the Scale for Assessment of Somatic Symptoms

Introduction

Bodily complaints, also referred to as somatic or physical symptoms or complaints, are often the most common reason for consulting health professionals. It is noted that the cause of these bodily complaints is not established easily, by clinical evaluation and available preliminary investigations. As a result, there are numerous terms that have been used to describe the such complaints for which there is no physical or medical basis namely, somatic symptoms/complaints, physical symptoms/ complaints, bodily symptoms, functional somatic symptoms [FSS], somatisation symptoms, medically unexplained physical symptoms [MUPS]. Each of these terms provides a label to these symptoms, but none of them can clearly describe the phenomenon. In this Manual, somatic symptoms, bodily symptoms and physical symptoms have been used to imply the experience of bodily distress due to any physical symptom in the body.

The somatic symptoms can occur as a manifestation of any underlying psychiatric illness like, anxiety, depression, common mental disorders and other stress related disorders. Even patients with psychosis can report somatic symptoms but may have delusional, psychotic or morbid explanations. Somatic symptoms when persistent and difficult to explain to be due to a medical or physical illness, and related to psychosocial factors are considered to be features of somatoform or bodily distress disorders. The prevalence of medically unexplained somatic symptoms varies across studies, due to possible methodological reasons, and it is difficult to compare the findings due to different scales being used for measuring the somatic symptoms.

Difficulties in measuring somatic symptoms –

Somatic symptoms are subjective experiences which cause suffering to the individual. Measuring and quantifying something which is subjective, which cannot be seen or felt, which is interpreted differently by health professionals, cannot be easy. Measurement of somatic symptoms has many challenges as discussed below.

- What are somatic symptoms? – There are no universally agreed definitions that explain clearly as to what symptoms should be considered as somatic symptoms. Is it that any bodily sensation or bodily symptom for which no organic basis has been found, and help sought for the same, should be considered as a somatic symptom? The phrase ‘no organic basis’ is equally vague and can be interpreted differently. The progress in technology has ‘found’ organic basis for symptoms which could not be associated with documented abnormalities with the older investigative methods.
- Should the distress and interference with functioning also be included as a part of the definition of somatic symptoms? It is relatively easier to document the interference with functioning, as it can be objectively assessed. However, distress due to somatic symptoms would remain a subjective variable, which could vary with a number of factors. The distress due to physical symptoms could manifest as bodily distress for the individual.
- Describing quality of the symptoms – The qualitative experiences of physical symptoms are as subjective as the bodily symptoms themselves. Hence, many times, the description of the nature or quality of physical symptom may be difficult for the person to describe and the health professional to understand. Symptom description is often done using the

local language which may be not be easily translated, but the colloquial language is invariably the most apt description of the persons suffering. Does one need to assess the quality of symptoms, or can the quality of symptom be measured? Are burning sensation, fatigue, or tingling and numbness, equivalent to a pulsatile or lancinating headache or churning sensations in the bowels!

- Number of symptoms- The number of symptoms may vary from one to multiple and the decision to record each symptom is clinically essential but may be ignored. Is there any rationale to measure the number of somatic symptoms? Do a greater number of physical symptoms indicate a more severe illness? One may argue that, an individual who has a splitting headache but only one physical symptom may have more suffering than a person who has multiple but bearable aches and pains.
- Type of symptoms- Each symptom may belong to different bodily system hence an exhaustive list is required. Is there a need or relevance to measure or assess bodily symptoms from each bodily system? It is likely that people may perceive one body system or organ as more important than the other one. Cardiovascular and neurological system related physical symptoms may be more important than musculoskeletal and dermatological, for an individual. The importance of bodily symptom may vary with age and circumstances.
- Frequency of the symptoms- The frequency of bodily symptoms may fluctuate between being continuous and intermittent. This may be specific to a particular symptom, but in case there are multiple symptoms, each one may have a different frequency and duration. This would pose a challenge in documenting the measurement characteristics of the bodily symptoms.
- Severity of the symptoms- In clinical psychiatric practice, the severity of bodily symptoms is not measured, as the severity of each symptom does

not have any diagnostic value. As mentioned above, a greater number of bodily symptoms [irrespective of their severity] indicate a severe form of illness. However, the symptom severity can actually be measured by using a visual analogue scale for each bodily symptom. The severity of bodily symptom can also be classified as mild, moderate and severe depending on the interference with functioning

- Pattern of symptoms- The pattern of the symptom needs to be understood as there may be change in the way symptoms are perceived over a period of time. This may be difficult as most measures and scales are cross sectional. Should the measures of somatic symptoms make a note of patterns – changing/static versus change in quality, site, frequency, duration or severity.
- Attribution- Measuring attribution of these symptoms is essential; however, the attributions are often dependent on the socio-cultural belief systems, explanatory models, and their experiences with health professionals.
- Semantic difficulties - ‘Somatic symptoms’ indicate vegetative symptoms/melancholic features in certain parts of the world, and mean physical symptoms in other parts. Whereas the American DSM system includes changes in appetite and weight, sleep disturbances, lack of concentration or diminished ability to think or indecisiveness as somatic symptoms of depression most clinicians and patients talk about headache, body ache, fatigue, tiredness, bodily sensations and other sensory changes as somatic symptoms.

Development of the Scale for Assessment of Somatic Symptoms

The Scale for Assessment of Somatic Symptoms, SASS, was devised in 1986 to overcome or minimize the above challenges for the measurement of somatic symptoms, during the course of a series of studies on somatic symptoms.

Psychometrics of the scale were presented at a national conference in 1987 (Chaturvedi et al, 1987). More recently, the psychometrics have been re-evaluated and reported (Desai et al. 2015). Cronbach's alpha for test retest was 0.982 and 0.840 indicating good internal consistency for this scale.

Some changes have been made in this current, revised version. These relate to giving more accurate descriptions of the site of the somatic symptoms, and adding some new ones like symptoms related to eyes and ears, pelvic region, sexual symptoms, and a provision of adding any other bodily symptom which is not listed in the scale. A couple of items in the original scale thus have been either replaced (like loss of libido), clubbed together (like diarrhea and constipation) or modified.

The Scale for Assessment of Somatic Symptoms (SASS) is used to measure the somatic symptoms and their severity in clinical settings.

Description of the SASS

The scale has four subscales namely,

- pain related symptoms,
- sensory somatic symptoms,
- nonspecific somatic symptoms, and
- biological function related symptoms.

The severity of somatic symptoms is rated from 1 to 3 –

1: mild,

2: moderate, and

3: severe.

Absence of the symptom is marked as 0 [zero].

The somatic symptoms are said to be present if the symptoms have occurred during the previous two weeks.

SASS has been used in assessing somatization in different psychiatric groups and cancer patients. (Chaturvedi et al 1987, Chaturvedi and Maguire 1998, Chaturvedi and Michael 1993). When used for measurement of somatic symptoms in a medical disorder, like cancer, besides the severity scores, there is a provision to differentiate if the physical symptoms are purely organic, psychological, both organic and psychological, or neither physical nor psychogenic (idiopathic) (Chaturvedi and Maguire 1998).

SASS has been used in studies both cross sectional, longitudinal epidemiological studies (Patel et al. 2005, 2006, 2006a; Varma et al, 2007) and community based randomized controlled trials (Kobeissi et al. 2011). This scale has been modified by addition of certain items for different settings.

Guide for the clinician using SASS-R

The Scale for Assessment of Somatic Symptoms was revised by dropping a couple of symptoms which were not observed as often and replaced by other commonly occurring somatic symptoms, and called as Scale for Assessment of Somatic Symptoms Revised, SASS-R.

Somatic symptoms have fascinated researchers in the field of medicine. Though there is no or little clear investigative evidence for the symptoms, the dysfunction and distress are high. Most often the only evidence which is available to the clinician is patient's self-report of his/her experiences. This guide to SASS-R will help the clinician to answer two key aspects, one the presence or occurrence of a particular somatic symptom, and second the severity of the symptoms. The clinician may need to use her/his experience and judgment while rating the location, type or severity of the symptoms at times.

The presence of symptoms using as SASS-R is determined solely by cross sectional clinical interview or rating. This clinical interview involves matching patient's experiences with what has been described in the Glossary.

Severity of the symptoms

The severity of bodily symptom is classified as mild, moderate or severe depending on the interference with functioning.

- Mild: bodily symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.
- Moderate: bodily symptoms affecting sleep and/or appetite, but not much interference with social functions or occupational functions.

- Severe: bodily symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

Number of symptoms

The number of symptoms may vary from one to multiple and the decision to record each symptom is clinically essential. Therefore, clinician must carefully evaluate and elicit various symptoms and document under the respective symptom type. In routine clinical practice, clinicians, record these as 'multiple somatic symptoms' instead of accurately eliciting each somatic symptom, due to time factor. In a way, such an approach indicates an attitude towards person with such symptoms, and even appear dismissive. This may be a common and important factor for dissatisfaction of persons with somatic symptoms and their inadequate symptom relief.

Type of symptoms

Each symptom may belong to a different bodily system, hence, an exhaustive list is required. It is likely that people may perceive one body system or organ as more significant than another. Cardiovascular and neurological system-related physical symptoms may be more important to the patient than musculoskeletal and dermatological, for an individual. Hence the symptoms are classified under 4 categories or subscales as above giving equal importance to each symptom.

Chapter three

Glossary and Interview guide for use with the SASS

Pain related symptoms

Under this heading clinician can record all the pain related symptoms involving various anatomical regions.

Quality of Pain: The patient can experience is pain as dull aching, throbbing, pricking, twisting, colicky, cramping, burning, pulling, static, radiating, progressive, shooting, stabbing. However, this is not recorded in this scale.

1. **Head and Neck:** The pain symptoms described in the head and neck region to be included here. This can be unilateral, bilateral, superficial or deep involving any particular region e.g. face, ear, tooth, oral cavity, tongue, jaw, nose, eye, scalp, nape of the neck, nuchal pain, throat pain, or headache in any part of the head.
2. **Backache and Chest pain:** The pain symptoms described in the region of upper and lower back and antero-lateral chest wall are included here. This can be unilateral, bilateral, superficial, deep involving any particular region e.g. sternum, cardiac pain, pleural pain, pain in the rib cage, mediastinal pain, scapular region, pain along the thoraco-dorsal spine.
3. **Abdomen and Pelvis:** The pain symptoms described in the region of abdomen (inside or outside) and pelvis are included here. This can be unilateral, bilateral, superficial, deep involving any particular region e.g. epigastrium, umbilicus, iliac, lumbar, kidney region, bladder, urethra, external genitalia, anal, gluteal, pelvis.
4. **Pain in the extremities:** The pain symptoms described in the region of upper and lower limbs are included here. This can be unilateral, bilateral, anterior, posterior, medial, lateral, superficial, deep involving any particular region e.g.

shoulder, elbow, arm, forearm, wrist, hand, hip, thighs, knees, leg, ankle and foot.

5. **Whole body:** The pain symptom involving whole body not restricted to any particular anatomical region can be captured here. Sometimes, patients do report that their 'whole body' is aching or having pain. More diffuse pain extending different regions of the body can be rated here, if this is not done in the above-mentioned regions.

Sensory somatic symptoms

Under this heading the clinician with record various sensations experienced by the patient which have no or minimal pathological basis.

6. **Tingling and Burning:** The *positive sensory symptoms* on any part of the body (either superficial or deep seated) which cannot be explained by underlying pathology. The patient might experience these as sensations of pins and needles, itching, pricking, bandlike, burning, lightening (lancinating), drawing, searing, electrical sensation, feeling of rawness. This also include hyperesthesia and allodynia.
7. **Numbness:** The *negative sensory symptoms* either in the form of loss of sensation, decreased normal sensation described by the patient as experience of numbness, hypoesthesia.
8. **Palpitation and breathlessness:** The experience of patient described as heaviness in the chest, pounding or racing or heart, difficulty in breathing described as choking or breathlessness. The feeling of 'globus' or something stuck in the throat, can be included here.
9. **Sensation of 'gas, bloating, or abdominal / pelvic discomfort:** The experience of the patient described as belching, acidity, increased flatulence, abdominal bloating (distention / fullness), or any abnormal sensations around

the abdomen and pelvis is recorded here. Excessive movements within the abdomen can be recorded here.

10. **Heat and cold sensation:** The experience of the patient described as increased or decreased sensation of bodily temperature in any particular region (either superficial or deep). Feeling of 'heat' coming out of the body, hot flushes, and chills can be recorded here.

Non-specific somatic symptoms

11. **Weakness of the body, tiredness:** The experience of the patient described as loss of energy in the body, fatigue, exhaustion, lethargy, tiredness, prostration, lassitude (which cannot be explained by underlying physical illness or treatment or any psychiatric disturbances).

12. **Weakness of the mind:** The experience of the patient described as 'weakness of mind' like memory loss, subjective sense of difficulty in recall, unable to concentrate / focus which are not a part of underlying brain related pathology or any treatment or any psychiatric disturbances.

13. **Giddiness, Dizziness, Fainting:** The experience of the patient described as his head or surrounding world seems revolving around, vertigo, imbalance, syncope, fainting which are not a part of underlying brain related pathology or any treatment or any psychiatric disturbances.

14. **Trembling or Tremors:** The experience of the patient described as tremulousness, vibration, shivering of any part of the body either superficial or deep seated which cannot be explained by physical illness, substance use, or treatment.

15. **Uneasiness:** The experience of the patient described as uneasiness, being jittery, fidgety, disturbed, troubled, nervous, tensed, restless, fraught, upset, uncomfortable, perturbed, disconcerting, sense of alarming which cannot be explained by physical illness, substance use, or treatment.

Biological function related Symptoms

- 16. Sexual symptoms:** The experience of the patient described as painful sexual intercourse, dyspareunia, lack of sexual enjoyment, excessive preoccupation with decreasing or increasing sexual drive, inability to initiate or maintain erection, vaginal dryness, vaginismus, excessive preoccupation regarding the size or colour or length or width of the genitals, can be captured in this symptom domain. Some of the culture bound syndromes like Dhat, Koro, etc. which are related to the preoccupation of sexual functioning can be recorded here.
- 17. Urinary symptoms:** The experience of the patient described as dysuria, sense of incomplete evacuation of the bladder, increased or decreased urinary frequency, altered color of the urine, urinary urgency, passing white discharge per vaginum, altered smell or offensive odor of the genital secretions etc. can be captured in this symptom domain.
- 18. Altered bowel habits:** The experience of the patient described as diarrhea, constipation, excessive straining at stool, altered color and consistency of the stool, inadequate evacuation, or passing mucus, etc. can be captured in this symptom domain.
- 19. Vision and hearing related:** Any symptom which are related to visual functioning and hearing like psychogenic blindness or visual difficulties, excessive perception of floaters in the visual field, feeling of ear being blocked, psychogenic deafness, or ringing in the ears, can be recorded here.
- 20. Other / Unspecified:** Any symptoms which are not described in the above domains can be mentioned here. These can be analysed and dealt with separately.

Chapter four

Interview guide for Scale for Assessment of Somatic Symptoms- Revised [SASS-R]

You have reported a bodily or physical symptom, which has been bothering or distressing you for a long time. In this interview we would like to systematically assess your symptoms using this “Scale to Assess Somatic Symptoms”. This will help us in recording where all you have been having pain or sensations, or what other bodily symptoms and the difficulties which you have been experiencing due to these symptoms in the last 2 weeks.

Over the next 20 minutes or so, I will be asking you set of questions related to your symptoms.

In the last 2 weeks, have you experienced “Pain” in any part of the body?

If **YES** [], go to section A, if **NO** [], go to section B

Section A

Have you experienced pain in the following *bodily parts*?

- 1. Head and Neck:** Pain in the Face, Ear, Tooth, oral cavity, Tongue, Jaw, Nose, Eye, Scalp, nape of the neck, nuchal pain, Throat pain, Headache, which cannot be explained by intoxication, or occur during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

Unilateral [], Bilateral []

Superficial [], Deep []

Quality: _____

(dull aching, throbbing, pricking, twisting, colicky, cramping, burning, pulling, static, radiating, progressive, shooting, stabbing)

Rate 0: If NO pain in the Head and Neck

Rate 1: Pain symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: Pain symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: Pain symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

- 2. Backache and Chest pain:** Pain in the sternum, cardiac pain, pleural pain, pain in the rib cage, scapular region, pain along the thoraco-dorsal spine, which cannot be explained by intoxication, or occur during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

Unilateral [], Bilateral []

Superficial [], Deep []

Quality: _____

(dull aching, throbbing, pricking, twisting, colicky, cramping, burning, pulling, static, radiating, progressive, shooting, stabbing)

Rate 0 : If NO pain in the Back and Chest region

Rate 1: Pain symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: Pain symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: Pain symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

- 3. Abdomen and Pelvis:** Pain in the region of epigastrium, umbilicus, iliac, lumbar, kidney region, bladder, urethra, external genitalia, anal, gluteal, pelvis, which cannot be explained by intoxication, or occur during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

Unilateral [], Bilateral []

Superficial [], Deep []

Quality: _____

(dull aching, throbbing, pricking, twisting, colicky, cramping, burning, pulling, static, radiating, progressive, shooting, stabbing)

Rate 0 : If NO pain in the Abdomen and Pelvis

Rate 1: Pain symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: Pain symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: Pain symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

- 4. Pain in the extremities:** The pain in shoulder, elbow, arm, forearm, wrist, hand, hip, thighs, knees, leg, ankle and foot, which cannot be explained by intoxication, or occur during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

Unilateral [], Bilateral []

Superficial [], Deep []

Anterior [], Posterior [], Medial [], Lateral []

Quality: _____

(dull aching, throbbing, pricking, twisting, colicky, cramping, burning, pulling, static, radiating, progressive, shooting, stabbing)

Rate 0 : If NO pain in the Extremities

Rate 1: Pain symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: Pain symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: Pain symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

- 5. Whole body:** The pain involving whole body not restricted to any particular anatomical region, which cannot be explained by intoxication, or occur during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

Superficial [], Deep []

Quality: _____

(dull aching, throbbing, pricking, twisting, colicky, cramping, burning, pulling, static, radiating, progressive, shooting, stabbing)

Rate 0 : If NO pain in the whole body

Rate 1: Pain symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: Pain symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: Pain symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

In the last 2 weeks, have you experienced “Unusual, odd or any other sensations” in the any part of the body?

If **YES** [], go to section B, if **NO** [], go to section C

Section B

Have you experienced any of the following *unusual sensations*?

- 6. Tingling and Burning:** The sensations experienced as pins and needle, itching, pricking, bandlike, burning, lightening (lancinating), drawing, searing, electrical sensation, raw feeling (This also include hyperesthesia) which does not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Body part involved _____

Unilateral [], Bilateral []

Superficial [], Deep []

Rate 0: If NO unusual sensation in the body

Rate 1: Unusual sensory symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: Unusual sensory symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: Unusual sensory symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

- 7. Numbness:** The sensations experienced either in the form of loss of sensation, decreased normal sensation described by the patient as experience of numbness, hypoesthesia, which does not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Body part involved _____

Unilateral [], Bilateral []

Superficial [], Deep []

Rate 0: If NO unusual sensation in the body

Rate 1: Unusual sensory symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: Unusual sensory symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: Unusual sensory symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

- 8. Palpitation and breathlessness:** The sensations experienced as heaviness in the chest, pounding or racing of heart, difficulty in breathing described as choking or breathlessness, which does not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Body part involved _____

Unilateral [], Bilateral []

Superficial [], Deep []

Rate 0: If NO unusual sensation in the body

Rate 1: Unusual sensory symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: Unusual sensory symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: Unusual sensory symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

- 9. Sensation of 'gas' bloating or abdominal / pelvic discomfort:** Have you experienced any belching, acidity, increased flatulence, abdominal bloating (distention / fullness), or any abnormal sensations around the abdomen and pelvis, which does not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Body part involved _____

Unilateral [], Bilateral []

Superficial [], Deep []

Rate 0: If NO unusual sensation in the body

Rate 1: Unusual sensory symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: Unusual sensory symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: Unusual sensory symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

- 10. Heat and cold sensation:** The sensations experienced as increased or decreased sensation of bodily temperature in any particular region, which does not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Body part involved _____

Unilateral [], Bilateral []

Superficial [], Deep []

Rate 0: If NO unusual sensation in the body

Rate 1: Unusual sensory symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: Unusual sensory symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: Unusual sensory symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

In the last 2 weeks, have you experienced “Weakness, tiredness, uneasiness, fainting, tremors” in the any part of the body?

If **YES** [], go to section C, if **NO** [], go to section D

Section C

Have you experienced any of the following *symptoms*?

11. Weakness of the body, tiredness: Have you experienced loss of energy in the body, fatigue, exhaustion, lethargy, tiredness, prostration, lassitude which does not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Body part involved _____

Unilateral [], Bilateral []

Rate 0: If NO weakness/tiredness in the body

Rate 1: weakness/tiredness, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: weakness/tiredness affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: weakness/tiredness severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

12. Weakness of the mind: Have you experienced that your ‘mind’ has become weak, any memory loss, subjective sense of difficulty in recall, unable to concentrate / focus, which does not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Rate 0: If NO weakness in the mind

Rate 1: weakness in the mind, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: weakness in the mind affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: weakness in the mind severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

13. Giddiness, Dizziness, Fainting: Have you experienced your head or surrounding world seems to be revolving around, vertigo, imbalance, syncope, fainting spells, feelings dizziness or giddiness, which does not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Rate 0: If NO giddiness/dizziness/fainting in the body

Rate 1: giddiness/dizziness/fainting, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: giddiness/dizziness/fainting affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: giddiness/dizziness/fainting severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

14. Trembling or Tremors: Have you experienced any tremulousness, vibration, shivering in any part of the body which does not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Body part involved _____

Unilateral [], Bilateral []

Superficial [], Deep []

Rate 0: If NO weakness/tiredness in the body

Rate 1: weakness/tiredness, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: weakness/tiredness affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: weakness/tiredness severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

15. Uneasiness: Have you experienced any feelings of jittery, fidgety, disturbed, troubled, nervous, tensed, restless, fraught, upset, uncomfortable, perturbed, disconcerting, sense of alarm, which does not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Rate 0: If NO uneasiness in the body

Rate 1: uneasiness in the body, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: uneasiness in the body affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: uneasiness in the body severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

In the last 2 weeks, have you experienced “Sexual or urinary problems, problems with vision or hearing, altered bowel habits, or any other problems which are troubling you?”

If YES [], go to section D, if NO [], go to section E

Section D

Have you experienced any of the following *symptoms*?

16. Sexual symptoms: Have you experienced painful sexual intercourse, lack of sexual enjoyment, excessive worry about decreasing or increasing sexual drive, inability to initiate or maintain erection, vaginal dryness, vaginismus, excessive preoccupation regarding the length or width of the genitals, any problems with sexual functioning, which do not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Rate 0: If NO problems in sexual functioning

Rate 1: problems in sexual functioning, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: problems in sexual functioning affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: problems in sexual functioning enough to disrupt sleep, appetite as well as occupational functions and social activities.

17. Urinary symptoms: Have you experienced pain during passing urine, sense of incomplete evacuation of the bladder, increased or decreased urinary frequency, altered color of the urine, urinary urgency, passing white discharge per vaginum, altered smell or offensive odor of the genital secretions, which does not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Rate 0: If NO problems in sexual functioning

Rate 1: problems in sexual functioning, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: problems in sexual functioning affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: problems in sexual functioning enough to disrupt sleep, appetite as well as occupational functions and social activities.

18. Altered bowel habits: Have you experienced diarrhea, constipation, excessive straining at stool, altered color and consistency of the stool, which do not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Rate 0: If NO problems in bowel functions

Rate 1: problems in bowel functions, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: problems in bowel functions affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: problems in bowel functions enough to disrupt sleep, appetite as well as occupational functions and social activities.

19. Vision and hearing related: Have you experienced any visual difficulties, loss of vision, excessive perception of floaters in the visual field, feeling of ear being blocked, hearing difficulties or loss of hearing, which does not occur during intoxication, or during period of abstinence

from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Rate 0: If NO problems in vision and hearing

Rate 1: problems in vision and hearing, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: problems in vision and hearing affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3: problems in vision and hearing enough to disrupt sleep, appetite as well as occupational functions and social activities.

20. Other / Unspecified: Have you experienced any other symptoms which has not been covered during this interview such as e.g. Excessive preoccupation with external appearance, etc. which do not occur during intoxication, or during period of abstinence from substances, or due to medication or any neurological or general medical conditions.

If YES [], describe the following

Describe the symptom _____

Rate 0: If NO somatic symptoms

Rate 1: somatic symptoms, without any interference with biological functions (sleep, appetite) or social or occupational function.

Rate 2: somatic symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.

Rate 3 somatic symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

Section E

In the last 2 weeks, have you experienced any of the above symptoms, please rate the distress associated with the symptom on a visual analogue scale from 0-10. (To add a VAS diagram).

Chapter five

PSYCHOMETRICS, INTERPRETATION & USE OF SCALE

The following recent study examined the psychometrics of the scale.

Desai G, Marimuthu & Chaturvedi SK. On somatic symptoms measurement: The Scale for Assessment of Somatic Symptoms (SASS) revisited". Indian Journal of Psychological Medicine, 37(1), 17-19, 2015.

For inter-rater reliability, two clinicians administered SASS to 20 subjects independently, without being aware of each other's ratings. The sample was drawn from patient's attendants and hospital staff. The data was tabulated. Kendall tau B and Cronbach's alpha was calculated. A value of more than 0.40 was considered as an indicator of strong correlation.

The item wise test-retest reliability and inter-rater agreement are given in the the reference provided above. Two items burning sensation and trembling did not score and could not be commented upon in both test retest and inter-rater reliability. All other items had strong correlation with values $>\pm 0.40$ on both test retest and inter-rater reliability. Retest of the items had strong correlation with values $>\pm 0.40$ on both test retest and inter-rater reliability. However, on inter-rater reliability the items constipation, diarrhea, lack of libido was not scored by any subjects. Cronbach's alpha for test retest was 0.982 and 0.840 indicating good internal consistency.

Validity: The scale is a descriptive scale, not a diagnostic or analytic scale. The terms used are from the common English language for bodily symptoms and easily understood. No specific validity tests are needed for such measures.

The SASS is pretty simple to use and score. It is not really a diagnostic scale, rather a descriptive scale to map out the various bodily symptoms and their severity, localization and severity.

The interpretation of the SASS has been attempted in the following ways -

1. Cumulated sum of Subscale scores gives the severity of each of the subscale.
2. Cumulated sum of total score gives overall score of the somatic symptoms.

The above scores can be used for any study for pre and post assessment, after an intervention, or test, or trial.

3. Counting number of somatic symptoms gives an indication of possibility of a somatoform or a bodily distress disorder, but the SASS is not a diagnostic scale.
4. Sum of the scores on the pain related symptoms and sensory symptom scales can generate a somatoform disorder symptom score (range 0-30).
5. The distress is assessed using a visual analogue scale from 0-10, where 0: no distress associated with the symptom and 10 is maximum distress associated with the symptoms. The distress associated with overall symptoms should be taken into account rather than individual symptom.

The number of somatic symptoms can also be counted and compared in any pre- and post- design studies, to examine a reduction in the number of symptoms, or the reduction in the score of subscales or total score of the scale.

Appendix 1 [latest version]

SCALE FOR ASSESSMENT OF SOMATIC SYMPTOMS - REVISED [SASS- R]

This version is the latest updated one for use at current times.

Enquire regarding occurrence of each of the following Somatic Symptoms [SS].

The severity of SS is rated from 1 to 3.

- Mild: bodily symptom, without any interference with biological functions (sleep, appetite) or social or occupational function.
- Moderate: bodily symptoms affecting sleep and appetite, but not much interference with social functions or occupational functions.
- Severe: bodily symptoms severe enough to disrupt sleep, appetite as well as occupational functions and social activities.

The SS is to be considered as present should have been noted or occurred during the previous two weeks.

A. Pain related symptoms Severity

1. Head and Neck	0	1	2	3
2. Backache & Chest pain	0	1	2	3
3. Abdomen & Pelvis	0	1	2	3
4. Pain in extremities	0	1	2	3
5. Whole body ache	0	1	2	3

B. Sensory somatic symptoms

6. Tingling, burning	0	1	2	3
7. Numbness	0	1	2	3
8. Palpitations & Breathlessness	0	1	2	3
9. Sensation of 'gas bloating or abdominal/pelvic discomfort	0	1	2	3
10. Heat & cold sensations	0	1	2	3

C. Non-Specific Somatic Symptoms

11. Weakness of body, tiredness	0	1	2	3
12. Weakness of mind	0	1	2	3
13. Giddiness, dizziness, fainting	0	1	2	3
14. Trembling, tremors	0	1	2	3
15. Uneasiness	0	1	2	3

D. Biological function related and other symptoms

16. Sexual Symptoms	0	1	2	3
17. Urinary symptoms	0	1	2	3
18. Altered bowel habits	0	1	2	3
19. Vision (eyes), hearing (ear) related	0	1	2	3
20. Others/ Unspecified	0	1	2	3

E. Distress associated with the symptoms

On a scale of 0-10, how distressed are you with the symptoms?

SCORES, sum of the scores in the subscales.

Subscale A -

Subscale B -

Subscale C -

Subscale D -

Distress Score-

TOTAL SCORE -

Total number of symptoms -

Total number of significant symptoms -
[Those symptoms rated 3]

Appendix 2

SCALE FOR ASSESSMENT OF SOMATIC SYMPTOMS [SASS], Original [Chaturvedi et al. 1987]

Enquire regarding occurrence of each of the following SS.

The severity of SS is rated from 1 to 3. [1: mild; 2: moderate- interferes with sleep, appetite; 3: severe- interferes with sleep, activity, occupation and social functions]. The SS is to be considered as present should have been noted or occurred during the previous two weeks.

A. Pain related symptoms

1. Headache	0	1	2	3
2. Backache	0	1	2	3
3. Pain in extremities	0	1	2	3
4. Abdominal pain	0	1	2	3
5. Whole body ache	0	1	2	3

B. Sensory somatic symptoms

6. Tingling, numbness	0	1	2	3
7. Heat & cold sensations	0	1	2	3
8. Palpitations	0	1	2	3
9. Sensation of 'gas', bloating	0	1	2	3
10. Burning sensation	0	1	2	3

C. Non Specific Somatic Symptoms

11. Weakness of body,	0	1	2	3
12. Weakness of mind	0	1	2	3
13. Giddiness, dizziness, fainting	0	1	2	3
14. Trembling, tremors	0	1	2	3
15. Tiredness, lethargy	0	1	2	3

D. Biological function related Symptoms

16. Lack of sleep	0	1	2	3
17. Lack of appetite	0	1	2	3
18. Lack of libido	0	1	2	3
19. Constipation	0	1	2	3
20. Diarrhoea	0	1	2	3

SCORES

Subscale A -

Subscale B -

Subscale C -

Subscale D -

TOTAL SCORE -

Total number of symptoms -

Appendix 3

SCALE FOR ASSESSMENT OF SOMATIC SYMPTOMS [SASS] [detailed version]

This version has more somatic symptoms and the rating is on a six point [0-5] likert scale rather than four point [0-3] scale.

This version may be used in drug trials or studies requiring more detailed and precise description of the symptoms.

The SS is to be considered as present should have been noted or occurred during the previous two weeks.

Enquire regarding occurrence of each of the following symptoms.
The severity and duration is rated using the following guidelines:

- 0: Absent
- 1: Present, but occasional (once or twice /week), mild
- 2: Present, once or more times/week, mild
- 3: Present, once or more times/week, moderate severity affecting sleep and appetite
- 4: Present, more than 50% of the time, affects sleep, appetite, and to some degree work and social activities
- 5: Present, continuous and disabling markedly in occupation and social activities

Operational criteria for severity as used in above rating:

	Sleep/appetite	Occupation	Social
activities			
Mild	-	-	-
Moderate	+	+/-	-
Severe	+	+	+

Note: The symptoms to be considered as present should have been noted or occurred during the previous two weeks.

A. Pain related symptoms

1. Headache	0	1	2	3	4	5
2. Backache	0	1	2	3	4	5
3. Pain in extremities	0	1	2	3	4	5
4. Abdominal pain	0	1	2	3	4	5

5. Multiple sites	0	1	2	3	4	5
6. Whole body ache	0	1	2	3	4	5

B. Sensory somatic symptoms

7. Tingling, numbness	0	1	2	3	4	5
8. Heat & cold sensations	0	1	2	3	4	5
9. Palpitations	0	1	2	3	4	5
10. Breathing difficulty	0	1	2	3	4	5
11. Sensation of 'gas', bloating	0	1	2	3	4	5
12. Burning sensation	0	1	2	3	4	5

C. Non Specific Somatic Symptoms

13. Weakness of body	0	1	2	3	4	5
14. Weakness of mind	0	1	2	3	4	5
15. Giddiness, dizziness, fainting	0	1	2	3	4	5
16. Trembling, tremors	0	1	2	3	4	5
17. Tiredness, lethargy	0	1	2	3	4	5
18. Lack of energy	0	1	2	3	4	5

D. Biological function related Symptoms

19. Lack of sleep	0	1	2	3	4	5
20. Lack of appetite	0	1	2	3	4	5
21. Lack of libido	0	1	2	3	4	5
22. Constipation	0	1	2	3	4	5
23. Diarrhoea	0	1	2	3	4	5
24. Intolerance of foods	0	1	2	3	4	5

SCORES

Subscale A -

Subscale B -

Subscale C -

Subscale D -

TOTAL SCORE -

Total number of symptoms -

Appendix 4

**SCALE FOR ASSESSMENT OF SOMATIC SYMPTOMS [SASS]
(this version is used in patients with medical disorders like cancer)**

This version is used in patients with medical disorders like cancer and helps in differentiating if the somatic symptoms are due to underlying medical disorder, like cancer, or due to psychological and emotional factors in the person with the medical disorder.

Attempts are made to examine the role of psychosocial and emotional factors. If psychological factors are considered to be causing the symptom [like in somatoform symptoms or psychogenic ones] it should be rated as (b: psychological). The indication for this would be if psychological factors precede the symptom, or cause aggravation of the somatic symptom or maintain the continuity of the bodily symptom, to be rated as b: psychological.

The SS is to be considered as present should have been noted or occurred during the previous two weeks.

If both physical/organic/medical and psychosocial/emotional factors are contributing to the pain, it should be marked as c: mixed.

Enquire regarding occurrence of each of the following SS.
The severity of SS is rated from 1 to 3. [1: mild; 2: moderate- interferes with sleep, appetite; 3: severe- interferes with sleep, activity, occupation and social functions].

The SS is to be considered as present should have been noted or occurred during the previous two weeks.

Rate nature of SS: a: physical; b: psychological; c: mixed; d: idiopathic.

A. Pain related symptoms	Severity [0-3]	Nature of SS [a, b, c, d]
1. Headache	0 1 2 3	
2. Backache	0 1 2 3	
3. Pain in extremities	0 1 2 3	
4. Abdominal pain	0 1 2 3	
5. Whole body ache	0 1 2 3	

B. Sensory somatic symptoms				
6. Tingling, numbness	0	1	2	3
7. Heat & cold sensations	0	1	2	3
8. Palpitations	0	1	2	3
9. Sensation of 'gas', bloating	0	1	2	3
10. Burning sensation	0	1	2	3
C. Non Specific Somatic Symptoms				
11. Weakness of body,	0	1	2	3
12. Weakness of mind	0	1	2	3
13. Giddiness, dizziness, fainting	0	1	2	3
14. Trembling, tremors	0	1	2	3
15. Tiredness, lethargy	0	1	2	3
D. Biological function related Symptoms				
16. Lack of sleep	0	1	2	3
17. Lack of appetite	0	1	2	3
18. Lack of libido	0	1	2	3
19. Constipation	0	1	2	3
20. Diarrhoea	0	1	2	3

SCORES

Subscale A -

Subscale B -

Subscale C -

Subscale D -

TOTAL SCORE -

Total number of symptoms -

**Total number of significant symptoms -
[Those symptoms rated 3]**

Appendix 5

Screening for somatic symptoms, SASS Screening

This version may be used in busy, overcrowded clinics, in a rapid time frame. This may help in deciding if a detailed version SASS-R or any other version needs to be administered.

The SS is to be considered as present should have been noted or occurred during the previous two weeks.

In the last two weeks

1. Have you experienced any pain symptoms?
2. Have you experienced any sensory symptoms other than pain?
3. Have you had any disturbances in your sleep or appetite?
4. Have you had any symptoms related to your gut?
5. Have you had any symptoms like palpitations, difficulty in breathing?

If response to any of these questions is yes then to administer SASS

Appendix 6

SASS 15 item version used in psychiatric settings

The severity of SS is rated from 1 to 3. [1: mild; 2: moderate- interferes with sleep, appetite; 3: severe- interferes with sleep, activity, occupation and social functions]. The

The SS is to be considered as present should have been noted or occurred during the previous two weeks.

A. Site of symptom

1. Headache	0	1	2	3
2. Backache	0	1	2	3
3. Abdominal pain	0	1	2	3
4. Pain in extremities	0	1	2	3
5. Whole body ache or generalised	0	1	2	3

B. Qualitative symptoms

6. Burning sensation	0	1	2	3
7. Feeling of heaviness, movement 'gas'	0	1	2	3
8. Tingling, numbness	0	1	2	3
9. Heat &/or cold sensations	0	1	2	3
10. Palpitations, Breathlessness	0	1	2	3

C. Non Specific Somatic Symptoms

11. Weakness of body or mind	0	1	2	3	
12. Giddiness, dizziness, fainting		0	1	2	3
13. Fatiguability, lethargy	0	1	2	3	
14. Trembling, tremors	0	1	2	3	
15. Biological function disturbances	0	1	2	3	

Appendix 7

SCALE FOR ASSESSMENT OF SOMATIC SYMPTOMS [SASS]

(version used in pregnant women)

Enquire regarding occurrence of each of the following SS.

The severity of SS is rated from 1 to 3. [1: mild; 2: moderate- interferes with sleep, appetite; 3: severe- interferes with sleep, activity, occupation and social functions]. The SS is to be considered as present should have been noted or occurred during the previous **two** weeks.

A. Pain related symptoms

1. Headache	0	1	2	3
2. Backache	0	1	2	3
3. Pain in extremities	0	1	2	3
4. Abdominal pain	0	1	2	3
5. Whole body ache	0	1	2	3

B. Sensory somatic symptoms

1. Tingling, numbness	0	1	2	3
2. Heat & cold sensations	0	1	2	3
3. Palpitations	0	1	2	3
4. Sensation of 'gas', bloating	0	1	2	3
5. Burning sensation	0	1	2	3

C. Non Specific Somatic Symptoms

1. Weakness of body,	0	1	2	3
2. Weakness of mind	0	1	2	3
3. Giddiness, dizziness, fainting	0	1	2	3
4. Trembling, tremors	0	1	2	3
5. Tiredness, lethargy	0	1	2	3

D. Biological function related Symptoms

1. Lack of sleep	0	1	2	3
2. Lack of appetite	0	1	2	3
3. Lack of libido	0	1	2	3
4. Constipation	0	1	2	3
5. Diarrhoea	0	1	2	3

E. Specific Somatic Symptoms

Restless leg Syndrome

1. Strong urge to move your legs	0	1	2	3
2. Tingling, numbness, cramps or pain in legs	0	1	2	3

- | | | | | |
|--|---|---|---|---|
| 3. Worsening of symptoms when inactive | 0 | 1 | 2 | 3 |
| 4. Relief from moving (walking) | 0 | 1 | 2 | 3 |
| 5. Worsening of symptoms during sleep | 0 | 1 | 2 | 3 |
| 6. Sleep being affected due to Restless legs | 0 | 1 | 2 | 3 |

Tinnitus

- | | | | | |
|---|---|---|---|---|
| 7. Noise in the ears like ringing, buzzing or whistling | 0 | 1 | 2 | 3 |
|---|---|---|---|---|

F. Any Other

- | | | | | |
|----------------------------|---|---|---|---|
| 1. Nausea | 0 | 1 | 2 | 3 |
| 2. Urinary Frequency | 0 | 1 | 2 | 3 |
| 3. Itching | 0 | 1 | 2 | 3 |
| 4. Pelvic Pain | 0 | 1 | 2 | 3 |
| 5. White Discharge | 0 | 1 | 2 | 3 |
| 6. Other specify (_____) | 0 | 1 | 2 | 3 |

SCORES

- Subscale A -
- Subscale B -
- Subscale C -
- Subscale D -
- Subscale E-
- Subscale F-

TOTAL SCORE -

Total number of symptoms -

Total number of significant symptoms i.e., those symptoms rated 3 -

Citations and References:

Citations of studies where SASS has been used as a measure for somatic symptoms:

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