**Introduction**

Bodily complaints, also referred to as somatic symptoms or complaints, physical symptoms, are often the most common reason for consultation with health professionals. It is noted that the cause of these bodily complaints is not established easily. In the wake of this, there are numerous terminologies that have been used to describe the 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 has tried to provide a label to these symptoms. However, 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 or 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 attributed to presence of a nonexistent physical illness, and related to psychosocial factors are considered as somatoform disorders. The criteria to diagnose somatisation disorders require a set of symptoms related to various body systems and attribution to physical illness despite medical reassurance. The number of symptoms is essential for diagnosis of somatisation disorders which is very restrictive. The prevalence of medically unexplained somatic symptoms varies across studies, due to possible methodological reasons, but 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 bases’ are 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 measure 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? Creed et al (2008) reported that patients with higher number of bodily symptoms had somatisation disorder and incurred high health care and total costs, and were more impaired. 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 (Swartz et al 1986)? It is likely that people may perceive one body system or organ is 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 (Beirens & Fontaine 2010). 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 (Chaturvedi et al 1987 ; Varma et al 1983 ).
	+ 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.

This severity rating has been used in some of the scales [vide infra].

Some measures have used the criterion about how bothersome the symptoms are (Kroenke et al 2002).

* Pattern of symptoms- The pattern of the symptom need 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 (Tyrer et al 2012), however, the attributions are often dependent on the socio cultural belief systems and their experiences with health professionals (Mumford et al 1991).
* Semantic difficulties - ‘Somatic symptoms’ indicate vegetative symptoms/ melancholic features in certain parts of the world, and denote physical symptoms in other parts. Whereas the DSM IV 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. (Chaturvedi 2009)

**Scale for Assessment of Somatic Symptoms**

The Scale for Assessment of Somatic Symptoms (SASS, appendix 1) is used to measure the somatic symptoms and their severity in clinical settings. 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 form 1 to 3 – 1: mild, 2: moderate, and 3: severe. The somatic symptoms are said to be present if the symptoms have occurred during the previous two weeks. It has been used in assessing somatization in different 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 randomised controlled trials (**Kobeissi et al. 2011).**

**Guide for the clinician using SASS-R**

**Introduction**

Somatic symptoms have been fascinated researchers in the field of medicine. Though there is no or little evidence for the symptoms but the dysfunction and distress are high. Most often the only evidence which is available to the clinician is patient’s self-report of his experiences. This guide to SASS-R will help the clinician to answers 2 questions. One the presence of a particular somatic symptom. Second the severity of the same.

Any one particular selection of symptom or description of the same will not satisfy everybody. Hence clinician must use his experience and judgment while rating the same.

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

**Severity of the symptoms**

As mentioned above, a greater number of bodily symptoms (irrespective of their severity) indicate a severe form of illness. However, the symptom severity can be measured by using a visual analogue scale for eachbodily symptom. The severity of bodily symptom canalso be classified as mild, moderate or severe dependingon the interference with functioning (Chaturvediet al., 1987; Varma et al., 1983).

* 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.

**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. 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. Nevertheless, clinician must carefully evaluate and elicit various symptoms and document under the respective symptom type.

**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 is more important 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 subscales as above giving equal importance to each symptom.

**Glossary**

**Pain related symptoms**

Under this heading clinician will 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

Allodynia, hyperalgesia

1. **Head and Neck**: The pain symptoms described in the head and neck region to be included here. This can be unilateral, bilateral, superficial, 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, Headache.
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, scapular region, pain along the thoraco-dorsal spine.
3. **Abdomen and Pelvis**: The pain symptoms described in the region of abdomen 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, medical, 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.

**Sensory somatic symptoms**

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

1. **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 as pins and needle, itching, pricking, bandlike, burning, lightening (lancinating), drawing, searing, electrical sensation, raw feeling. This also include hyperesthesia
2. **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.
3. **Palpitation and breathlessness**: The experience of patient described as heaviness in the chest, pounding or racing or heart, difficulty in breathing described as chocking or breathlessness.
4. **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.
5. **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)

**Non-specific somatic symptoms**

1. **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).
2. **Weakness of the mind:** The experience of the patient described as 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.
3. **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.
4. **Trembling or Tremors:** The experience of the patient described as tremulousness, vibration, shivering any part of the body either superficial or deep seated which cannot be explained by physical illness, substance use, or treatment.
5. **Uneasiness:** The experience of the patient described as 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**

1. **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 length or width of the genitals, some of the culture bound syndromes like Dhat, Koro, etc. which are related to the sexual functioning of the individual can be captured in this symptom domain.
2. **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.
3. **Altered bowel habits:** The experience of the patient described as diarrhea, constipation, excessive straining at stool, altered color and consistency of the stool, etc. can be captured in this symptom domain.
4. **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 block, psychogenic deafness
5. **Other / Unspecified:** Any symptoms which are not described in the above domains can be mentioned here.

**Distress associated with the symptoms**

To add a scale with smiley form 0-10

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

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.

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

A. Pain related symptoms Nature of SS [a, b, c, d]

 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 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 and Ear related 0 1 2 3

 20. Others/ Unspecified 0 1 2 3

E. Distress associated with the symptoms

 On a scale of 1-10 How distressed are you with the symptoms-

**SCORES**

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]**

INTERPRETATION & USE OF SCALE

The interpretation of the SASS is 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 score somatic symptoms.

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

1. Counting number of symptoms gives an indication of possibility of a somatoform disorder.
2. Sum of the scores on the pain related symptoms and sensory symptom scales can generate a somatoform disorder symptom score (range 0-30).
3. 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.

**Interview guide for Scale for assessment of Somatic Symptoms- revised [SASS-R]**

You have been diagnosed with “Somatoform disorder”, “Bodily Distress Disorder” “Somatic Symptom and related disorder” by your doctor. In this interview we would like to systematically assess your symptoms using “Scale to Assess Somatic Symptoms”. This will help us in recording all the difficulties which you have been experiencing in the last 2 weeks.

Over the next 20 minutes 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.

1. **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.

1. **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.

1. **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.

1. **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 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?*

1. **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.

1. **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.

1. **Palpitation and breathlessness**: The sensations experienced as heaviness in the chest, pounding or racing of heart, difficulty in breathing described as chocking 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.

1. **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.

1. **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?*

1. **Weakness of the body, tiredness**: Have u 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.

1. **Weakness of the mind:** Have you experienced 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.

1. **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.

1. **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.

1. **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?*

1. **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.

1. **Urinary symptoms:** Have you experienced 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, 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.

1. **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.

1. **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.

1. **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 D

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)

 **SCALE FOR ASSESSMENT OF SOMATIC SYMPTOMS [SASS]**

 [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 -

**Conclusion**

Somatic symptoms are common presentation and a main reason for consultation to the health professionals. When the medical or pathological basis for these symptoms is not established, there may be a tendency to trivialise these symptoms and the distress associated with it. The vast prevalence and poor understanding of bodily symptoms has made it difficult to measure them accurately and reliably. The subjective nature of the bodily symptoms makes it difficult to establish the validity of the measures. There are many measures of somatic symptoms available, with relative strengths and limitations. A suitable, ideal measure may be difficult, but efforts to construct a method or measure will be helpful in learning further about the value and management of bodily symptoms.

 **SCALE FOR ASSESSMENT OF SOMATIC SYMPTOMS [SASS]**

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