

POSTTRAUMATIC STRESS DISORDER

Sometimes things happen to people that are extremely upsetting--things like being in a life threatening situation like a major disaster, very serious accident or fire; being physically assaulted or raped; seeing another person killed or dead, or badly hurt, or hearing about something horrible that has happened to someone you are close to. At any time during your life, have any of these kinds of things happened to you?

IF NO SUCH EVENTS, CHECK HERE ___ AND GO TO ***GENERALIZED ANXIETY DISORDER,***
F. 31

F103

Traumatic Events List

Brief Description	Date (Month/Yr)	Age
_____ F103a	____/____ F103b	____ F103c
_____ F103d	____/____ F103e	____ F103f
_____ F103g	____/____ F103h	____ F103i
_____ F103j	____/____ F103k	____ F103l
_____ F103m	____/____ F103n	____ F103o
_____ F103p	____/____ F103q	____ F103r
_____ F103s	____/____ F103t	____ F103u

IF ANY EVENTS LISTED: Sometimes traumatic experiences like (TRAUMAS LISTED ABOVE) keep coming back in nightmares, flashbacks, or thoughts that you can't get rid of. Has that ever happened to you?

IF NO: What about being very upset when you were in a situation that reminded you of one of these terrible things?

IF NO TO BOTH OF ABOVE, CHECK HERE ___ AND SKIP TO ***GENERALIZED ANXIETY DISORDER,*** F. 31.

F104

About how long did these problems--
(CITE POSITIVE PTSD SYMPTOMS)--
last?

E. Duration of the disturbance
(symptoms in criteria B, C, and D) is
more than 1 month.

? 1 2 3

GO TO
GAD
F. 31

F127

F. The disturbance causes clinically
significant distress or impairment in
social, occupational, or other
important areas of functioning.

? 1 2 3

GO TO
GAD
F. 31

F128

POSTTRAUMATIC STRESS
DISORDER CRITERIA A, B, C, D, E,
AND F ARE CODED "3."

1 3

GO TO
GAD
F. 31

POST-
TRAUMATIC
STRESS
DISORDER

F129

IF UNCLEAR: How much did (ANXIETY SYMPTOMS) interfere with your life?

(Has it made it hard for you to do your work or be with your friends?)

E. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

NOTE: THE D CRITERION (DELIRIUM R/O) HAS BEEN OMITTED.

ANXIETY DISORDER DUE TO GMC CRITERIA A, B/C, AND E CODED "3."

? 1 2 3

GO TO *SUBSTANCE INDUCED* F. 38

F152

F152a

ANXIETY DISORDER DUE TO A GMC

CHECK HERE ___ IF CURRENT IN PAST MONTH

F152b

Indicate which type of symptom presentation predominates:
1 - With Generalized Anxiety
2 - With Panic attacks
3 - With Obsessive-Compulsive symptoms

F152c

CONTINUE ON NEXT PAGE

IF UNKNOWN: How much (SUBSTANCE) were you using when you began to have (ANXIETY SYMPTOMS)?

(3) the anxiety symptoms are substantially in excess of what would be expected given the character, duration, or amount of the substance used

IF UNKNOWN: Have you had any other episodes of (ANXIETY SYMPTOMS)?

(4) there is evidence suggesting the existence of an independent, non-substance-induced Anxiety Disorder (e.g., a history of recurrent non-substance-related panic attacks)

IF YES: How many? Were you using (SUBSTANCES) at those times?

IF UNKNOWN: How much did (ANXIETY SYMPTOMS) interfere with your life?

E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

? 1 2 3

F156

(Has it made it hard for you to do your work or be with your friends?)

NOTE: THE D CRITERION (DELIRIUM R/O) HAS BEEN OMITTED.

RETURN TO DISORDER BEING EVALUATED

SUBSTANCE-INDUCED ANXIETY DISORDER CRITERIA A, B, C, AND E ARE CODED "3."

1 3

F156a

SUBSTANCE-INDUCED ANXIETY DISORDER

CHECK HERE ___ IF CURRENT IN PAST MONTH

F156b

Indicate which type of symptom presentation predominates:
0 - Unspecified
1 - With Generalized Anxiety
2 - With Panic Attacks
3 - With Obsessive/Compulsive Symptoms
4 - With Phobic Symptoms

F156c

Indicate context of development of anxiety symptoms:
1- With Onset During Intoxication
2- With Onset During Withdrawal

F156d

RETURN TO EPISODE BEING EVALUATED

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true

SCID-I (for DSM-IV-TR)

Anxiety NOS (JAN 2007) Anxiety Disorders

F. 41

IF UNCLEAR: During the past month, have you had (ANXIETY SXS)?

CHECK HERE ___ IF PRESENT IN LAST MONTH

F157a

INDICATE TYPE OF ANXIETY DISORDER NOS:

F158

- 1 Clinically significant social phobic symptoms related to the social impact of having a general medical condition or mental disorder (e.g., Parkinson's disease, dermatologic conditions, Stuttering, Anorexia Nervosa, Body Dysmorphic Disorder).
- 2 Situations in which the clinician has concluded that an Anxiety Disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance-induced.
- 3 Mixed anxiety-depressive disorder: clinically significant symptoms of anxiety and depression but the criteria are not met for a specific Mood or Anxiety Disorder (Go to Module J, page J. 6 for research criteria).
- 4 Other: _____

?=inadequate information

1=absent or false

2=subthreshold

3=threshold or true