**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

**Traumatic Events List**

<table>
<thead>
<tr>
<th>Brief Description</th>
<th>Date (Month/Yr)</th>
<th>Age</th>
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<tbody>
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<td>F103a</td>
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<td>F103s</td>
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</tbody>
</table>

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.

?=inadequate information        1=absent or false        2=subthreshold        3=threshold or true
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.

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

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

? = inadequate information  1 = absent or false  2 = subthreshold  3 = threshold or true
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.”

CHECK HERE ___ IF CURRENT IN PAST MONTH

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

CONTINUE ON NEXT PAGE
Substance-induced Anxiety Disorder (JAN 2007) Anxiety Disorders F. 39

SCID-I (for DSM-IV-TR)

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)?

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

IF UNKNOWN: 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 symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

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

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

RETURN TO EPISODE BEING EVALUATED

SUBSTANCE-INDUCED ANXIETY DISORDER

CHECK HERE ___ IF CURRENT IN PAST MONTH

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

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

RETURN TO EPISODE BEING EVALUATED

?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true
IF UNCLEAR: During the past month, have you had (ANXIETY SXS)?

CHECK HERE ___ IF PRESENT IN LAST MONTH

INDICATE TYPE OF ANXIETY DISORDER NOS:

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: ________________________________