

## Adjustment Disorder

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|----|---|---|----------|
| 1. | [PRESENCE OF EMOTIONAL OR BEHAVIOURAL SYMPTOMS THAT BEGAN WITHIN 3 MONTHS OF A STRESSFUL EVENT]                       | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
| 2. | [SYMPTOMS ARE NOT ACCOUNTED FOR BY ANOTHER MENTAL DISORDER AND ARE NOT AN EXACERBATION OF A PREVIOUS MENTAL DISORDER] | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |

[DATE OF STRESSOR:] \_\_\_\_\_  
[DETAILS:]

- [DEATH] ☐  
[SERIOUS INJURY] ☐  
[CAR ACCIDENT] ☐  
[RELATIONSHIP DIFFICULTY] ☐  
[WORK DIFFICULTY] ☐  
[OTHER] ☐

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| 3. | [SYMPTOMS ARE NOT ACCOUNTED FOR BY NORMAL BEREAVEMENT]  | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b>  |
| 4. | [CLINICALLY SIGNIFICANT DISTRESS IS OUT OF PROPORTION TO STRESSOR AND/OR IMPAIRMENT IS PRESENT. IF NOT KNOWN, ASK:] | <b>A</b><br><input checked="" type="checkbox"/> | <b>S</b><br><input checked="" type="checkbox"/> |

In what ways have your symptoms interfered with your ability to carry out daily activities? Have they made it hard for you to work, socialize, go to school, or take care of things at home?

[NOTES:]

5. **Has [stressor] or its consequences ended?**

[IF NO, CODE P. IF YES, ASK:] When did [stressor] or the associated consequences end?

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| [THE SYMPTOMS DID NOT PERSIST FOR > 6 MONTHS FOLLOWING THE TERMINATION OF THE STRESSOR AND ITS CONSEQUENCES] | <b>A</b><br><input checked="" type="checkbox"/> | <b>P</b> |
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DIAGNOSTIC IMPRESSION: ADJUSTMENT DISORDER	<b>A</b> <input checked="" type="checkbox"/>	<b>S</b>	<b>P</b>
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	[SPECIFY:]
PREDOMINANT SYMPTOMS INCLUDE LOW MOOD, TEARFULNESS, OR HOPELESSNESS	WITH DEPRESSED MOOD <input type="checkbox"/>
PREDOMINANT SYMPTOMS INCLUDE NERVOUSNESS, WORRY, JITTERINESS, OR SEPARATION ANXIETY	WITH ANXIETY <input type="checkbox"/>
PREDOMINANT SYMPTOMS INCLUDE A MIX OF ANXIETY AND DEPRESSION	WITH MIXED ANXIETY AND DEPRESSED MOOD <input type="checkbox"/>
PREDOMINANT SYMPTOMS INCLUDE DISTURBANCE OF CONDUCT	WITH DISTURBANCE OF CONDUCT <input type="checkbox"/>
PREDOMINANT SYMPTOMS INCLUDE A MIX OF EMOTIONAL SYMPTOMS (DEPRESSION, ANXIETY) AND DISTURBANCE OF CONDUCT	WITH MIXED DISTURBANCE OF EMOTIONS AND CONDUCT <input type="checkbox"/>
PREDOMINANT MALADAPTIVE SYMPTOMS ARE NOT CLASSIFIABLE AS ONE OF ABOVE SUBTYPES OF ADJUSTMENT DISORDER	UNSPECIFIED <input type="checkbox"/>
	[SPECIFY:]
DISTURBANCE LASTS < 6 MONTHS	ACUTE <input type="checkbox"/>
DISTURBANCE LASTS FOR 6 MONTHS OR LONGER	PERSISTENT (CHRONIC) <input type="checkbox"/>
	[SPECIFY:]
PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER	WITH PANIC ATTACKS <input type="checkbox"/>
[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK, SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]	

6. [IF NOT KNOWN, ASK:] How old were you when these symptoms first began? \_\_\_\_\_
7. [IF NOT KNOWN, ASK:] How old were you when these symptoms began to be a problem for you? \_\_\_\_\_
8. On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are you bothered by your symptoms? \_\_\_\_\_