

PTSRNPC (MH)

Within the past five years, was the patient screened for PTSD using the Primary Care PTSD Screen (PC-PTSD)?

1. Yes

2. No

PCPTSDT (MH)

Enter the date of the <u>most recent</u> <u>screen</u> for PTSD using the PC-PTSD.

STDYBEG

(Rcvd on Pull List) Study Interval begin date

PCPTSD (MH)

Enter the patient's answers to each of the Primary Care PTSD Screen questions:

Have you ever had any experience that was so frightening, horrible, or upsetting that, **IN THE PAST MONTH**, you: **PCPTSD1**. Have had any nightmares about it or thought about it when you did not want to?

PCPTSD2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

PCPTSD3. Were constantly on guard, watchful, or easily startled?
PCPTSD4. Felt numb or detached from others, activities, or your surroundings?

- 1. Yes
- 2. No
- 95. Not applicable
- 99. No answer documented

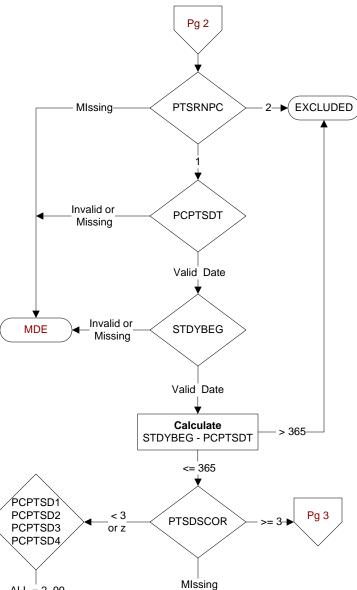
PTSDSCOR (MH)

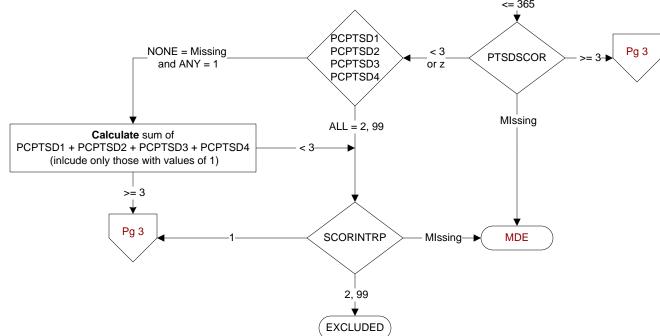
Enter the total score for the screen documented in the record. (Abstractor can enter default z if no total score is documented)

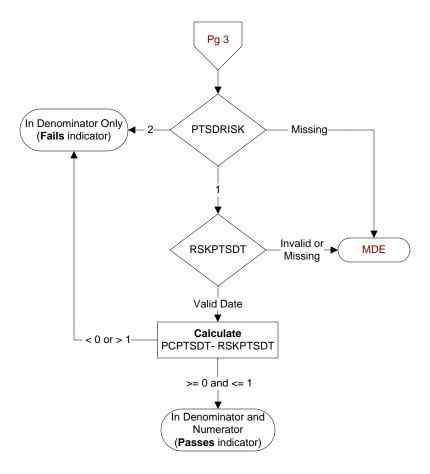
SCORINTRP (MH)

Enter the interpretation of the score, as documented in the medical record.

- 1. Positive
- 2. Negative
- 95. Not applicable
- 99. No interpretation documented







PTSDRISK (MH)

Following the positive PC-PTSD screen, did the licensed independent provider document a suicide ideation/behavior evaluation?

- 1. Yes
- 2. No

RSKPTSDT (MH)

Enter the date of the suicide ideation/behavior evaluation.