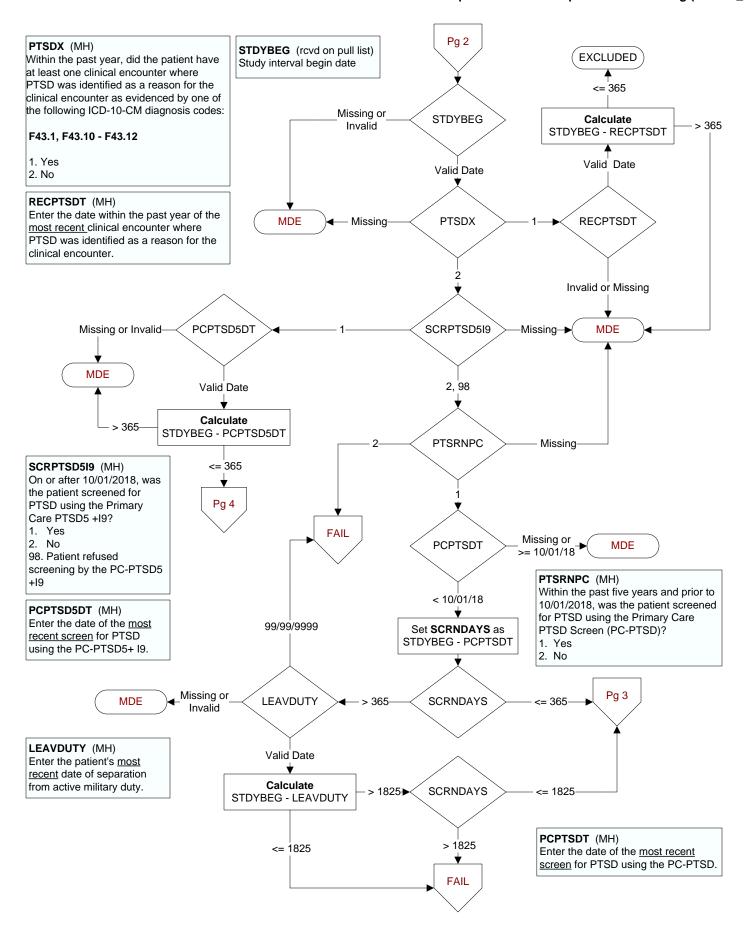
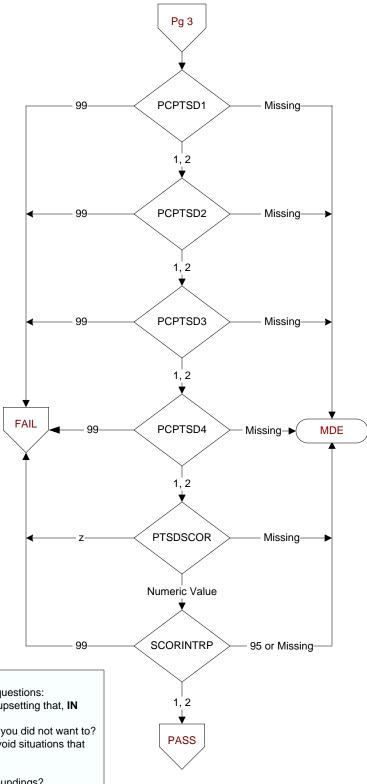


99. No score documented in the record or unable to determine outcome

Pg 2

Yes
No





### 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, <u>as documented in the medical record</u>.

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

### PCPTSD (MH)

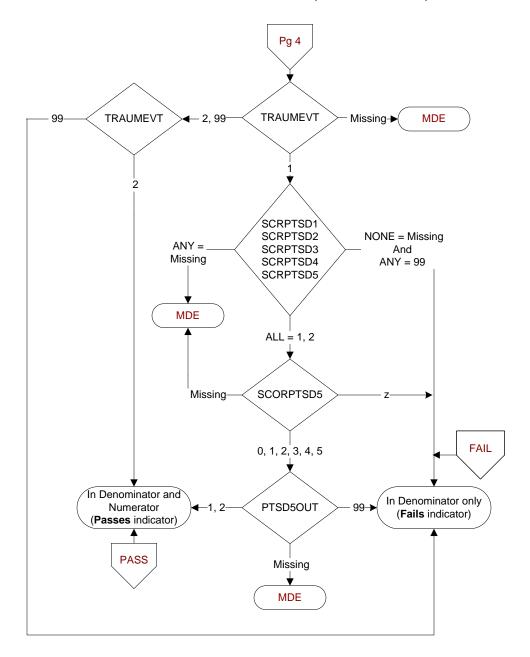
Enter the patient's answers to each of the Primary Care PTSD Screen questions: Have you ever had any experience that was so frightening, horrible, or upsetting that, **IN THE PAST MONTH**, you:

**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



### TRAUMEVT (MH)

Enter the response documented in the record for PC-PTSD5 +I9 exposure to traumatic event(s).

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- -- a serious accident or fire
- -- a physical or sexual assault or abuse
- -- an earthquake or flood
- -- a war
- -- seeing someone be killed or seriously injured
- -- having a loved one die through homicide or

# Have you ever experienced this kind of event?

- 1. Yes
- 2. No
- 99. Response not documented

(MH) Enter the patient's answers to each of the PC-PTSD5 +I9 Screen questions:

#### In the past month, have you:

SCRPTSD1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?

SCRPTSD2. Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)?

**SCRPTSD3**. Been constantly on guard, watchful, or easily startled?

**SCRPTSD4**. Felt numb or detached from people, activities, or your surroundings?

**SCRPTSD5**. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

- 1. Yes
- 2. No
- 99. Response not documented

### SCORPTSD5 (MH)

Enter the total score for the PTSD screen documented in the record.

# PTSD5OUT (MH)

Enter the interpretation of the PTSD screen as documented in the medical record.

- 1. Positive
- 2. Negative
- 99. No interpretation documented