EXCLUDED

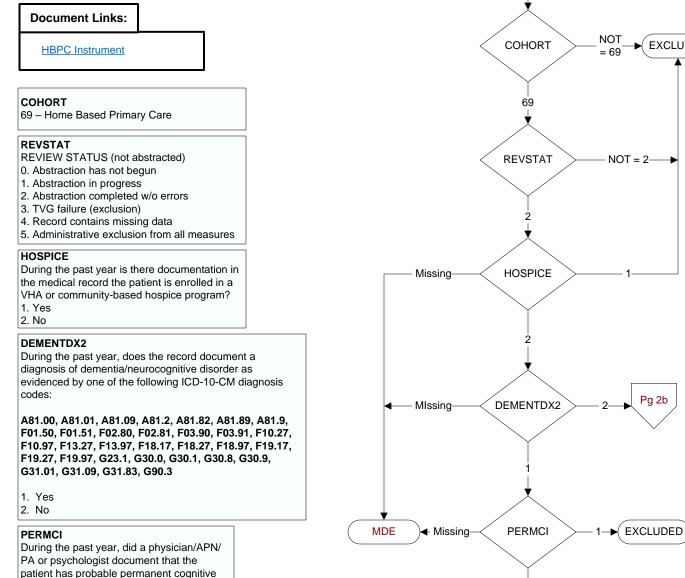
Pg 2b

START

2

¥

Pg 2

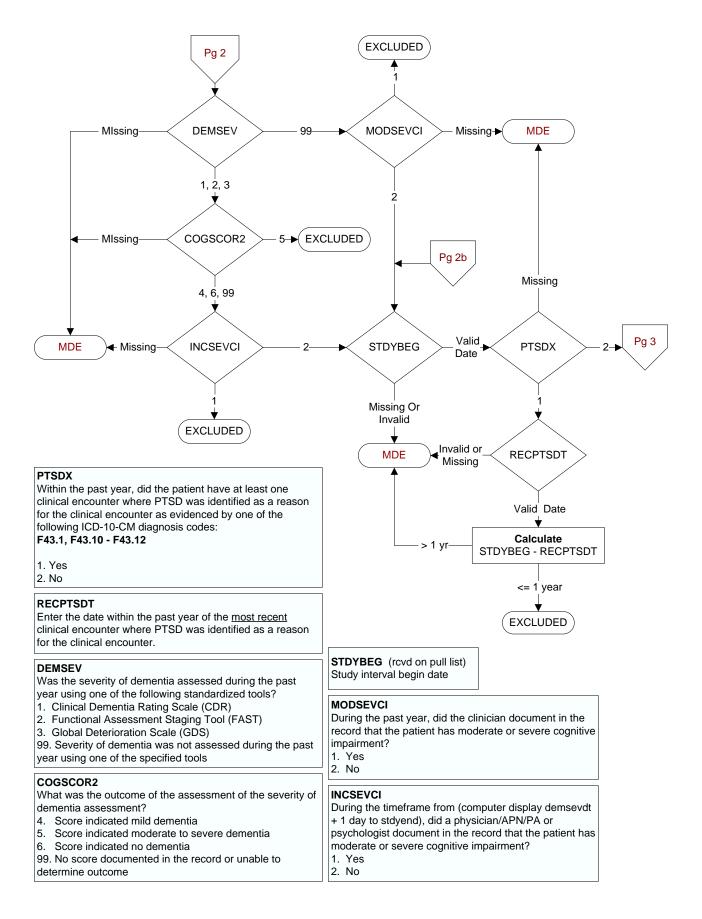


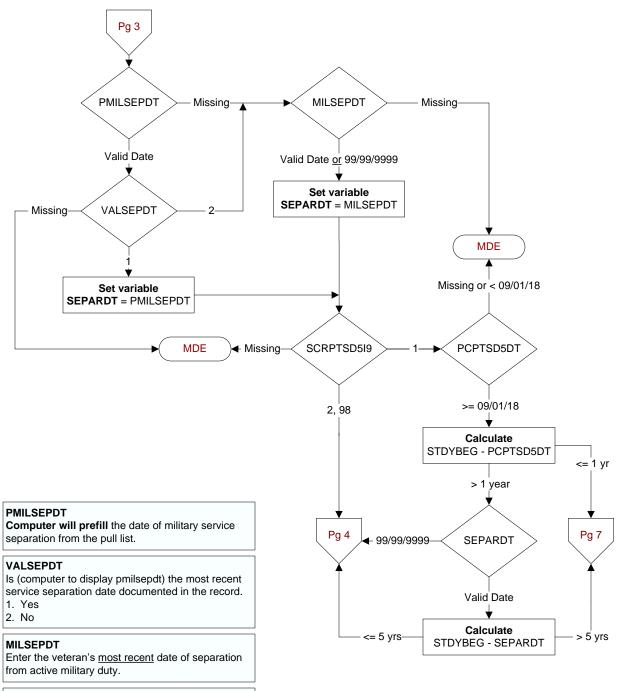
impairment using a Clinical Reminder?

1. Yes

2. No

MDE = Missing or Invalid Data Exclusion (data error)





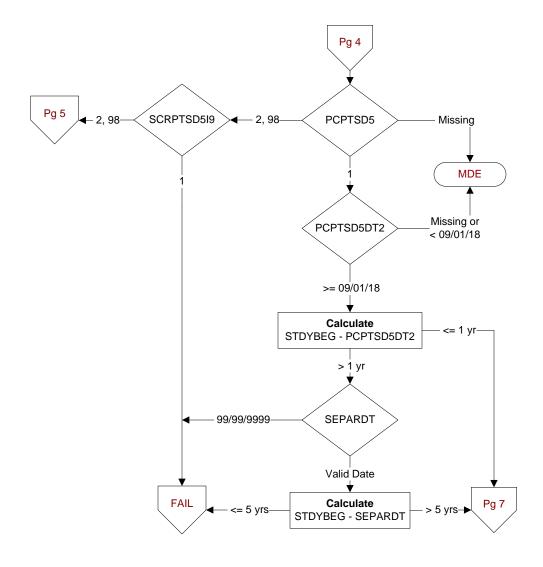
### SCRPTSD5I9

On or after 9/01/2018, was the patient screened for PTSD using the Primary Care PTSD5 +I9?

- 1. Yes
- 2. No
- 98. Patient refused screening by the PC-PTSD5 +I9

#### PCPTSD5DT

Enter the date of the <u>most recent screen</u> for PTSD using the PC-PTSD5+ I9.

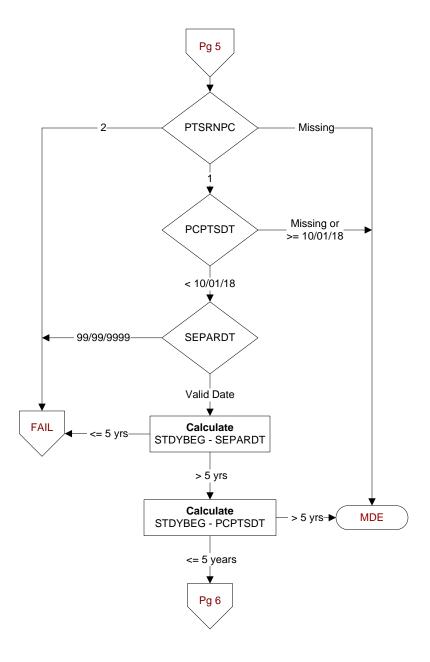


# PCPTSD5 (MH)

On or after 9/01/2018, was the patient screened for PTSD using the Primary Care PTSD5 (PC-PTSD5)? 1. Yes 2. No 98. Patient refused screening by the PC-PTSD5

# PCPTSD5DT2 (MH) Enter the date of the most recent screen

for PTSD using the PC-PTSD5.



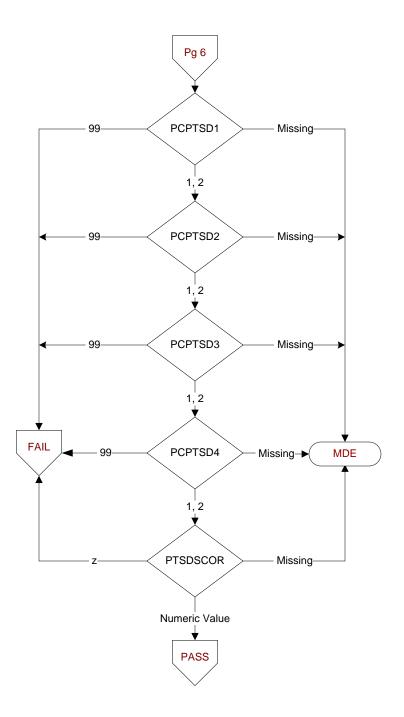
# PTSRNPC (MH)

Within the past five years and prior to 10/01/ 2018, 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</u> recent screen for PTSD using the PC-PTSD.

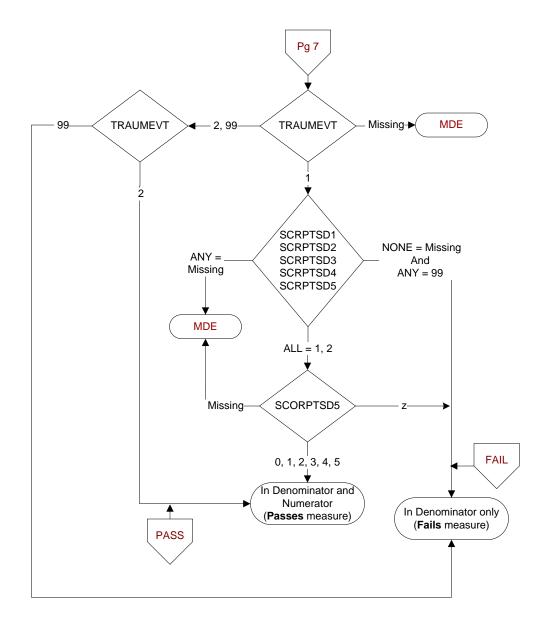


### PCPTSD

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?			
<b>PCPTSD2</b> . 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?		F	
PCPTSD4. Felt numb or detached from others, activities, or your surroundings?		E	
1. Yes		s	
2. No		r	
95. Not applicable		E r (/ n	
99. No answer documented		n	

## PTSDSCOR

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



## TRAUMEVT

<b>TRAUMEVT</b> Enter the response documented in the record for PC-PTSD5 exposure to traumatic event(s).	Enter the patient's answers to each of the PC- PTSD5 Screen questions: In the past month, have you:	
Sometimes things happen to people that are	SCRPTSD1. Had nightmares about the event(s)	
unusually or especially frightening, horrible, or	or thought about the event(s) when you did	
traumatic. For example:	not want to?	
a serious accident or fire	SCRPTSD2. Tried hard not to think about the	SCORPTSD5
a physical or sexual assault or abuse	event(s) or went out of your way to avoid	Enter the total score for the PC-
an earthquake or flood	situations that remind you of the event(s)?	PTSD5 screen documented in the
<ul> <li>a war</li> <li>seeing someone be killed or seriously</li> </ul>	SCRPTSD3. Been constantly on guard, watchful, or easily startled?	record
injured	SCRPTSD4. Felt numb or detached from people,	
<ul> <li>having a loved one die through homicide or</li> </ul>	activities, or your surroundings?	PTSD5OUT
suicide.	SCRPTSD5. Felt guilty or unable to stop blaming	Enter the interpretation of the PC-
Have you ever experienced this kind of event?	yourself or others for the event(s) or any	PTSD5 screen as documented in
····· · · · · · · · · · · · · · · · ·	problems the event(s) may have caused?	the medical record.
1. Yes	1. Yes	1. Positive
2. No	2. No	2. Negative
99. Response not documented	99. Response not documented	99. No interpretation documented