SUBSTANCE-INDUCED ANXIETY DISORDER

IF ANXIETY SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE OR A GENERAL MEDICAL CONDITION, CHECK HERE _____ AND RETURN TO ANXIETY DISORDER.

SUBSTANCE-INDUCED ANXIETY DISORDER CRITERIA

CODE BASED ON INFORMATION ALREADY OBTAINED

A: Prominent anxiety, panic attacks, obsessions or compulsions predominate

?	1	2	3

IF NOT KNOWN: When did (ANXIETY SYMPTOMS) begin? Were you already using (SUBSTANCE) or had you just stopped or cut down your use?

B: There is evidence from the history, physical examination, or laboratory findings that either: 1. the symptoms in (A) developed during, or within a month of, substance intoxication or withdrawal, or 2. medication used is etiologically related to the disturbance.

	?	1	2	3
CHI				
PAR				
OTH				
BEST				

↑

NOT SUBSTANCE-INDUCED

ASK ANY OF THE FOLLOWING QUESTIONS AS NEEDED TO RULE OUT A NON-SUBSTANCE-INDUCED ETIOLOGY:

C: The disturbance is not better accounted for by an Anxiety Disorder that is not substance-induced. Evidence that the symptoms are better accounted for by an Anxiety Disorder that is not substance-induced might include:

	?	1	2	3
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NOT SUBSTANCE-INDUCED

IF UNKNOWN: Which came first, the (SUBSTANCE USE) or the (ANXIETY SYMPTOMS)?

1) the symptoms precede the onset of the substance abuse or dependence

IF UNKNOWN: Have you had a period of time when you stopped using (SUBSTANCE)?

2) the anxiety symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication

IF YES: After you stopped using (SUBSTANCE) did the (ANXIETY SYMPTOMS) get better or did you keep having them?

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RETURN TO ANXIETY DISORDER MODULE IF NECESSARY

IF UNKNOWN: How much of (SUBSTANCE) were you taking when you began to have (ANXIETY SYMPTOMS)?

IF UNKNOWN: Have you had any other episodes of (ANXIETY SYMPTOMS)?

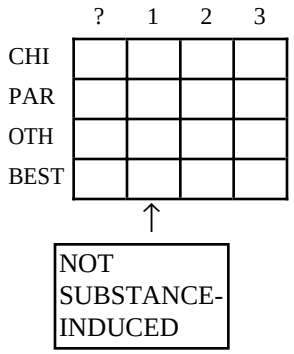
IF YES: How many? (Were you taking [SUBSTANCES] at those times?)

3) the anxiety symptoms are substantially in excess of what would be expected given the character, duration, or amount of the substance used

4) there is other evidence suggesting the existence of an independent non-substance-induced Anxiety Disorder (e.g., a history of recurrent non-substance-related panic attacks.

IF UNKNOWN: How much did (ANXIETY SYMPTOMS) get in the way with your life?

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



E: The disturbance does not occur exclusively during the course of Delirium.

