

Self-report for the assessment of adjustment disorder

ADNM – 8 Questionnaire

Adjustment Disorder – New Module 8

Below is a list of stressful life events. Please indicate those events that happened during the past [*insert time frame*] years and are currently a strong burden to you, or have burdened you in the last six months. You can indicate as many events as applicable.

| Yes | |
|-----|--|
| | 01. Divorce / separation |
| | 02. Family conflicts |
| | 03. Conflicts in working life |
| | 04. Conflicts with neighbors |
| | 05. Illness of a loved one |
| | 06. Death of a loved one |
| | 07. Adjustment due to retirement |
| | 08. Unemployment |
| | 09. Too much / too little work |
| | 10. Pressure to meet deadlines / time pressure |
| | 11. Moving to a new home |
| | 12. Financial problems |
| | 13. Own serious illness |
| | 14. Serious accident |
| | 15. Assault |
| | 16. Termination of an important leisure activity |
| | 17. Any other stressful event (please indicate) |
| | 18. Any other stressful event (please indicate) |

The events you have just indicated can have numerous consequences for our well-being and behavior. Please indicate was the most straining event(s) below:

Below you will find various statements about which reactions these types of events can trigger. Please indicate how often the respective statement applies to you (“never” to “often”).

| | Never (1) | Rarely (2) | Sometimes (3) | Often (4) |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I have to think about the stressful situation repeatedly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have to think about the stressful situation a lot and this is a great burden to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Since the stressful situation, I find it difficult to concentrate on certain things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I constantly get memories of the stressful situation and can't do anything to stop them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My thoughts often revolve around anything related to the stressful situation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Since the stressful situation, I do not like going to work or carrying out the necessary tasks in everyday life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Since the stressful situation, I can no longer sleep properly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Overall, the stressful situation affected me strongly in my personal relationships, my leisure activities, or other important areas of life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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ADNM – 8 Scoring Sheet

| | | | | |
|--|---|---|---|---|
| <i>Preoccupation with the stressor</i> | 1 | 2 | 4 | 5 |
| <i>Failure to adapt</i> | 3 | 6 | 7 | 8 |

Validation:

Kazlauskas, E., Gegieckaite, G., Maercker, A., Eimontas, J., Zelviene, P. (2018). A Brief Screening Instrument for ICD-11 Adjustment Disorder: Investigation of Psychometric Properties in Adults Help-Seeking Sample. *Psychopathology, advanced online publication.*

Further References:

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