

Self-report for the assessment of adjustment disorder

ADNM – 20 Questionnaire

Adjustment Disorder – New Module 20

Below is a list of stressful life events. Please indicate those events that happened during the past (1 / 2) years and are currently a very strong burden to you, or have burdened you in the last six months. You can indicate as many events as applicable.

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

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:

The events you have just indicated can have numerous consequences for our well-being and behavior. Below you will find various statements about which reactions these types of event can trigger. First of all please indicate how often the respective statement applies to you (“never” to “often”).

Then secondly, please indicate for how long you have had this reaction for. It can be for less than one month (< 1 month), between one month and half a year (1-6 months) or longer than 6 months (6 months – 2 years). This may not be very easy to indicate, but please try to give a rough estimation of the duration of the reaction. If you did not indicate any stressful life event in the list above, then you can skip the following questions.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)
1. Since the stressful situation, I feel low and sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
2. I have to think about the stressful situation repeatedly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
3. I try to avoid talking about the stressful situation whenever possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
4. 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"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
5. I rarely do those activities which I used to enjoy anymore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
6. If I think about the stressful situation, I find myself in a real state of anxiety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
7. I avoid certain things that might remind me of the stressful situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
8. I am nervous and restless since the stressful situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
9. Since the stressful situation, I lose my temper much quicker than I used to, even over small things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
10. 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"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
11. I try to dismiss the stressful situation from my memory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
12. I have noticed that I am becoming more irritable due to the stressful situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
13. 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"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
14. I try to suppress my feelings because they are a burden to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
15. My thoughts often revolve around anything related to the stressful situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
16. Since the stressful situation, I am scared of doing certain things or of getting into certain situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
17. 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"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
18. I have been feeling dispirited since the stressful situation and have little hope for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
19. Since the stressful situation, I can no longer sleep properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			
20. All in all, the situation causes serious impairment in my social or occupational life, my leisure time, and other important areas of functioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	◦ < 1 month ◦ 1 – 6 months ◦ 6 m – 2 years			

Self-report for the assessment of adjustment disorder

ADNM – 20 Symptom categories

Adjustment Disorder – New Module 20

Core symptoms:

<i>preoccupations</i>	2	4	13	15
<i>failure to adapt</i>	10	17	19	20

Accessory symptoms:

<i>Avoidance</i>	3	7	11	14
<i>Depressive mood</i>	1	5	18	
<i>Anxiety</i>	6	16		
<i>Impulse disturbance</i>	8	9	12	

References:

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