



PDS®
Posttraumatic Stress Diagnostic Scale
Profile Report
Edna B. Foa, PhD

ID Number: 12345
Age: 22
Gender: Female
Date Assessed: 01/04/2004



Copyright © 1995 NCS Pearson, Inc. All rights reserved.
"PDS" is a registered trademark of NCS Pearson, Inc.

TRADE SECRET INFORMATION

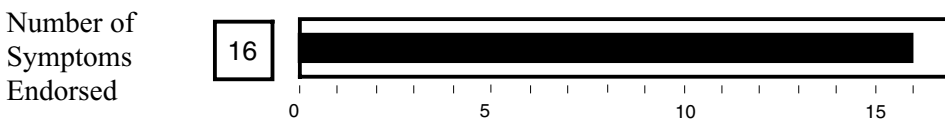
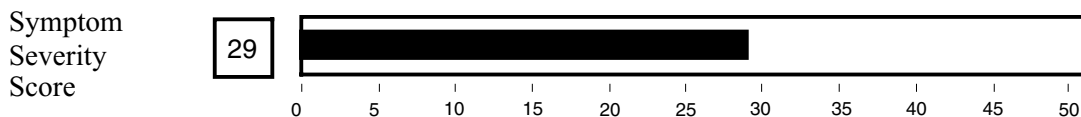
Not for release under HIPAA or other data disclosure laws that exempt trade secrets from disclosure.

INTRODUCTION

The Posttraumatic Stress Diagnostic Scale (PDS) is designed to aid in the diagnosis of posttraumatic stress disorder based on *DSM-IV* criteria. The individual's Symptom Severity Score, Number of Symptoms Endorsed, Symptom Severity Rating, and Level of Impairment in Functioning indicate the level of distress he or she is experiencing.

The information in this report must be used in conjunction with professional judgment, taking into account the total context of the instrument's administration and any other pertinent information concerning the individual.

PTSD Diagnosis	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Incomplete Information
----------------	---	-----------------------------	---



Symptom Severity Rating

MODERATE TO SEVERE

Level of Impairment in Functioning

MODERATE

Was the Criterion Met?			<i>DSM-IV</i> Criterion
YES	NO	Incomplete Information	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A: Exposure to a traumatic event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B: Reexperiencing symptoms
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C: Avoidance symptoms
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: Arousal symptoms
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E: Symptom duration of 1 month or more
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F: Distress or impairment in functioning

PTSD DIAGNOSIS

This individual endorsed items in a manner that is consistent with a *DSM-IV* diagnosis of posttraumatic stress disorder (PTSD). All of the six criteria were met.

DESCRIPTION OF THE TRAUMATIC EVENT

The individual reported experiencing a sexual assault by a stranger. This occurred one to three months ago.

During the traumatic event, she was physically injured and her life was in danger. She also reported feeling helpless and terrified.

SYMPTOM DESCRIPTION

The individual reported that she has been bothered by the following symptoms for one to three months. According to *DSM-IV*, the specifier "acute" should be used to describe PTSD symptoms of this duration.

Reexperiencing Symptoms

DSM-IV requires one or more "reexperiencing" symptoms to be endorsed. The individual endorsed all of the 5 possible symptoms. The symptoms and her responses follow.

- 22. Omitted Item
2 to 4 times a week/half the time
- 23. Omitted Item
Once a week or less/once in a while
- 24. Omitted Item
2 to 4 times a week/half the time
- 25. Omitted Item
2 to 4 times a week/half the time
- 26. Omitted Item
Once a week or less/once in a while



Special Note:

The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

Avoidance Symptoms

DSM-IV requires three or more "avoidance" symptoms to be endorsed. The individual endorsed 6 of the 7 possible symptoms. The symptoms and her responses follow.

- 27. Omitted Item
2 to 4 times a week/half the time
- 28. Omitted Item
2 to 4 times a week/half the time
- 30. Omitted Item
2 to 4 times a week/half the time
- 31. Omitted Item
2 to 4 times a week/half the time
- 32. Omitted Item
2 to 4 times a week/half the time
- 33. Omitted Item
Once a week or less/once in a while

Arousal Symptoms

DSM-IV requires two or more "arousal" symptoms to be endorsed. The individual endorsed all of the 5 possible symptoms. The symptoms and her responses follow.

- 34. Omitted Item
2 to 4 times a week/half the time
- 35. Omitted Item
Once a week or less/once in a while
- 36. Omitted Item
2 to 4 times a week/half the time
- 37. Omitted Item
5 or more times a week/almost always
- 38. Omitted Item
2 to 4 times a week/half the time

SYMPTOM SEVERITY RATING

The Symptom Severity Rating is based on the Symptom Severity Score. This individual's Symptom Severity Score is 29, and her Symptom Severity Rating is Moderate to Severe. (The Moderate to Severe category includes scores from 21 to 35.)

LEVEL OF IMPAIRMENT IN FUNCTIONING

This individual's Level of Impairment in Functioning is Moderate. She reported that her symptoms have interfered with her sex life, work, fun and leisure activities, relationships with friends, relationships with her family, and general satisfaction with life in the past month.

End of Report

NOTE: This and previous pages of this report contain trade secrets and are not to be released in response to requests under HIPAA (or any other data disclosure law that exempts trade secret information from release). Further, release in response to litigation discovery demands should be made only in accordance with your profession's ethical guidelines and under an appropriate protective order.

ITEM RESPONSES

1: 2	39: 2
2: 2	40: 1
3: 2	41: 1
4: 2	42: 2
5: 2	43: 1
6: 1	44: 1
7: 2	45: 2
8: 2	46: 1
9: 2	47: 1
10: 2	48: 1
11: 2	49: 2
12: 2	
13: /	
14: 6	
15: 2	
16: 1	
17: 2	
18: 1	
19: 2	
20: 1	
21: 1	
22: 2	
23: 1	
24: 2	
25: 2	
26: 1	
27: 2	
28: 2	
29: 0	
30: 2	
31: 2	
32: 2	
33: 1	
34: 2	
35: 1	
36: 2	
37: 3	
38: 2	