

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:

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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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