

DSM-IV-TR CLASSIFICATION*

NOS = Not Otherwise Specified

An *x* appearing in a diagnostic code indicates that a specific code number is required.

An ellipsis (. . .) is used in the names of certain disorders to indicate that the name of a specific mental disorder or general medical condition should be inserted when recording the name (e.g., 293.0 Delirium Due to Hypothyroidism).

Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence

MENTAL RETARDATION

Note: These are coded on Axis II.

- 317 Mild Mental Retardation
- 318.0 Moderate Mental Retardation
- 318.1 Severe Mental Retardation
- 318.2 Profound Mental Retardation
- 319 Mental Retardation, Severity Unspecified

LEARNING DISORDERS

- 315.00 Reading Disorder
- 315.1 Mathematics Disorder
- 315.2 Disorder of Written Expression
- 315.9 Learning Disorder NOS

MOTOR SKILLS DISORDER

- 315.4 Developmental Coordination Disorder

COMMUNICATION DISORDERS

- 315.31 Expressive Language Disorder
- 315.32 Mixed Receptive-Expressive Language Disorder
- 315.39 Phonological Disorder
- 307.0 Stuttering
- 307.9 Communication Disorder NOS

PERVASIVE DEVELOPMENTAL DISORDERS

- 299.00 Autistic Disorder
- 299.80 Rett's Disorder
- 299.10 Childhood Disintegrative Disorder
- 299.80 Asperger's Disorder
- 299.80 Pervasive Developmental Disorder NOS

ATTENTION-DEFICIT AND DISRUPTIVE BEHAVIOR DISORDERS

- 314.xx Attention-Deficit/Hyperactivity Disorder
 - .01 Combined Type
 - .00 Predominantly Inattentive Type
 - .01 Predominantly Hyperactive-Impulsive Type
- 314.9 Attention-Deficit/Hyperactivity Disorder NOS

If criteria are currently met, one of the following severity specifiers may be noted after the diagnosis:

- Mild
- Moderate
- Severe

If criteria are no longer met, one of the following specifiers may be noted:

- In Partial Remission
- In Full Remission
- Prior History

- 312.xx Conduct Disorder
 - .81 Childhood-Onset Type
 - .82 Adolescent-Onset Type
 - .89 Unspecified Onset
- 313.81 Oppositional Defiant Disorder
- 312.9 Disruptive Behavior Disorder NOS

FEEDING AND EATING DISORDERS OF INFANCY OR EARLY CHILDHOOD

- 307.52 Pica
- 307.53 Rumination Disorder
- 307.59 Feeding Disorder of Infancy or Early Childhood

TIC DISORDERS

- 307.23 Tourette's Disorder
- 307.22 Chronic Motor or Vocal Tic Disorder
- 307.21 Transient Tic Disorder
 - Specify if:* Single Episode/Recurrent
- 307.20 Tic Disorder NOS

ELIMINATION DISORDERS

- _____ Encopresis
 - 787.6 With Constipation and Overflow Incontinence
 - 307.7 Without Constipation and Overflow Incontinence
- 307.6 Enuresis (Not Due to a General Medical Condition)
 - Specify type:* Nocturnal Only/Diurnal Only/Nocturnal and Diurnal

OTHER DISORDERS OF INFANCY, CHILDHOOD, OR ADOLESCENCE

- 309.21 Separation Anxiety Disorder
 - Specify if:* Early Onset
- 313.23 Selective Mutism
- 313.89 Reactive Attachment Disorder of Infancy or Early Childhood
 - Specify type:* Inhibited Type/Disinhibited Type
- 307.3 Stereotypic Movement Disorder
 - Specify if:* With Self-Injurious Behavior

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■ **Appendix** DSM-IV-TR Classification

313.9 Disorder of Infancy, Childhood, or Adolescence NOS

Delirium, Dementia, and Amnestic and Other Cognitive Disorders

DELIRIUM

- 293.0 Delirium Due to . . . [Indicate the General Medical Condition]
- _____ Substance Intoxication Delirium (refer to Substance-Related Disorders for substance-specific codes)
- _____ Substance Withdrawal Delirium (refer to Substance-Related Disorders for substance-specific codes)
- _____ Delirium Due to Multiple Etiologies (code each of the specific etiologies)
- 780.09 Delirium NOS

DEMENTIA

- 294.xx* Dementia of the Alzheimer's Type, With Early Onset (also code 331.0 Alzheimer's disease on Axis III)
 - .10 Without Behavioral Disturbance
 - .11 With Behavioral Disturbance
- 294.xx* Dementia of the Alzheimer's Type, With Late Onset (also code 331.0 Alzheimer's disease on Axis III)
 - .10 Without Behavioral Disturbance
 - .11 With Behavioral Disturbance
- 290.xx Vascular Dementia
 - .40 Uncomplicated
 - .41 With Delirium
 - .42 With Delusions
 - .43 With Depressed Mood

Code presence or absence of a behavioral disturbance in the fifth digit for Dementia Due to a General Medical Condition:

- 0 = Without Behavioral Disturbance
- 1 = With Behavioral Disturbance

- 294.1x* Dementia Due to HIV Disease (also code 042 HIV on Axis III)
- 294.1x* Dementia Due to Head Trauma (also code 042 HIV on Axis III)
- 294.1x* Dementia Due to Head Trauma (also code 854.00 head injury on Axis III)
- 294.1x* Dementia Due to Parkinson's Disease (also code 332.0 Parkinson's disease on Axis III)
- 294.1x* Dementia Due to Huntington's Disease (also code 333.4 Huntington's disease on Axis III)
- 294.1x* Dementia Due to Pick's Disease (also code 331.1 Pick's disease on Axis III)
- 294.1x* Dementia Due to Creutzfeldt-Jakob Disease (also code 046.1 Creutzfeldt-Jakob disease on Axis III)

* ICD-9-CM code valid after October 1, 2000.

- 294.1x* Dementia Due to . . . [Indicate the General Medical Condition not listed above] (also code the general medical condition on Axis III)
- _____ Substance-Induced Persisting Dementia (refer to Substance-Related Disorders for substance-specific codes)
- _____ Dementia Due to Multiple Etiologies (code each of the specific etiologies)
- 294.8 Dementia NOS

AMNESTIC DISORDERS

- 294.0 Amnestic Disorder Due to . . . [Indicate the General Medical Condition]
 - Specify if: Transient/Chronic
- _____ Substance-Induced Persisting Amnestic Disorder (refer to Substance-Related Disorders for substance-specific codes)
- 294.8 Amnestic Disorder NOS

OTHER COGNITIVE DISORDERS

- 294.9 Cognitive Disorder NOS

Mental Disorders Due to a General Medical Condition Not Elsewhere Classified

- 293.89 Catatonic Disorder Due to . . . [Indicate the General Medical Condition]
- 310.1 Personality Change Due to . . . [Indicate the General Medical Condition]
 - Specify type: Labile Type/Disinhibited Type/Aggressive Type/Apathetic Type/Paranoid Type/Other Type/Combined Type/Unspecified Type
- 293.9 Mental Disorder NOS Due to . . . [Indicate the General Medical Condition]

Substance-Related Disorders

The following specifiers apply to Substance Dependence as noted:

- ^aWith Physiological Dependence/Without Physiological Dependence
- ^bEarly Full Remission/Early Partial Remission/Sustained Full Remission/Sustained Partial Remission
- ^cIn a Controlled Environment
- ^dOn Agonist Therapy

The following specifiers apply to Substance-Induced Disorders as noted:

- ^lWith Onset During Intoxication/^mWith Onset During Withdrawal

ALCOHOL-RELATED DISORDERS

Alcohol Use Disorders

- 303.90 Alcohol Dependence^{a,b,c}
- 305.00 Alcohol Abuse

Alcohol-Induced Disorders

- 303.00 Alcohol Intoxication
- 291.81 Alcohol Withdrawal
 - Specify if: With Perceptual Disturbances
- 291.0 Alcohol Intoxication Delirium

- 291.0 Alcohol Withdrawal Delirium
- 291.2 Alcohol-Induced Persisting Dementia
- 291.1 Alcohol-Induced Persisting Amnestic Disorder
- 291.x Alcohol-Induced Psychotic Disorder
 - .5 With Delusions^{l,W}
 - .3 With Hallucinations^{l,W}
- 291.89 Alcohol-Induced Mood Disorder^{l,W}
- 291.89 Alcohol-Induced Anxiety Disorder^{l,W}
- 291.89 Alcohol-Induced Sexual Dysfunction^l
- 291.89 Alcohol-Induced Sleep Disorder^{l,W}
- 291.9 Alcohol-Related Disorder NOS

AMPHETAMINE (OR AMPHETAMINE-LIKE)-RELATED DISORDERS

Amphetamine Use Disorders

- 304.40 Amphetamine Dependence^{a,b,c}
- 305.70 Amphetamine Abuse

Amphetamine-Induced Disorders

- 292.89 Amphetamine Intoxication
 - Specify if:* With Perceptual Disturbances
- 292.0 Amphetamine Withdrawal
- 292.81 Amphetamine Intoxication Delirium
- 292.xx Amphetamine-Induced Psychotic Disorder
 - .11 With Delusions^l
 - .12 With Hallucinations^l
- 292.84 Amphetamine-Induced Mood Disorder^{l,W}
- 292.89 Amphetamine-Induced Anxiety Disorder^l
- 292.89 Amphetamine-Induced Sexual Dysfunction^l
- 292.89 Amphetamine-Induced Sleep Disorder^{l,W}
- 292.9 Amphetamine-Related Disorder NOS

CAFFEINE-RELATED DISORDERS

Caffeine-Induced Disorders

- 305.90 Caffeine Intoxication
- 292.89 Caffeine-Induced Anxiety Disorder^l
- 292.89 Caffeine-Induced Sleep Disorder^l
- 292.9 Caffeine-Related Disorder NOS

CANNABIS-RELATED DISORDERS

Cannabis Use Disorders

- 304.30 Cannabis Dependence^{a,b,c}
- 305.20 Cannabis Abuse

Cannabis-Induced Disorders

- 292.89 Cannabis Intoxication
 - Specify if:* With Perceptual Disturbance
- 292.81 Cannabis Intoxication Delirium
- 292.xx Cannabis-Induced Psychotic Disorder
 - .11 With Delusions^l
 - .12 With Hallucinations^l
- 292.89 Cannabis-Induced Anxiety Disorder^l
- 292.9 Cannabis-Related Disorder NOS

COCAINE-RELATED DISORDERS

Cocaine Use Disorders

- 304.20 Cocaine Dependence^{a,b,c}
- 305.60 Cocaine Abuse

Cocaine-Induced Disorders

- 292.89 Cocaine Intoxication
 - Specify if:* With Perceptual Disturbances
- 292.0 Cocaine Withdrawal
- 292.81 Cocaine Intoxication Delirium
- 292.xx Cocaine-Induced Psychotic Disorder
 - .11 With Delusions^l
 - .12 With Hallucinations^l
- 292.84 Cocaine-Induced Mood Disorder^{l,W}
- 292.89 Cocaine-Induced Anxiety Disorder^{l,W}
- 292.89 Cocaine-Induced Sexual Dysfunction^l
- 292.89 Cocaine-Induced Sleep Disorder^{l,W}
- 292.9 Cocaine-Related Disorder NOS

HALLUCINOGEN-RELATED DISORDERS

Hallucinogen Use Disorders

- 304.50 Hallucinogen Dependence^{b,c}
- 305.30 Hallucinogen Abuse

Hallucinogen-Induced Disorders

- 292.89 Hallucinogen Intoxication
- 292.89 Hallucinogen Persisting Perception Disorder (Flashbacks)
- 292.81 Hallucinogen Intoxication Delirium
- 292.xx Hallucinogen-Induced Psychotic Disorder
 - .11 With Delusions^l
 - .12 With Hallucinations^l
- 292.84 Hallucinogen-Induced Mood Disorder^l
- 292.89 Hallucinogen-Induced Anxiety Disorder^l
- 292.9 Hallucinogen-Related Disorder NOS

INHALANT-RELATED DISORDERS

Inhalant Use Disorders

- 304.60 Inhalant Dependence^{b,c}
- 305.90 Inhalant Abuse

Inhalant-Induced Disorders

- 292.89 Inhalant Intoxication
- 292.81 Inhalant Intoxication Delirium
- 292.82 Inhalant-Induced Persisting Dementia
- 292.xx Inhalant-Induced Psychotic Disorder
 - .11 With Delusions^l
 - .12 With Hallucinations^l
- 292.84 Inhalant-Induced Mood Disorder^l
- 292.89 Inhalant-Induced Anxiety Disorder^l
- 292.9 Inhalant-Related Disorder NOS

NICOTINE-RELATED DISORDERS

Nicotine Use Disorder

- 305.1 Nicotine Dependence^{a,b}

Nicotine-Induced Disorder

- 292.0 Nicotine Withdrawal
- 292.9 Nicotine-Related Disorder NOS

OPIOID-RELATED DISORDERS

Opioid Use Disorders

- 304.00 Opioid Dependence^{a,b,c,d}
- 305.50 Opioid Abuse

■ **Appendix** DSM-IV-TR Classification

Opioid-Induced Disorders

- 292.89 Opioid Intoxication
Specify if: With Perceptual Disturbances
- 292.0 Opioid Withdrawal
- 292.81 Opioid Intoxication Delirium
- 292.xx Opioid-Induced Psychotic Disorder
 - .11 With Delusions^l
 - .12 With Hallucinations^l
- 292.84 Opioid-Induced Mood Disorder^l
- 292.89 Opioid-Induced Sexual Dysfunction^l
- 292.89 Opioid-Induced Sleep Disorder^{l,W}
- 292.9 Opioid-Related Disorder NOS

PHENCYCLIDINE (OR PHENCYCLIDINE-LIKE)-RELATED DISORDERS

Phencyclidine Use Disorders

- 304.60 Phencyclidine Dependence^{b,c}
- 305.90 Phencyclidine Abuse

Phencyclidine-Induced Disorders

- 292.89 Phencyclidine Intoxication
Specify if: With Perceptual Disturbances
- 292.81 Phencyclidine Intoxication Delirium
- 292.xx Phencyclidine-Induced Psychotic Disorder
 - .11 With Delusions^l
 - .12 With Hallucinations^l
- 292.84 Phencyclidine-Induced Mood Disorder^l
- 292.89 Phencyclidine-Induced Anxiety Disorder^l
- 292.9 Phencyclidine-Related Disorder NOS

SEDATIVE-, HYPNOTIC-, OR ANXIOLYTIC-RELATED DISORDERS

Sedative, Hypnotic, or Anxiolytic Use Disorders

- 304.10 Sedative, Hypnotic, or Anxiolytic Dependence^{a,b,c}
- 305.40 Sedative, Hypnotic, or Anxiolytic Abuse

Sedative-, Hypnotic-, or Anxiolytic-Induced Disorders

- 292.89 Sedative, Hypnotic, or Anxiolytic Intoxication
- 292.0 Sedative, Hypnotic, or Anxiolytic Withdrawal
Specify if: With Perceptual Disturbances
- 292.81 Sedative, Hypnotic, or Anxiolytic Intoxication Delirium
- 292.81 Sedative, Hypnotic, or Anxiolytic Withdrawal Delirium
- 292.82 Sedative, Hypnotic, or Anxiolytic-Induced Persisting Dementia
- 292.83 Sedative-, Hypnotic-, or Anxiolytic-Induced Persisting Amnestic Disorder
- 292.xx Sedative-, Hypnotic-, or Anxiolytic-Induced Psychotic Disorder
 - .11 With Delusions^{l,W}
 - .12 With Hallucinations^{l,W}
- 292.84 Sedative-, Hypnotic-, or Anxiolytic-Induced Mood Disorder^{l,W}

- 292.89 Sedative-, Hypnotic-, or Anxiolytic-Induced Anxiety Disorder^W
- 292.89 Sedative-, Hypnotic-, or Anxiolytic-Induced Sexual Dysfunction^l
- 292.89 Sedative-, Hypnotic, or Anxiolytic-Induced Sleep Disorder^{l,W}
- 292.9 Sedative-, Hypnotic, or Anxiolytic-Related Disorder NOS

POLYSUBSTANCE-RELATED DISORDER

- 304.80 Polysubstance Dependence^{a,b,c,d}

OTHER (OR UNKNOWN) SUBSTANCE-RELATED DISORDERS

Other (or Unknown) Substance Use Disorders

- 304.90 Other (or Unknown) Substance Dependence^{a,b,c,d}
- 305.90 Other (or Unknown) Substance Abuse

Other (or Unknown) Substance-Induced Disorders

- 292.89 Other (or Unknown) Substance Intoxication
Specify if: With Perceptual Disturbances
- 292.0 Other (or Unknown) Substance Withdrawal
Specify if: With Perceptual Disturbances
- 292.81 Other (or Unknown) Substance-Induced Delirium
- 292.82 Other (or Unknown) Substance-Induced Persisting Dementia
- 292.83 Other (or Unknown) Substance-Induced Persisting Amnestic Disorder
- 292.xx Other (or Unknown) Substance-Induced Psychotic Disorder
 - .11 With Delusions^{l,W}
 - .12 With Hallucinations^{l,W}
- 292.84 Other (or Unknown) Substance-Induced Mood Disorder^{l,W}
- 292.89 Other (or Unknown) Substance-Induced Anxiety Disorder^{l,W}
- 292.89 Other (or Unknown) Substance-Induced Sexual Dysfunction^l
- 292.89 Other (or Unknown) Substance-Induced Sleep Disorder^{l,W}
- 292.9 Other (or Unknown) Substance-Related Disorder NOS

POLYSUBSTANCE-RELATED DISORDER

- 304.80 Polysubstance Dependence^{a,b,c,d}

OTHER (OR UNKNOWN) SUBSTANCE-RELATED DISORDERS

Other (or Unknown) Substance Use Disorders

- 304.90 Other (or Unknown) Substance Dependence^{a,b,c,d}
- 305.90 Other (or Unknown) Substance Abuse

Other (or Unknown) Substance-Induced Disorders

- 292.89 Other (or Unknown) Substance Intoxication
Specify if: With Perceptual Disturbances
- 292.0 Other (or Unknown) Substance Withdrawal
Specify if: With Perceptual Disturbances

- 292.81 Other (or Unknown) Substance-Induced Delirium
- 292.82 Other (or Unknown) Substance-Induced Persisting Dementia
- 292.83 Other (or Unknown) Substance-Induced Persisting Amnestic Disorder
- 292.xx Other (or Unknown) Substance-Induced Psychotic Disorder
 - .11 With Delusions^{l,w}
 - .12 With Hallucinations^{l,w}
- 292.84 Other (or Unknown) Substance-Induced Mood Disorder^{l,w}
- 292.89 Other (or Unknown) Substance-Induced Anxiety Disorder^{l,w}
- 292.89 Other (or Unknown) Substance-Induced Sexual Dysfunction^l
- 292.89 Other (or Unknown) Substance-Induced Sleep Disorder^{l,w}
- 292.9 Other (or Unknown) Substance-Related Disorder NOS

Schizophrenia and Other Psychotic Disorders

295.xx Schizophrenia

The following Classification of Longitudinal Course applies to all subtypes of Schizophrenia:

- Episodic With Interepisode Residual Symptoms (*Specify if:* With Prominent Negative Symptoms)/Episodic With No Interepisode Residual Symptoms
- Continuous (*Specify if:* With Prominent Negative Symptoms)
- Single Episode in Partial Remission (*Specify if:* With Prominent Negative Symptoms)/Single Episode in Full Remission
- Other or Unspecified Pattern
- .30 Paranoid Type
- .10 Disorganized Type
- .20 Catatonic Type
- .90 Undifferentiated Type
- .60 Residual Type
- 295.40 Schizophreniform Disorder
 - Specify if:* Without Good Prognostic Features/With Good Prognostic Features
- 295.70 Schizoaffective Disorder
 - Specify type:* Bipolar Type/Depressive Type
- 297.1 Delusional Disorder
 - Specify type:* Erotomanic Type/Grandiose Type/Jealous Type/Persecutory Type/Somatic Type/Mixed Type/Unspecified Type
- 298.8 Brief Psychotic Disorder
 - Specify if:* With Marked Stressor(s)/Without Marked Stressor(s)/With Postpartum Onset
- 297.3 Shared Psychotic Disorder
- 293.xx Psychotic Disorder Due to . . . [*Indicate the General Medical Condition*]
 - .81 With Delusions
 - .82 With Hallucinations

- ____ Substance-Induced Psychotic Disorder (*refer to Substance-Related Disorders for substance-specific codes*)
 - Specify if:* With Onset During Intoxication/With Onset During Withdrawal
- 298.9 Psychotic Disorder NOS

Mood Disorders

Code current state of Major Depressive Disorder or Bipolar I Disorder in fifth digit:

- 1 = Mild
- 2 = Moderate
- 3 = Severe Without Psychotic Features
- 4 = Severe With Psychotic Features
 - Specify:* Mood-Congruent Psychotic Features/Mood-Incongruent Psychotic Features
- 5 = In Partial Remission
- 6 = In Full Remission
- 0 = Unspecified

The following specifiers apply (for current or most recent episode) to Mood Disorders as noted:

- ^aSeverity/Psychotic/Remission Specifiers/^bChronic/^cWith Catatonic Features/^dWith Melancholic Features/^eWith Atypical Features/^fWith Postpartum Onset

The following specifiers apply to Mood Disorders as noted:

- ^gWith or Without Full Interepisode Recovery/^hWith Seasonal Pattern/ⁱWith Rapid Cycling

DEPRESSIVE DISORDERS

- 296.xx Major Depressive Disorder
 - .2x Single Episode^{a,b,c,d,e,f}
 - .3x Recurrent^{a,b,c,d,e,f,g,h}
- 300.4 Dysthymic Disorder
 - Specify if:* Early Onset/Late Onset
 - Specify if:* With Atypical Features
- 311 Depressive Disorder NOS

BIPOLAR DISORDERS

- 296.xx Bipolar I Disorder
 - .0x Single Manic Episode^{a,c,f}
 - Specify if:* Mixed
 - .40 Most Recent Episode Hypomanic^{g,h,i}
 - .4x Most Recent Episode Manic^{a,c,f,g,h,i}
 - .6x Most Recent Episode Mixed^{a,c,f,g,h,i}
 - .5x Most Recent Episode Depressed^{a,b,c,d,e,f,g,h,i}
 - .7 Most Recent Episode Unspecified^{g,h,i}
- 296.89 Bipolar II Disorder^{a,b,c,d,e,f,g,h,i}
 - Specify (current or most recent episode):* Hypomanic/Depressed
- 301.13 Cyclothymic Disorder
- 296.80 Bipolar Disorder NOS
- 293.83 Mood Disorder Due to . . . [*Indicate the General Medical Condition*]
 - Specify type:* With Depressive Features/With Major Depressive-Like Episode/With Manic Features/With Mixed Features

■ **Appendix** DSM-IV-TR Classification

- ____ Substance-Induced Mood Disorder (*refer to Substance-Related Disorders for substance-specific codes*)
Specify type: With Depressive Features/With Manic Features/With Mixed Features
Specify if: With Onset During Intoxication/With Onset During Withdrawal
- 296.90 Mood Disorder NOS

Anxiety Disorders

- 300.01 Panic Disorder Without Agoraphobia
 300.21 Panic Disorder With Agoraphobia
 300.22 Agoraphobia Without History of Panic Disorder
 300.29 Specific Phobia
Specify type: Animal Type/Natural Environment Type/Blood-Injection-Injury Type/Situational Type/Other Type
- 300.23 Social Phobia
Specify if: Generalized
- 300.3 Obsessive-Compulsive Disorder
Specify if: With Poor Insight
- 309.81 Posttraumatic Stress Disorder
Specify if: Acute/Chronic
Specify if: With Delayed Onset
- 308.3 Acute Stress Disorder
- 300.02 Generalized Anxiety Disorder
- 293.84 Anxiety Disorder Due to . . . [*Indicate the General Medical Condition*]
Specify if: With Generalized Anxiety/With Panic Attacks/With Obsessive-Compulsive Symptoms
- ____ Substance-Induced Anxiety Disorder (*refer to Substance-Related Disorders for substance-specific codes*)
Specify if: With Generalized Anxiety/With Panic Attacks/With Obsessive-Compulsive Symptoms/With Phobic Symptoms
Specify if: With Onset During Intoxication/With Onset During Withdrawal
- 300.00 Anxiety Disorder NOS

SOMATOFORM DISORDERS

- 300.81 Somatization Disorder
 300.82 Undifferentiated Somatoform Disorder
 300.11 Conversion Disorder
Specify type: With Motor Symptom or Deficit/With Sensory Symptom or Deficit/With Seizures or Convulsions/With Mixed Presentation
- 307.xx Pain Disorder
 .80 Associated With Psychological Factors
 .89 Associated With Both Psychological Factors and a General Medical Condition
Specify if: Acute/Chronic
- 300.7 Hypochondriasis
Specify if: With Poor Insight
- 300.7 Body Dysmorphic Disorder
- 300.82 Somatoform Disorder NOS

Factitious Disorders

- 300.xx Factitious Disorder
 .16 With Predominantly Psychological Signs and Symptoms
 .19 With Predominantly Physical Signs and Symptoms
 .19 With Combined Psychological and Physical Signs and Symptoms
- 300.19 Factitious Disorder NOS

Dissociative Disorders

- 300.12 Dissociative Amnesia
 300.13 Dissociative Fugue
 300.14 Dissociative Identity Disorder
 300.6 Depersonalization Disorder
 300.15 Dissociative Disorder NOS

Sexual and Gender Identity Disorders

SEXUAL DYSFUNCTIONS

The following specifiers apply to all primary Sexual Dysfunctions:

- Lifelong Type/Acquired Type
- Generalized Type/Situational Type
- Due to Psychological Factors/Due to Combined Factors

SEXUAL DESIRE DISORDERS

- 302.71 Hypoactive Sexual Desire Disorder
 302.79 Sexual Aversion Disorder

SEXUAL AROUSAL DISORDERS

- 302.72 Female Sexual Arousal Disorder
 302.72 Male Erectile Disorder

ORGASMIC DISORDERS

- 302.73 Female Orgasmic Disorder
 302.74 Male Orgasmic Disorder
 302.75 Premature Ejaculation

SEXUAL PAIN DISORDERS

- 302.76 Dyspareunia (Not Due to a General Medical Condition)
 306.51 Vaginismus (Not Due to a General Medical Condition)

SEXUAL DYSFUNCTION DUE TO A GENERAL MEDICAL CONDITION

- 625.8 Female Hypoactive Sexual Desire Disorder Due to . . . [*Indicate the General Medical Condition*]
 608.89 Male Hypoactive Sexual Desire Disorder Due to . . . [*Indicate the General Medical Condition*]
 607.84 Male Erectile Disorder Due to . . . [*Indicate the General Medical Condition*]
 625.0 Female Dyspareunia Due to . . . [*Indicate the General Medical Condition*]
 608.89 Male Dyspareunia Due to . . . [*Indicate the General Medical Condition*]
 625.8 Other Female Sexual Dysfunction Due to . . . [*Indicate the General Medical Condition*]
 608.89 Other Male Sexual Dysfunction Due to . . . [*Indicate the General Medical Condition*]

- ____ Substance-Induced Sexual Dysfunction (*refer to Substance-Related Disorders for substance-specific codes*)
Specify if: With Impaired Desire/With Impaired Arousal/With Impaired Orgasm/With Sexual Pain
Specify if: With Onset During Intoxication
- 302.70 Sexual Dysfunction NOS

PARAPHILIAS

- 302.4 Exhibitionism
- 302.81 Fetishism
- 302.89 Frotteurism
- 302.2 Pedophilia
Specify if: Sexually Attracted to Males/Sexually Attracted to Females/Sexually Attracted to Both
Specify if: Limited to Incest
Specify type: Exclusive Type/Nonexclusive Type
- 302.83 Sexual Masochism
- 302.84 Sexual Sadism
- 302.3 Transvestic Fetishism
Specify if: With Gender Dysphoria
- 302.82 Voyeurism
- 302.9 Paraphilia NOS

GENDER IDENTITY DISORDERS

- 302.xx Gender Identity Disorder
.6 in Children
.85 in Adolescents or Adults
Specify if: Sexually Attracted to Males/Sexually Attracted to Females/Sexually Attracted to Both/Sexually Attracted to Neither
- 302.6 Gender Identity Disorder NOS
- 302.9 Sexual Disorder NOS

Eating Disorders

- 307.1 Anorexia Nervosa
Specify type: Restricting Type; Binge-Eating/Purging Type
- 307.51 Bulimia Nervosa
Specify type: Purging Type/Nonpurging Type
- 307.50 Eating Disorder NOS

Sleep Disorders

PRIMARY SLEEP DISORDERS

Dyssomnias

- 307.42 Primary Insomnia
- 307.44 Primary Hypersomnia
Specify if: Recurrent
- 347 Narcolepsy
- 780.59 Breathing-Related Sleep Disorder
- 307.45 Circadian Rhythm Sleep Disorder
Specify type: Delayed Sleep Phase Type/Jet Lag Type/Shift Work Type/Unspecified Type
- 307.47 Dyssomnia NOS

Parasomnias

- 307.47 Nightmare Disorder
- 307.46 Sleep Terror Disorder
- 307.46 Sleepwalking Disorder

- 307.47 Parasomnia NOS

SLEEP DISORDERS RELATED TO ANOTHER MENTAL DISORDER

- 307.42 Insomnia Related to . . . [*Indicate the Axis I or Axis II Disorder*]
- 307.44 Hypersomnia Related to . . . [*Indicate the Axis I or Axis II Disorder*]

OTHER SLEEP DISORDERS

- 780.xx Sleep Disorder Due to . . . [*Indicate the General Medical Condition*]
- .52 Insomnia Type
- .54 Hypersomnia Type
- .59 Parasomnia Type
- .59 Mixed Type
- ____ Substance-Induced Sleep Disorder (*refer to Substance-Related Disorders for substance-specific codes*)
Specify type: Insomnia Type/Hypersomnia Type/Parasomnia Type/Mixed Type
Specify if: With Onset During Intoxication/With Onset During Withdrawal

Impulse-Control Disorders Not Elsewhere Classified

- 312.34 Intermittent Explosive Disorder
- 312.32 Kleptomania
- 312.33 Pyromania
- 312.31 Pathological Gambling
- 312.39 Trichotillomania
- 312.30 Impulse-Control Disorder NOS

Adjustment Disorders

- 309.xx Adjustment Disorder
- .0 With Depressed Mood
- .24 With Anxiety
- .28 With Mixed Anxiety and Depressed Mood
- .3 With Disturbance of Conduct
- .4 With Mixed Disturbance of Emotions and Conduct
- .9 Unspecified
Specify if: Acute/Chronic

Personality Disorders

Note: These are coded on Axis II.

- 301.0 Paranoid Personality Disorder
- 301.20 Schizoid Personality Disorder
- 301.22 Schizotypal Personality Disorder
- 301.7 Antisocial Personality Disorder
- 301.83 Borderline Personality Disorder
- 301.50 Histrionic Personality Disorder
- 301.81 Narcissistic Personality Disorder
- 301.82 Avoidant Personality Disorder
- 301.6 Dependent Personality Disorder
- 301.4 Obsessive-Compulsive Personality Disorder
- 301.9 Personality Disorder NOS

Other Conditions That May Be a Focus of Clinical Attention

PSYCHOLOGICAL FACTORS AFFECTING MEDICAL CONDITION

- 316 . . . [Specified Psychological Factor] Affecting . . .
 . [Indicate the General Medical Condition]
 Choose name based on nature of factors:
 Mental Disorder Affecting Medical Condition
 Psychological Symptoms Affecting Medical Condition
 Personality Traits or Coping Style Affecting Medical Condition
 Maladaptive Health Behaviors Affecting Medical Condition
 Stress-Related Physiological Response Affecting Medical Condition
 Other or Unspecified Psychological Factors Affecting Medical Condition

MEDICATION-INDUCED MOVEMENT DISORDERS

- 332.1 Neuroleptic-Induced Parkinsonism
 333.92 Neuroleptic Malignant Syndrome
 333.7 Neuroleptic-Induced Acute Dystonia
 333.99 Neuroleptic-Induced Acute Akathisia
 333.82 Neuroleptic-Induced Tardive Dyskinesia
 333.1 Medication-Induced Postural Tremor
 333.90 Medication-Induced Movement Disorder NOS

OTHER MEDICATION-INDUCED DISORDER

- 995.2 Adverse Effects of Medication NOS

RELATIONAL PROBLEMS

- V61.9 Relational Problem Related to a Mental Disorder or General Medical Condition
 V61.20 Parent-Child Relational Problem
 V61.10 Partner Relational Problem
 V61.8 Sibling Relational Problem
 V62.81 Relational Problem NOS

PROBLEMS RELATED TO ABUSE OR NEGLECT

- V61.21 Physical Abuse of Child
 (code 995.54 if focus of attention is on victim)
 V61.21 Sexual Abuse of Child
 (code 995.53 if focus of attention is on victim)

- V61.21 Neglect of Child
 (code 995.52 if focus of attention is on victim)
 ____ Physical Abuse of Adult
 V61.12 (if by partner)
 V62.83 (if by person other than partner) (code 995.81 if focus of attention is on victim)
 ____ Sexual Abuse of Adult
 V61.12 (if by partner)
 V62.83 (if by person other than partner) (code 995.83 if focus of attention is on victim)

ADDITIONAL CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTION

- V15.81 Noncomplicance With Treatment
 V65.2 Malingering
 V71.01 Adult Antisocial Behavior
 V71.02 Child or Adolescent Antisocial Behavior
 V62.89 Borderline Intellectual Functioning

Note: This is coded on Axis II.

- 780.9 Age-Related Cognitive Decline
 V62.82 Bereavement
 V62.3 Academic Problem
 V62.2 Occupational Problem
 313.82 Identity Problem
 V62.89 Religious or Spiritual Problem
 V62.4 Acculturation Problem
 V62.89 Phase of Life Problem

Additional Codes

- 300.9 Unspecified Mental Disorder (nonpsychotic)
 V71.09 No Diagnosis or Condition on Axis I
 799.9 Diagnosis or Condition Deferred on Axis I
 V71.09 No Diagnosis on Axis II
 799.9 Diagnosis Deferred on Axis II

Multiaxial System

- Axis I Clinical Disorders
 Other Conditions That May Be a Focus of Clinical Attention
 Axis II Personality Disorders
 Mental Retardation
 Axis III General Medical Conditions
 Axis IV Psychosocial and Environmental Problems
 Axis V Global Assessment of Functioning

MULTIAXIAL ASSESSMENT

A multiaxial system involves an assessment on several axes, each of which refers to a different domain of information that may help the clinician plan treatment and predict outcome. There are five axes included in the DSM-IV multiaxial classification:

- Axis I Clinical Disorders
Other Conditions That May Be a Focus of Clinical Attention
- Axis II Personality Disorders
Mental Retardation
- Axis III General Medical Conditions
- Axis IV Psychosocial and Environmental Problems
- Axis V Global Assessment of Functioning

The use of the multiaxial system facilitates comprehensive and systematic evaluation with attention to the various mental disorders and general medical conditions, psychosocial and environmental problems, and level of functioning that might be overlooked if the focus were on assessing a single presenting problem. A multiaxial system provides a convenient format for organizing and communicating clinical information, for capturing the complexity of clinical situations, and for describing the heterogeneity of individuals presenting with the same diagnosis. In addition, the multiaxial system promotes the application of the biopsychosocial model in clinical, educational, and research settings.

The rest of this section provides a description of each of the DSM-IV axes. In some settings or situations, clinicians may prefer not to use the multiaxial system. For this reason, guidelines for reporting the results of a DSM-IV assessment without applying the formal multiaxial system are provided at the end of this section.

AXIS I: Clinical Disorders— Other Conditions That May Be a Focus of Clinical Attention

Axis I is for reporting all the various disorders or conditions in the Classification except for the Personality Disorders and Mental Retardation (which are reported on Axis II). The major groups of disorders to be reported on Axis I are listed in the box below. Also reported on Axis I are Other Conditions That May Be a Focus of Clinical Attention.

When an individual has more than one Axis I disorder, all of these should be reported. If more than one Axis I disorder is present, the principal diagnosis or the reason for visit should be indicated by listing it first. When an

AXIS I

Clinical Disorders

Other Conditions That May Be a Focus of Clinical Attention

Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence (*excluding Mental Retardation, which is diagnosed on Axis II*)

Delirium, Dementia, and Amnesic and Other Cognitive Disorders

Mental Disorders Due to a General Medical Condition

Substance-Related Disorders

Schizophrenia and Other Psychotic Disorders

Mood Disorders

Anxiety Disorders

Somatoform Disorders

Factitious Disorders

Dissociative Disorders

Sexual and Gender Identity Disorders

Eating Disorders

Sleep Disorders

Impulse-Control Disorders Not Elsewhere Classified

Adjustment Disorders

Other Conditions That May Be a Focus of Clinical Attention

individual has both an Axis I and an Axis II disorder, the principal diagnosis or the reason for visit will be assumed to be on Axis I unless the Axis II diagnosis is followed by the qualifying phrase “(Principal Diagnosis)” or “(Reason for Visit).” If no Axis I disorder is present, this should be coded as V71.09. If an Axis I diagnosis is deferred, pending the gathering of additional information, this should be coded as 799.9.

AXIS II: Personality Disorders and Mental Retardation

Axis II is for reporting Personality Disorders and Mental Retardation. It may also be used for noting prominent maladaptive personality features and defense mechanisms. The

listing of Personality Disorders and Mental Retardation on a separate axis ensures that consideration will be given to the possible presence of Personality Disorders and Mental Retardation that might otherwise be overlooked when attention is directed to the usually more florid Axis I disorders. The coding of Personality Disorders on Axis II should not be taken to imply that their pathogenesis or range of appropriate treatment is fundamentally different from that for the disorders coded on Axis I. The disorders to be reported on Axis II are listed in the box below.

In the common situation in which an individual has more than one Axis II diagnosis, all should be reported. When an individual has both an Axis I and an Axis II diagnosis and the Axis II diagnosis is the principal diagnosis or the reason for visit, this should be indicated by adding the qualifying phrase “(Principal Diagnosis)” or “(Reason for Visit)” after the Axis II diagnosis. If no Axis II disorder is present, this should be coded as V71.09. If an Axis II diagnosis is deferred, pending the gathering of additional information, this should be coded as 799.9.

Axis II may also be used to indicate prominent maladaptive personality features that do not meet the threshold for a Personality Disorder (in such instances, no code number should be used). The habitual use of maladaptive defense mechanisms may also be indicated on Axis II.

AXIS III: General Medical Conditions

Axis III is for reporting current general medical conditions that are potentially relevant to the understanding or management of the individual’s mental disorder. These conditions are classified outside the “Mental Disorders” chapter of ICD-9-CM (and outside Chapter V of ICD-10). A listing of the broad categories of general medical conditions is given in the box below.

As discussed in the “Introduction,” the multiaxial distinction among Axis I, Axis II, and Axis III disorders does not imply that there are fundamental differences in their conceptualization, that mental disorders are unrelated to physical or biological factors or processes, or that general medical conditions are unrelated to behavioral or psychosocial factors or processes. The purpose of distinguishing general medical conditions is to encourage thoroughness in evaluation and to enhance communication among health care providers.

General medical conditions can be related to mental disorders in a variety of ways. In some cases it is clear that the general medical condition is directly etiological to the development or worsening of mental symptoms and that the mechanism for this effect is physiological. When a mental disorder is judged to be a direct physiological consequence of the general medical condition, a Mental Disorder Due to a General Medical Condition should be diagnosed on Axis I and the general medical condition should be recorded on both Axis I and Axis III. For example, when hypothyroidism is a direct cause of depressive symptoms, the designation on Axis I is 293.83 Mood Disorder Due to Hypothyroidism, With Depressive Features, and the hypothyroidism is listed again and coded on Axis III as 244.9.

In those instances in which the etiological relationship between the general medical condition and the mental symptoms is insufficiently clear to warrant an Axis I diagnosis of Mental Disorder Due to a General Medical Condition, the appropriate mental disorder (e.g., Major Depressive Disorder) should be listed and coded on Axis I; the general medical condition should only be coded on Axis III.

There are other situations in which general medical conditions are recorded on Axis III because of their importance to the overall understanding or treatment of the individual with the mental disorder. An Axis I disorder may be a psychological reaction to an Axis III general medical condition (e.g., the development of 309.0 Adjustment Disorder With Depressed Mood as a reaction

AXIS II

Personality Disorders

Mental Retardation

Paranoid Personality Disorder	Narcissistic Personality Disorder
Schizoid Personality Disorder	Avoidant Personality Disorder
Schizotypal Personality Disorder	Dependent Personality Disorder
Antisocial Personality Disorder	Obsessive-Compulsive Personality disorder
Borderline Personality Disorder	Personality Disorder Not Otherwise Specified
Histrionic Personality Disorder	Mental Retardation

to the diagnosis of carcinoma of the breast). Some general medical conditions may not be directly related to the mental disorder but nonetheless have important prognostic or treatment implications (e.g., when the diagnosis on Axis I is 296.30 Major Depressive Disorder, Recurrent, and on Axis III is 427.9 arrhythmia, the choice of pharmacotherapy is influenced by the general medical condition; or when a person with diabetes mellitus is admitted to the hospital for an exacerbation of Schizophrenia and insulin management must be monitored).

When an individual has more than one clinically relevant Axis III diagnosis, all should be reported. If no Axis III disorder is present, this should be indicated by the notation “Axis III: None.” If an Axis III diagnosis is deferred, pending the gathering of additional information, this should be indicated by the notation “Axis III: Deferred.”

AXIS III

General Medical Conditions (with ICD-9-CM codes)

Infectious and Parasitic Diseases (001–139)
 Neoplasms (140–239)
 Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (240–279)
 Diseases of the Blood and Blood-Forming Organs (280–289)
 Diseases of the Nervous System and Sense Organs (320–389)
 Diseases of the Circulatory System (390–459)
 Diseases of the Respiratory System (460–519)
 Diseases of the Digestive System (520–579)
 Diseases of the Genitourinary System (580–629)
 Complications of Pregnancy, Childbirth, and the Puerperium (630–676)
 Diseases of the Skin and Subcutaneous Tissue (680–709)
 Diseases of the Musculoskeletal System and Connective Tissue (710–739)
 Congenital Anomalies (740–759)
 Certain Conditions Originating in the Perinatal Period (760–779)
 Symptoms, Signs, and Ill-Defined Conditions (780–799)
 Injury and Poisoning (800–999)

AXIS IV: Psychosocial and Environmental Problems

Axis IV is for reporting psychosocial and environmental problems that may affect the diagnosis, treatment, and prognosis of mental disorders (Axes I and II). A psychosocial or environmental problem may be a negative life event, an environmental difficulty or deficiency, a familial or other interpersonal stress, an inadequacy of social support or personal resources, or other problem relating to the context in which a person's difficulties have developed. So-called positive stressors, such as job promotion, should be listed only if they constitute or lead to a problem, as when a person has difficulty adapting to the new situation. In addition to playing a role in the initiation or exacerbation of a mental disorder, psychosocial problems may also develop as a consequence of a person's psychopathology or may constitute problems that should be considered in the overall management plan.

When an individual has multiple psychosocial or environmental problems, the clinician may note as many as are judged to be relevant. In general, the clinician should note only those psychosocial and environmental problems that have been present during the year preceding the current evaluation. However, the clinician may choose to note psychosocial and environmental problems occurring prior to the previous year if these clearly contribute to the mental disorder or have become a focus of treatment—for example, previous combat experiences leading to Posttraumatic Stress Disorder.

In practice, most psychosocial and environmental problems will be indicated on Axis IV. However, when a psychosocial or environmental problem is the primary focus of clinical attention, it should also be recorded on Axis I, with a code derived from the section “Other Conditions That May Be a Focus of Clinical Attention.”

For convenience, the problems are grouped together in the following categories:

- **Problems with primary support group**—e.g., death of a family member; health problems in family; disruption of family by separation, divorce, or estrangement; removal from the home; remarriage of parent; sexual or physical abuse; parental overprotection; neglect of child; inadequate discipline; discord with siblings; birth of a sibling
- **Problems related to the social environment**—e.g., death or loss of friend; inadequate social support; living alone; difficulty with acculturation; discrimination; adjustment of life-cycle transition (such as retirement)

■ **Appendix** DSM-IV-TR Classification

- **Educational problems**—e.g., illiteracy; academic problems; discord with teachers or classmates; inadequate school environment
- **Occupational problems**—e.g., unemployment; threat of job loss; stressful work schedule; difficult work conditions; job dissatisfaction; job change; discord with boss or co-workers
- **Housing problems**—e.g., homelessness; inadequate housing; unsafe neighborhood; discord with neighbors or landlord
- **Economic problems**—e.g., extreme poverty; inadequate finances; insufficient welfare support
- **Problems with access to health care services**—e.g., inadequate health care services; transportation to health care facilities unavailable; inadequate health insurance
- **Problems related to interaction with the legal system/crime**—e.g., arrest; incarceration; litigation; victim of crime
- **Other psychosocial and environmental problems**—e.g., exposure to disasters, war, other hostilities; discord with nonfamily caregivers such as counselor, social worker, or physician; unavailability of social service agencies

When using the Multiaxial Evaluation Report Form, the clinician should identify the relevant categories of psychosocial and environmental problems and indicate the specific factors involved. If a recording form with a checklist of problem categories is not used, the clinician may simply list the specific problems on Axis IV.

AXIS IV

Psychosocial and Environmental Problems

- Problems with primary support group
- Problems related to the social environment
- Educational problems
- Occupational problems
- Housing problems
- Economic problems
- Problems with access to health care services
- Problems related to interaction with the legal system/crime
- Other psychosocial and environmental problems

AXIS V: Global Assessment of Functioning

Axis V is for reporting the clinician's judgment of the individual's overall level of functioning. This information is useful in planning treatment and measuring its impact, and in predicting outcome.

The reporting of overall functioning on Axis V can be done using the Global Assessment of Functioning (GAF) Scale. The GAF Scale may be particularly useful in tracking the clinical progress of individuals in global terms, using a single measure. The GAF Scale is to be rated with respect only to psychological, social, and occupational functioning. The instructions specify, "Do not include impairment in functioning due to physical (or environmental) limitations."

The GAF scale is divided into 10 ranges of functioning. Making a GAF rating involves picking a single value that best reflects the individual's overall level of functioning. The description of each 10-point range in the GAF scale has two components: the first part covers symptom severity, and the second part covers functioning. The GAF rating is within a particular decile if **either** the symptom severity **or** the level of functioning falls within the range. For example, the first part of the range 41–50 describes "serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting)" and the second part includes "any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job)." It should be noted that in situations where the individual's symptom severity and level of functioning are discordant, the final GAF rating always reflects the worse of the two. For example, the GAF rating for an individual who is a significant danger to self but is otherwise functioning well would be below 20. Similarly, the GAF rating for an individual with minimal psychological symptomatology but significant impairment in functioning (e.g., an individual whose excessive preoccupation with substance use has resulting in loss of job and friends but no other psychopathology) would be 40 or lower.

In most instances, ratings on the GAF Scale should be for the current period (i.e., the level of functioning at the time of the evaluation) because ratings of current functioning will generally reflect the need for treatment or care. In order to account for day-to-day variability in functioning, the GAF rating for the "current period" is sometimes operationalized as the lowest level of functioning for the past week. In some settings, it may be useful to note the GAF Scale rating both at time of admission and

at time of discharge. The GAF Scale may also be rated for other time periods (e.g., the highest level of functioning for at least a few months during the past year). The GAF Scale is reported on Axis V as follows: “GAF =,” followed by the GAF rating from 0 to 100, followed by the time period reflected by the rating in parentheses—for example, “(current),” “(highest level in past year),” “(at discharge).”

In order to ensure that no elements of the GAF scale are overlooked when a GAF rating is being made, the following method for determining a GAF rating may be applied:

STEP 1: Starting at the top level, evaluate each range by asking “is **either** the individual’s symptom severity **OR** level of functioning worse than what is indicated in the range description?”

STEP 2: Keep moving down the scale until the range that best matches the individual’s symptom severity **OR** the level of functioning is reached, **whichever is worse**.

STEP 3: Look at the next lower range as a double-check against having stopped prematurely. This range should be too severe on **both** symptom severity **and** level of functioning. If it is, the appropriate range has been reached (continue with step 4). If not, go back to step 2 and continue moving down the scale.

STEP 4: To determine the specific GAF rating within the selected 10-point range, consider whether the individual is functioning at the higher or lower end of the 10-point range. For example, consider an individual who hears voices that do not influence his behavior (e.g., someone with long-standing Schizophrenia who accepts his hallucinations as part of his illness). If the voices occur relatively infrequently (once a week or less), a rating of 39 or 40 might be most appropriate. In contrast, if the individual hears voices almost continuously, a rating of 31 or 32 would be more appropriate.

In some settings, it may be useful to assess social and occupational disability and to track progress in rehabilitation independent of the severity of the psychological symptoms.

GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

TABLE A.1

Code	(Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)
100/91	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
90/81	Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than every-day problems or concerns (e.g., an occasional argument with family members).
80/71	If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument), no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
70/61	Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.
60/51	Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).
50/41	Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
40/31	Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
30/21	Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home, or friends).
20/11	Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
10/1	Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
0	Inadequate information.

The rating of overall psychological functioning on a scale of 0–100 was operationalized by Luborsky in the Health-Sickness Rating Scale (Luborsky L: "Clinicians' Judgments of Mental Health." *Archives of General Psychiatry* 7:407–417, 1962). Spitzer and colleagues developed a revision of the Health-Sickness Rating Scale called the Global Assessment Scale (GAS) (Endicott J, Spitzer RL, Fleiss JL, Cohen J: "The Global Assessment Scale: A Procedure for Measuring Overall Severity of Psychiatric Disturbance." *Archives of General Psychiatry* 33:766–771, 1976). A modified version of the GAS was included in DSM-III-R as the Global Assessment of Functioning (GAF) Scale.