







Disclaimer: This report is based on research from a federally-funded, multi-site, clinical study. Please understand that these results are NOT your diagnosis. The SAGE is NOT a medical test. You may be at risk of having one or more of the possible diagnoses listed here; however, only a licensed clinician can make an actual diagnosis. There may be other conditions causing your symptoms that are not listed here. Regardless of the results of this survey, see a licensed clinician if you have questions or think you might need help. We recommend you print or save this report so that you can discuss it with your health care provider.

Demographic Information	
Year of Birth	1985
Sex at Birth	Female

Diagnoses for Clinician to Consider	ICD-10 Code
Social Anxiety Disorder	F40.10
Post-Traumatic Stress Disorder	F43.10

Report Key	
<p>Recommended Action</p> <ul style="list-style-type: none">  Consider diagnosis and treatment  Note some symptoms present  Note absent/minimal symptoms 	<p>Symptoms</p> <ul style="list-style-type: none">  Present  Absent/Minimal

Report Reliability
<ul style="list-style-type: none"> • SAGE-SR completed. • No items skipped.

Consider Diagnosis and Treatment	
 Social Anxiety Disorder ^	
I felt nervous or anxious when speaking to large groups of people.	Often
I felt nervous or anxious when eating or drinking in front of others.	Sometimes
I felt nervous or anxious at a party or social gathering.	Often
I felt nervous or anxious when speaking to someone in authority.	Often
In these situations, I was afraid of being judged.	Often
I was afraid or anxious when in these situations.	Always
I avoided these situations so that I would not feel afraid or anxious.	Sometimes
I thought I was more afraid than I should have been of being in these situations.	Often
I have had this fear of these situations for at least 6 months.	Yes

My fear of social situations interfered with work, personal care, relationships, or other parts of my life.	Often
These feelings and behaviors occurred at times other than when I was drinking or using drugs to get high.	Always

 Post-Traumatic Stress Disorder ^	
During the past 30 days, I have thought about the event.	Often
During your lifetime, have you or someone you know experienced a traumatic event? Please select all that apply.	I have.
I suddenly thought about the event.	Often
I thought about the event when I did not want to.	Often
I had bad dreams about the event.	Often
I felt like I was experiencing the event again.	Often
I felt like I was reliving the event.	Sometimes
I behaved as if I was reliving the event.	Sometimes
I became very upset when something reminded me of the event.	Always
I began to sweat or my heart started beating fast when something reminded me of the event.	Always
I made a special effort to avoid talking or thinking about the event.	Often
I avoided things or people that reminded me of the event.	Always
I was unable to remember some important part of the event.	Sometimes
I thought I was a bad person.	Sometimes
I blamed myself for the event.	Often
I blamed myself for how I felt after the event.	Often
I felt angry.	Often
I felt emotionally numb.	Always
I felt ashamed.	Often
I had less interest in doing the things that were important to me before the event.	Often
I felt distant from other people.	Often
I enjoyed life.	Often
I felt happy.	Rarely

I yelled at someone in anger.	Rarely
I was physically aggressive toward someone.	Rarely
I behaved recklessly.	Rarely
I felt on guard.	Often
I thought about possible dangers around me.	Often
I was easily startled.	Always
I jumped when I heard loud noises.	Often
I had difficulty concentrating.	Often
I had difficulty making even simple decisions.	Sometimes
I slept well.	Rarely
Have you been experiencing these feelings or behaviors for more than 30 days?	Yes
My feelings or behaviors, as a result of the event, interfered with work, personal care, relationships, or other parts of my life.	Always
These symptoms occurred at times other than when I was drinking or using drugs to get high.	Always

Note Absent/Minimal Symptoms

<input checked="" type="checkbox"/> Generalized Anxiety Disorder	<input checked="" type="checkbox"/> Panic Disorder
<input checked="" type="checkbox"/> Agoraphobia	<input checked="" type="checkbox"/> Obsessive Compulsive Disorder
<input checked="" type="checkbox"/> Current Major Depressive Episode	<input checked="" type="checkbox"/> Past Major Depressive Episode
<input checked="" type="checkbox"/> Persistent Depressive Disorder	<input checked="" type="checkbox"/> Major Depressive Disorder
<input checked="" type="checkbox"/> Other Specified Depressive Disorder	<input checked="" type="checkbox"/> Manic Episode
<input checked="" type="checkbox"/> Hypomanic Episode	<input checked="" type="checkbox"/> Past Manic Episode
<input checked="" type="checkbox"/> Past Hypomanic Episode	<input checked="" type="checkbox"/> Bipolar I Disorder
<input checked="" type="checkbox"/> Bipolar II Disorder	<input checked="" type="checkbox"/> Other Specified Bipolar Disorder
<input checked="" type="checkbox"/> Attention-Deficit Hyperactivity Disorder	<input checked="" type="checkbox"/> Schizophrenia
<input checked="" type="checkbox"/> Schizophreniform Disorder	<input checked="" type="checkbox"/> Schizoaffective Disorder
<input checked="" type="checkbox"/> Delusional Disorder	<input checked="" type="checkbox"/> Brief Psychotic Disorder

- Other Specified Psychotic Disorder
- Alcohol Use Disorder
- Sedative, Hypnotic, or Anxiolytic Use Disorder
- Stimulant Use Disorder - Cocaine
- PCP Use Disorder
- Inhalant Use Disorder

- Uncertain Psychotic Disorder
- Cannabis Use Disorder
- Stimulant Use Disorder - Amphetamine
- Opioid Use Disorder
- Other Hallucinogen Use Disorder
- Other Drug Use Disorder