New: DSM PROPOSAL SUBMISSION: CORRECTIONS AND CLARIFICATIONS TO DSM

(untitled)

1. Contact information:

First Name *

Last Name *

Your degree(s) (MD, PhD, etc.): *

Institutional Affiliation(s) (if any):

Email Address *

Phone Number *

2. I am a(n) (check all that apply):* *

- ☐ Researcher
- ☐ Practitioner
- ☐ Administrator
- ☐ Coder
- ☐ Other - Write In (Required)

[   ]   *

3. Diagnostic Category or Name of Disorder for which you are proposing a correction or clarification: *

[   ]

4. Please indicate the type of correction or clarification your proposal addresses: *

[   ]

5. Please succinctly describe the correction or clarification that you are proposing, and indicate the relevant DSM-5 page number to which it applies, or, if referencing the online version, the category, and title under which it appears.

*

6. Please provide clear evidence that the proposed change is not likely to produce a substantial change in caseness (i.e., whether or not an individual has the disorder of interest or, the degree to which the diagnostic criteria for a given condition are applicable to a given individual).

*

7. Please provide a brief analysis of the advantages and disadvantages of the proposed correction or clarification.

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