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):* *
   - Researchers
   - 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.