Caffeine Intoxication DSM-5 Criteria

Patient information	
Name:	**Gender:**
Date of birth:	**Date of evaluation:**
Diagnostic criteria	
Review the criteria below. Check the boxes that apply to the individual.	
☐ **A. Recent caffeine consumption** (typically a high dose, well in excess of 250 mg)	
☐ **B. Five (or more) of the following signs or symptoms developing during or shortly after caffeine use:**	
☐ 1. Restlessness	☐ 7. Gastrointestinal disturbance
☐ 2. Nervousness	☐ 8. Muscle twitching
☐ 3. Excitement	☐ 9. Rambling flow of thought and speech
☐ 4. Insomnia	☐ 10. Tachycardia or cardiac arrhythmia
☐ 5. Flushed face	☐ 11. Periods of inexhaustibility
☐ 6. Diuresis	☐ 12. Psychomotor agitation
☐ **C. Signs or symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning**	
☐ **D. Signs or symptoms are not attributable to another medical condition or better explained by another mental disorder, including intoxication with another substance**	
Additional notes	

Reference: American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Pearson.