



1. Please enter your information.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

2. Write down the most distressing traumatic event that you have experienced:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please read each statement carefully and mark the number that best describes how often that problem has been happening and how much it upset you over THE LAST MONTH. Rate each problem with respect to the traumatic event that you wrote above.

For example, if you've talked to a friend about the trauma one time in the past month, you would respond like this: (because one time in the past month is less than once a week)

**Talking to other people about the trauma**

0	①	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

4.

	Not at all	Once a week or less (a little)	2 to 3 times a week/ (somewhat)	4 to 5 times a week (very much)	6 or more times a week (severe)
Unwanted upsetting memories about the trauma	0	1	2	3	4
Bad dreams or nightmares related to the trauma	0	1	2	3	4
Reliving the traumatic event or feeling as if it were actually happening again	0	1	2	3	4
Feeling very EMOTIONALLY upset when reminded of the trauma	0	1	2	3	4
Having PHYSICAL reactions when reminded of the trauma (for example, sweating, heart racing)	0	1	2	3	4
Trying to avoid thoughts or feelings related to the trauma	0	1	2	3	4

Trying to avoid activities, situations, or places that remind you of the trauma or that feel more dangerous since the trauma	0	1	2	3	4
Not being able to remember important parts of the trauma	0	1	2	3	4
Seeing yourself, others, or the world in a more negative way (for example "I can't trust people," "I'm a weak person")	0	1	2	3	4
Blaming yourself or others (besides the person who hurt you) for what happened	0	1	2	3	4
Having intense negative feelings like fear, horror, anger, guilt or shame	0	1	2	3	4
Losing interest or not participating in activities you used to do	0	1	2	3	4
Feeling distant or cut off from others	0	1	2	3	4
Having difficulty experiencing positive feelings	0	1	2	3	4
Acting more irritable or aggressive with others	0	1	2	3	4
Taking more risks or doing things that might cause you or others harm (for example, driving recklessly, taking drugs, having unprotected sex)	0	1	2	3	4
Being overly alert or on-guard (for example, checking to see who is around you, being uncomfortable with your back to a door)	0	1	2	3	4
Being jumpy or more easily startled (for example when someone walks up behind you)	0	1	2	3	4
Having trouble concentrating	0	1	2	3	4
Having trouble falling or staying asleep	0	1	2	3	4

## 5. DISTRESS AND INTERFERENCE

	Not at all	Once a week or less (a little)	2 to 3 times a week (somewhat)	4 to 5 times a week (very much)	6 or more times a week (severe)
How much have these difficulties been bothering you?	0	1	2	3	4
How much have these difficulties been interfering with your everyday life (for example relationships, work, or other important activities)?	0	1	2	3	4