Trauma Screen and PTSD-DSM5 Checklist-Adult

Name: ___________________________ Date: ______

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark No if it didn’t happen to you.

1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. □ Yes □ No
2. Serious accident or injury like a car/bike crash, dog bite, sports injury. □ Yes □ No
3. Robbed by threat, force or weapon. □ Yes □ No
4. Slapped, punched, or beat up in your family. □ Yes □ No
5. Slapped, punched, or beat up by someone not in your family. □ Yes □ No
6. Seeing someone in your family get slapped, punched or beat up. □ Yes □ No
7. Seeing someone in the community get slapped, punched or beat up. □ Yes □ No
8. Someone older touching your private parts when they shouldn’t. □ Yes □ No
9. Someone forcing or pressuring sex, or when you couldn’t say no. □ Yes □ No
10. Someone close to you dying suddenly or violently. □ Yes □ No
11. Attacked, stabbed, shot at or hurt badly. □ Yes □ No
12. Seeing someone attacked, stabbed, shot at, hurt badly or killed. □ Yes □ No
13. Stressful or scary medical procedure. □ Yes □ No
14. Being around war. □ Yes □ No
15. Other stressful or scary event? □ Yes □ No

Describe: ____________________________________________

Which one is bothering you the most now? __________________

If you marked “YES” to any stressful or scary events, then turn the page and answer the next questions.
Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

1. Upsetting memories about a stressful event that pop into your head unplanned or when you are reminded. 0 1 2 3
2. Bad dreams related to a stressful event that feels like it is happening in the dream. 0 1 2 3
3. Acting or feeling as if the stressful event is happening right now. 0 1 2 3
4. Feeling very emotionally upset when you are reminded of a stressful event. 0 1 2 3
5. Strong physical reactions when reminded of a stressful event (sweating, heart beating fast). 0 1 2 3
6. Trying not to remember, talk about or have feelings about a stressful event. 0 1 2 3
7. Avoiding activities, people, places or things that remind you of a stressful event. 0 1 2 3
8. Not being able to remember an important part of a stressful event. 0 1 2 3
9. Negative changes in how you think about yourself, others or the world after a stressful event. 0 1 2 3
10. Thinking a stressful event happened because you or someone else did something wrong or did not do enough to stop it. 0 1 2 3
11. Having a very negative emotional state (afraid, angry, guilty, ashamed). 0 1 2 3
12. Losing interest in activities you used to enjoy before a stressful event. 0 1 2 3
13. Feeling distant or cut off from people around you. 0 1 2 3
14. Not being able to have positive feelings (being happy, having loving feelings). 0 1 2 3
15. Feeling irritable or having angry outbursts without a good reason and taking it out on other people or things. 0 1 2 3
16. Risky behavior or behavior that could hurt you. 0 1 2 3
17. Being overly alert or on guard. 0 1 2 3
18. Being jumpy or easily startled. 0 1 2 3
19. Problems with concentration. 0 1 2 3
20. Trouble falling or staying asleep. 0 1 2 3

Please mark “YES” or “NO” if the problems you marked interfered with:

1. Getting along with others □ Yes □ No
2. Hobbies/Fun □ Yes □ No
3. School or work □ Yes □ No
4. Family relationships □ Yes □ No
5. General happiness □ Yes □ No

Total ______
Clinical = 21+