

Appendix : Short PTSD Rating Interview (SPRINT)

Identify the relevant trauma:

In the past week		Not at all 0	A little bit 1	Moderately 2	Quite a lot 3	Very much 4
1	How much have you been bothered by unwanted memories, nightmares or reminders of the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	How much effort have you made to avoid thinking or talking about the event, or doing things which remind you of what happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	To what extent have you lost enjoyment for things, kept your distance from people, or found it difficult to experience feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability or feeling watchful around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	How much have you been bothered by pain, aches, or tiredness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	How much would you get upset when stressful events or setbacks happen to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	How much have the above symptoms interfered with your ability to work or carry out daily activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	How much have the above symptoms interfered with your relationships with family or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total				
9	How much better do you feel since beginning treatment? (as a percentage)	0	50			100
		<div><div></div></div>				
		No change				
		As well as I could be				
		Worse	No change	Minimally	Much	Very much
		5	4	3	2	1
10	How much have the above symptoms improved since starting treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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