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

Total _____

Clinical = 21+

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

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