{Module Name} Module

PTSD Symptom Scale—Interview

Agency Name: _____ **Site Name:** _____

ID #: _____ **Date:** __ __ / __ __ / __ __ __ __

INTERVIEWER: Ask the participant whether he/she has experienced each symptom at all "in the past two weeks" (if < 2 weeks since assault, ask "since the assault"). If NO, select "Not at all." If YES, probe (e.g., "How often has this been happening?") and then quantify.

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

RE-EXPERIENCING *(need one): [Probe, then quantify]*

1. Have you had recurrent or intrusive distressing thoughts or recollections about the assault?	❑0	❑1	❑2	❑3
2. Have you been having recurrent bad dreams or nightmares about the assault?	❑0	❑1	❑2	❑3
3. Have you had the experience of suddenly reliving the assault, flashbacks of it, acting or feeling as if it were re-occurring?	❑0	❑1	❑2	❑3
4. Have you been intensely EMOTIONALLY upset when reminded of the assault (includes anniversary reactions)?	❑0	❑1	❑2	❑3
5. Have you been having intense PHYSICAL reactions (e.g., sweaty, heart palpitations) when reminded of the assault?	❑0	❑1	❑2	❑3

AVOIDANCE *(need three): [Probe, then quantify]*

6. Have you persistently been making efforts to avoid thoughts or feelings associated with the assault?	❑0	❑1	❑2	❑3
7. Have you persistently been making efforts to avoid activities, situations, or places that remind you of the assault?	❑0	❑1	❑2	❑3
8. Are there any important aspects about the assault that you still cannot recall?	❑0	❑1	❑2	❑3
9. Have you markedly lost interest in free time activities since the assault?	❑0	❑1	❑2	❑3
10. Have you felt detached or cut off from others around you since the assault?	❑0	❑1	❑2	❑3
11. Have you felt that your ability to experience the whole range of emotions is impaired (e.g., unable to have loving feelings)?	❑0	❑1	❑2	❑3
12. Have you felt that any future plans or hopes have changed because of the assault (e.g., no career, marriage, children, or long life)?	❑0	❑1	❑2	❑3

INCREASED AROUSAL *(need two): [Probe, then quantify]*

13. Have you had persistent difficulty falling or staying asleep?	❑0	❑1	❑2	❑3
14. Have you been continuously irritable or have outbursts of anger?	❑0	❑1	❑2	❑3
15. Have you had persistent difficulty concentrating?	❑0	❑1	❑2	❑3
16. Are you overly alert (e.g., check to see who is around you, etc.) since the assault?	❑0	❑1	❑2	❑3
17. Have you been jumpier, more easily startled, since the assault?	❑0	❑1	❑2	❑3

Reference: Foa EB; Riggs DS; Dancu CV; Rothbaum BO. Reliability and validity of a brief instrument for assessing post-traumatic stress disorder. Journal of Traumatic Stress 1993;6:459-473.

UW ADAI Sound Data Source

PTSD Symptom Scale—Self Report

Protocol Number: XXXX-XXX-XXXX

Participant #: __ __ __ __ [a] Name Code: __ __ __ __ [b] Visit #: __ __ __ [c]

Form Completion Status: __ [d] Form __ of __ [k] [l] Visit Date: __ __ /__ __ /__ __ __ __ [f] [g] [h]
m m d d y y y y

1=CRF administered
2=Participant refused
3=Staff member did not administer
4=Not enough time to administer
5=No participant contact [e]
6=Other (specify: _____)

Node #: __ __ [i] Site #: __ __ __ __ [j]

THESE QUESTIONS REFER TO YOUR TRAUMATIC EVENT(S).

This scale measures the frequency and severity of symptoms since your last visit.* For each symptom, please indicate the **FREQUENCY AND SEVERITY** by checking the appropriate box. If a symptom did not occur at all (Frequency=Not at all) during the assessment period, then code the Severity as "Not at all".

*For the Baseline and Follow-up assessments, the participant should consider her symptoms in the past 7 days. During the Treatment Phase of the study, she should consider the symptoms since her last visit.

1. Having upsetting thoughts or images about the trauma that came into your head when you didn't want them to

a. FREQUENCY: [1]
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: [2]
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

2. Having bad dreams or nightmares about the trauma

a. FREQUENCY: [3]
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: 4
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

3. Reliving the trauma, acting or feeling as if it was happening again

a. FREQUENCY: 5
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: 6
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

4. Feeling emotionally upset when you were reminded of the trauma (for example, feeling scared, angry, sad, guilty, etc.)

a. FREQUENCY: 7
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: 8
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

5. Trying not to think about, talk about, or have feelings about the trauma

a. FREQUENCY: 9
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: 10
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

Participant #: ___ ___ ___ ___ Visit Date: ___ ___ / ___ ___ / ___ ___ ___ ___
m m d d y y y y

6. Trying to avoid activities, people, or places that remind you of the trauma

a. FREQUENCY: 11
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: 12
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

7. Not being able to remember an important part of the trauma

a. FREQUENCY: 13
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: 14
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

8. Having much less interest or participating much less often in important activities

a. FREQUENCY: 15
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: 16
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

9. Feeling distant or cut off from people around you

a. FREQUENCY: 17
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: 18
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

10. Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings)

a. FREQUENCY: 19
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: 20
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

11. Feeling as if future plans or hopes will not come true (for example, will have no career, marriage, children, or long life)

a. FREQUENCY: 21
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: 22
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

12. Having trouble falling or staying asleep

a. FREQUENCY: 23
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: 24
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

13. Feeling irritable or having fits of anger

a. FREQUENCY: [25]
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: [26]
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

14. Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read)

a. FREQUENCY: [27]
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: [28]
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

15. Being over-alert (for example, checking to see who is around you, being uncomfortable with your back to a door, etc.)

a. FREQUENCY: [29]
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY: [30]
Not at all ❑1
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

16. Being jumpy or easily startled (for example, when someone walks up behind you)

a. FREQUENCY: [31]
Not at all ❑1
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY:

Not at all ❑1 [32]
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

17. Experiencing PHYSICAL reactions when you were reminded of the trauma (for example, breaking out in a sweat, heart beating fast)

a. FREQUENCY:

Not at all ❑1 [33]
Once a week ❑2
2-4 times per week/Half the time ❑3
5 or more times per week/Almost always ❑4

b. SEVERITY:

Not at all ❑1 [34]
A little bit ❑2
Moderately ❑3
Quite a bit ❑4
Extremely ❑5

Completed by (Staff #): ___ ___ ___ ___ ___ [35]

Reviewed by (Staff #): ___ ___ ___ ___ ___ [36]

Entered by (Staff #): ___ ___ ___ ___ ___ [37]