Instrument Title: The Screen for Posttraumatic Stress Symptoms (SPTSS)

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SPTSS

IN THE BLANK SPACE BEFORE EACH QUESTION, PUT A NUMBER TO TELL HOW MUCH THAT THING HAS HAPPENED TO YOU IN THE PAST WEEK.

0 = not at all
1 = 1 or 2 times
2 = almost every day
3 = about once every day
4 = more than once every day

___ 1. I don’t feel like doing things that I used to like doing.
___ 2. I can’t remember much about bad things that have happened to me.
___ 3. I feel cut off and isolated from other people.
___ 4. I try not to think about things that remind me of something bad that happened to me.
___ 5. I feel numb: I don’t feel emotions as strongly as I used to.
___ 6. I have trouble concentrating on things or paying attention to something for a long time.
___ 7. I have a hard time thinking about the future and believing that I’m going to live to old age.
___ 8. I feel very irritable and lose my temper.
___ 9. I avoid doing things or being in situations that might remind me of something terrible that happened to me in the past.
___ 10. I am very aware of my surroundings and nervous about what’s going on around me.
___ 11. I find myself remembering bad things that happened to me over and over, even when I don’t want to think about them.
___ 12. I get startled or surprised very easily and “jump” when I hear a sudden sound.
___ 13. I have bad dreams about terrible things that happened to me.
___ 14. I get very upset when something reminds me of something bad that happened to me.
___ 15. I have trouble getting to sleep or staying asleep.
___ 16. When something reminds me of something bad that happened to me, I feel shaky, sweaty, nervous and my heart beats really fast.
___ 17. I suddenly feel like I am back in the past, in a bad situation that I was once in, and it’s like it was happening it all over again.