

PTSD Scale-Self Report for DSM-5

(PS-SR5)

TRAUMA SCREEN

Have you ever experienced, witnessed, or been repeatedly confronted with any of the following:
(Check all that apply)

- Serious, life threatening illness (heart attack, etc.)
- Physical Assault (attacked with a weapon, severe injuries from a fight, held at gunpoint, etc.)
- Sexual assault (rape, attempted rape, forced sexual act with a weapon, etc.)
- Military combat or lived in a war zone
- Child abuse (severe beatings, sexual acts with someone 5 years older than you, etc.)
- Accident (serious injury or death from a car, at work, a house fire, etc.)
- Natural disaster (severe hurricane, flood, earthquake, etc.)
- Other trauma (Please describe briefly):

None

*** If NONE, please STOP and return this questionnaire ***



If you marked any of the above items, which single traumatic experience is on your mind and currently bothers you the most:

(Check only one)

- Serious, life threatening illness (heart attack, etc.)
- Physical Assault (attacked with a weapon, severe injuries from a fight, held at gunpoint, etc.)
- Sexual assault (rape, attempted rape, forced sexual act with a weapon, etc.)
- Military combat or lived in a war zone
- Child abuse (severe beatings, sexual acts with someone 5 years older than you, etc.)
- Accident (serious injury or death from a car, at work, a house fire, etc.)
- Natural disaster (severe hurricane, flood, earthquake, etc.)
- Other trauma (Please describe briefly):

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Instructions: Below is a list of problems that people sometimes have after experiencing a traumatic event. Write down the most distressing traumatic event that you checked on the last page:

Please read each statement carefully and circle the number that best describes how often that problem has been happening and how much it upset you over THE LAST MONTH. Rate each problem with respect to the traumatic event that you wrote above.

For example, if you've talked to a friend about the trauma one time in the past month, you would respond like this: (because one time in the past month is less than once a week)

Talking to other people about the trauma

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

1. Unwanted upsetting memories about the trauma

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

2. Bad dreams or nightmares related to the trauma

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

3. Reliving the traumatic event or feeling as if it were actually happening again

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

4. Feeling very EMOTIONALLY upset when reminded of the trauma

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

5. Having PHYSICAL reactions when reminded of the trauma (for example, sweating, heart racing)

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

6. Trying to avoid thoughts or feelings related to the trauma

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

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7. Trying to avoid activities, situations, or places that remind you of the trauma or that feel more dangerous since the trauma

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

8. Not being able to remember important parts of the trauma

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

9. Seeing yourself, others, or the world in a more negative way (for example "I can't trust people," "I'm a weak person")

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

10. Blaming yourself or others (besides the person who hurt you) for what happened

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

11. Having intense negative feelings like fear, horror, anger, guilt or shame

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

12. Losing interest or not participating in activities you used to do

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

13. Feeling distant or cut off from others

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

14. Having difficulty experiencing positive feelings

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

15. Acting more irritable or aggressive with others

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

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16. Taking more risks or doing things that might cause you or others harm (for example, driving recklessly, taking drugs, having unprotected sex)

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

17. Being overly alert or on-guard (for example, checking to see who is around you, being uncomfortable with your back to a door)

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

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

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

19. Having trouble concentrating

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

20. Having trouble falling or staying asleep

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

DISTRESS AND INTERFERENCE

21. How much have these difficulties been bothering you?

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

22. How much have these difficulties been interfering with your everyday life (for example relationships, work, or other important activities)?

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

SYMPTOM ONSET AND DURATION

23. How long after the trauma did these difficulties begin? [circle one]

- a. Less than 6 months
- b. More than 6 months

24. How long have you had these trauma-related difficulties? [circle one]

- a. Less than 1 month
- b. More than 1 month

ASI

Directions: Using the 0-4 scale below, circle the appropriate number to indicate the extent to which you agree with each item. If any of the items concern something that is not part of your experience (e.g., "it scares me when I feel shaky" for someone who has never trembled or had the "shakes"), answer on the basis of how you think you might feel if you had such an experience. Otherwise answer on the basis of your own experience.

	0 Very little	1 A Little	2 Some	3 Much	4 Very much
1. It is important for me not to appear nervous.	0	1	2	3	4
2. When I cannot keep my mind on a task, I worry that I might be going crazy.	0	1	2	3	4
3. It scares me when I feel shaky.	0	1	2	3	4
4. It scares me when I feel faint.	0	1	2	3	4
5. It is important for me to stay in control of my emotions.	0	1	2	3	4
6. It scares me when my heart beats rapidly.	0	1	2	3	4
7. It embarrasses me when my stomach growls.	0	1	2	3	4
8. It scares me when I am nauseous.	0	1	2	3	4
9. When I notice my heart is beating rapidly, I worry that I might have a heart attack.	0	1	2	3	4
10. It scares me when I become short of breath.	0	1	2	3	4
11. When my stomach is upset, I worry that I might be seriously ill.	0	1	2	3	4
12. It scares me when I am unable to keep my mind on a task.	0	1	2	3	4
13. Other people notice when I feel shaky.	0	1	2	3	4
14. Unusual body sensations scare me.	0	1	2	3	4
15. When I am nervous I worry that I might be mentally ill.	0	1	2	3	4
16. It scares me when I am nervous.	0	1	2	3	4

BAI

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all	Mildly, but it didn't bother me much	Moderately- it wasn't pleasant at times	Severely- it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky/unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint/lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/cold sweats	0	1	2	3

Brief FNE

Please indicate how characteristic of you each of the following statements is, using the following rating scale:

	1 Not at all characteristic of me	2 Slightly characteristic of me	3 Moderately characteristic of me	4 Very characteristic of me	5 Extremely characteristic of me
1. I worry about what people will think of me, even when it doesn't make any difference.	1	2	3	4	5
2. I am unconcerned even if I know people are forming an unfavorable impression of me.	1	2	3	4	5
3. I am frequently afraid of other people noticing my shortcomings.	1	2	3	4	5
4. I rarely worry about what kind of impression I am making on someone.	1	2	3	4	5
5. I am afraid that people will not approve of me.	1	2	3	4	5
6. I am afraid that people will find fault with me.	1	2	3	4	5
7. Other people's opinions of me do not bother me.	1	2	3	4	5
8. When I am talking to someone, I worry about what they may be thinking about me.	1	2	3	4	5
9. I am usually worried about what kind of impression I make.	1	2	3	4	5
10. If I know someone is judging me, it has little effect on me.	1	2	3	4	5
11. Sometimes I think I am too concerned with what other people think of me.	1	2	3	4	5
12. I often worry that I will say or do the wrong things.	1	2	3	4	5

OCI-R

Directions: The following statements refer to experiences that many people have in their everyday lives. Circle the number that best describes how much that experience has distressed or bothered you during the **past month**.

		0	1	2	3	4
		Not at all	A little	Moderately	A lot	Extremely
1	I have saved up so many things that they get in the way.	0	1	2	3	4
2	I check things more often than necessary.	0	1	2	3	4
3	I get upset if objects are not arranged properly.	0	1	2	3	4
4	I feel compelled to count while I am doing things.	0	1	2	3	4
5	I find it difficult to touch an object when I know it has been touched by strangers or certain people	0	1	2	3	4
6	I find it difficult to control my own thoughts.	0	1	2	3	4
7	I collect things I don't need.	0	1	2	3	4
8	I repeatedly check doors, windows, drawers, etc.	0	1	2	3	4
9	I get upset if others change the way I have arranged things.	0	1	2	3	4
10	I feel I have to repeat certain numbers.	0	1	2	3	4
11	I sometimes have to wash or clean myself simply because I feel contaminated.	0	1	2	3	4
12	I am upset by unpleasant thoughts that come into my mind against my will.	0	1	2	3	4
13	I avoid throwing things away because I am afraid I might need them later.	0	1	2	3	4
14	I repeatedly check gas and water taps and light switches after turning them off.	0	1	2	3	4
15	I need things to be arranged in a particular order.	0	1	2	3	4
16	I feel that there are good and bad numbers.	0	1	2	3	4
17	I wash my hands more often and longer than necessary.	0	1	2	3	4
18	I frequently get nasty thoughts and have difficulty in getting rid of them.	0	1	2	3	4

PSWQ

Directions: A number of statements which people have used to describe themselves are given below. Please read each statement and then circle the appropriate number to indicate the extent to which the statement applies to you. There are no right or wrong answers. Do not spend too much time on any one statement, but give the answer that generally describes you.

	0 Not at all typical of me	1	2 Somewhat typical of me	3	4 Very typical of me
1. If I do not have enough time to do everything, I do not worry about it.	0	1	2	3	4
2. My worries overwhelm me.	0	1	2	3	4
3. I do not tend to worry about things.	0	1	2	3	4
4. Many situations make me worry.	0	1	2	3	4
5. I know I should not worry about things, but I just cannot help it.	0	1	2	3	4
6. When I am under pressure, I worry a lot.	0	1	2	3	4
7. I am always worrying about something.	0	1	2	3	4
8. I find it easy to dismiss worrisome thoughts.	0	1	2	3	4
9. As soon as I finish one task, I start to worry about everything else I have to do.	0	1	2	3	4
10. I never worry about anything.	0	1	2	3	4
11. When there is nothing more I can do about a concern, I do not worry about it anymore.	0	1	2	3	4
12. I have been a worrier all my life.	0	1	2	3	4
13. I notice that I have been worrying about things.	0	1	2	3	4
14. Once I start worrying, I cannot stop.	0	1	2	3	4
15. I worry all the time.	0	1	2	3	4
16. I worry about projects until they are done.	0	1	2	3	4

BDI-II

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1 Sadness

0. I do not feel sad.
1. I feel sad much of the time.
2. I am sad all the time.
3. I am so sad or unhappy that I can't stand it.

2 Pessimism

0. I am not discouraged about the future.
1. I feel more discouraged about my future than I used to be.
2. I do not expect things to work out for me.
3. I feel my future is hopeless and will only get worse.

3 Past Failure

0. I do not feel like a failure.
1. I feel I have failed more than I should have.
2. As I look back, I see a lot of failures.
3. I feel I am a total failure as a person.

4 Loss of Pleasure

0. I get as much pleasure as I ever did from the things I enjoy.
1. I don't enjoy things as much as I used to.
2. I get very little pleasure from the things I used to enjoy.
3. I can't get any pleasure from the things I used to enjoy.

5 Guilty Feelings

0. I don't feel particularly guilty.
1. I feel guilty over many things I have done or should have done.
2. I feel quite guilty most of the time.
3. I feel guilty all of the time.

6 Punishment Feelings

0. I don't feel I am being punished.
1. I feel I may be punished.
2. I expect to be punished.
3. I feel I am being punished.

7 Self-Dislike

0. I feel the same about myself as ever.
1. I have lost confidence in myself.
2. I am disappointed in myself.
3. I dislike myself.

8 Self-Criticalness

0. I don't criticize or blame myself more than usual.
1. I am more critical of myself than I used to be.
2. I criticize myself for all of my faults.
3. I blame myself for everything bad that happens.

9 Suicidal Thoughts or Wishes

0. I don't have any thoughts of killing myself.
1. I have thoughts of killing myself, but I would not carry them out.
2. I would like to kill myself.
3. I would kill myself if I had the chance.

10 Crying

0. I don't cry any more than usual.
1. I cry more than I used to.
2. I cry over every little thing.
3. I feel like crying, but I can't.

11 Agitation

- 0. I am no more restless or wound up than usual.
- 1. I feel more restless or wound up than usual.
- 2. I am so restless or agitated that it's hard to stay still.
- 3. I am so restless or agitated that I have to keep moving or doing something.

12 Loss of Interest

- 0. I have not lost interest in other people or activities.
- 1. I am less interested in other people or things than before.
- 2. I have lost most of my interest in other people and things.
- 3. It's hard to get interested in anything.

13 Indecisiveness

- 0. I make decisions about as well as ever.
- 1. I find it more difficult to make decisions than usual.
- 2. I have much greater difficulty in making decisions than I used to.
- 3. I have trouble making any decisions.

14 Worthlessness

- 0. I do not feel I am worthless.
- 1. I don't consider myself as worthwhile and useful as I used to.
- 2. I feel more worthless as compared to other people.
- 3. I feel utterly worthless.

15 Loss of Energy

- 0. I have as much energy as ever.
- 1. I have less energy that I used to have.
- 2. I don't have enough energy to do very much.
- 3. I don't have enough energy to do anything.

16 Changes in Sleeping Pattern

- 0. I have not experienced any change in my sleeping pattern.
-
- 1a. I sleep somewhat more than usual.
- 1b. I sleep somewhat less than usual.
-
- 2a. I sleep a lot more than usual.
- 2b. I sleep a lot less than usual.
-
- 3a. I sleep most of the day.
- 3b. I wake up 1-2 hours early and can't get back to sleep.

17 Irritability

- 0. I am no more irritable than usual.
- 1. I am more irritable than usual.
- 2. I am much more irritable than usual.
- 3. I am irritable all the time.

18 Changes in Appetite

- 0. I have not experienced any change in my appetite.
-
- 1a. My appetite is somewhat less than usual.
- 1b. My appetite is somewhat greater than usual.
-
- 2a. My appetite is much less than before.
- 2b. My appetite is much greater than usual.
-
- 3a. I have no appetite at all.
- 3b. I crave food all the time.

19 Concentration Difficulty

- 0. I can concentrate as well as ever.
- 1. I can't concentrate as well as usual.
- 2. It's hard to keep my mind on anything for very long.
- 3. I find I can't concentrate on anything.

20 Tiredness or Fatigue

0. I am no more tired or fatigued than usual.
1. I get more tired or fatigued more easily than usual.
2. I am too tired or fatigued to do a lot of the things I used to do.
3. I am too tired or fatigued to do most of the things I used to do.

21 Loss of Interest in Sex

0. I have not noticed any recent change in my interest in sex.
1. I am less interested in sex than I used to be.
2. I am much less interested in sex now.
3. I have lost interest in sex completely.

SDS

Directions: Please *circle a number* that best describes your situation **now**:

Work										
Because of my problems, my work is impaired:										
not at all	mildly		moderately			markedly			Very severely (cannot work)	
0	1	2	3	4	5	6	7	8	9	10

Social life/Leisure activities										
(e.g., with other people at parties, socializing, visiting, dating, outings, clubs, and entertaining)										
Because of my problems, my social life is impaired:										
not at all	mildly		moderately			markedly			Very severely (cannot work)	
0	1	2	3	4	5	6	7	8	9	10

Family life/Home responsibilities										
(e.g., relating to family members, paying bills, managing home, shopping and cleaning)										
Because of my problems, my home responsibilities are impaired:										
not at all	mildly		moderately			markedly			Very severely (cannot work)	
0	1	2	3	4	5	6	7	8	9	10