# TRAUMA RESPONSE CHECKLIST

## OVERVIEW

The following exercise is to be used in conjunction with our book, ***"What Is PTSD? 3 Steps to Healing Trauma"*** for best effect. Please visit **www.WhatIsPTSD.com** for additional resources.

The checklist below was developed as a brief screening instrument. It will not provide a diagnosis but rather is an indicator for you to consider the areas of strain you have experienced after traumatic exposure. Read each of the statements and select the box that best applies to you in the past month.

**Trauma Response Checklist**

**What happened? (Describe briefly; maximum 10-15 words)**

_____

_____

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_____

**Event Questions**

1. Did you believe that the event could result in death or physical injury to you or another? ❒ Yes ❒ No
2. Did you feel intense fear, helplessness, or horror? ❒ Yes ❒ No

Read each statement and select the response that most closely identifies with your experience during the past four weeks.

**Distress/Strain Questions**

1. I have difficulty falling or staying asleep ❒ Yes ❒ No
2. I seem to be more irritable or angry ❒ Yes ❒ No

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| | | |
|---|---|---|
| 3. | I have more difficulty concentrating | ❒ Yes ❒ No |
| 4. | I feel more alert and watchful since the event | ❒ Yes ❒ No |
| 5. | I startle easily (i.e., when I hear loud noises, sudden movements) | ❒ Yes ❒ No |

**Steer Clear Questions**

| | | |
|---|---|---|
| 1. | At times, I try to avoid thoughts or feelings related to the experience | ❒ Yes ❒ No |
| 2. | Sometimes I try to avoid activities or situations that remind me of the event | ❒ Yes ❒ No |
| 3. | I cannot remember all the important details of the event | ❒ Yes ❒ No |
| 4. | I am not as interested in participating in activities as I was before the event | ❒ Yes ❒ No |
| 5. | I don't feel as happy or as sad as I used to before the event | ❒ Yes ❒ No |
| 6. | I have withdrawn or been more detached from others since the event | ❒ Yes ❒ No |
| 7. | I feel like I won't live as long as I thought I would since the event | ❒ Yes ❒ No |

**Negative Interference Questions**

| | | |
|---|---|---|
| 1. | I experience unwanted thoughts, images or sensitivity to the event(s) | ❒ Yes ❒ No |
| 2. | I experience dreams or nightmares related to the event(s) | ❒ Yes ❒ No |
| 3. | At times, I act or feel like the event is still happening | ❒ Yes ❒ No |
| 4. | I feel emotionally upset when exposed to reminders of the event | ❒ Yes ❒ No |
| 5. | I experience physical distress when exposed to reminders of events (i.e., body tension, nausea, rapid heart rate, shallow breathing, etc.) | ❒ Yes ❒ No |

**Associated Disturbance Questions**

| | | |
|---|---|---|
| 1. | I have more feelings of guilt since the event | ❒ Yes ❒ No |
| 2. | I have the desire to harm myself or another | ❒ Yes ❒ No |
| 3. | I feel very helpless or hopeless | ❒ Yes ❒ No |
| 4. | I feel sadder since the event | ❒ Yes ❒ No |

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5. I feel like nothing will be good again ❒ Yes ❒ No

6. I am drinking or using drugs more often since the event ❒ Yes ❒ No

7. I experience more headaches, muscle tension, nausea and fear since the event ❒ Yes ❒ No

**Anything else you wish to add about your struggles?**

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## SCORING FOR THE TRAUMA RESPONSE CHECKLIST

The *Trauma Response Checklist* is meant to highlight the areas where you are experiencing difficulty after the trauma. It is not meant to make a diagnosis.

**Event Questions**

Add one point for each *yes* answer. Two points are required to endorse the event section.

**Distress/Strain Questions**

Add one point for each *yes* answer. A minimum of two points are required to endorse the distress/strain section.

**Steer Clear Questions**

Add one point for each *yes* answer. A minimum of three points are required to endorse the Steer Clear section.

**Negative Interference Questions**

Add one point for each *yes* answer. A minimum of one point is required to endorse the negative interference section.

**Associated Disturbance Questions**

Add one point for each *yes* answer. Use caution if you answered *yes* on questions 2, 3 or 6. Special care and a referral are required in these cases, regardless of answers to any other questions on this instrument. Endorsement of the associated disturbance section occurs when 2, 3 or 6 are answered *yes* or a minimum of four *yes* answers are given.

**Further Care & Referral Indicators**

Endorsement of four or more out of the five categories above indicates a need for further care and referrals. Please seek out the assistance of a trained Post-Trauma care provider if you are experiencing symptoms, which you can no longer manage on your own. Endorsement of questions 2, 3 or 6 on the associated disturbance section alone indicates the need for special care and further referrals.

Although it is our hope that this book can guide you, it is not meant to replace the help of a skilled professional.

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