

**National Center for PTSD**

**CLINICIAN-ADMINISTERED PTSD SCALE FOR DSM-IV**

Name: \_\_\_\_\_ ID # : \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Study: \_\_\_\_\_

Dudley D. Blake, Frank W. Weathers, Linda M. Nagy,  
Danny G. Kaloupek, Dennis S. Charney, & Terence M. Keane

National Center for Posttraumatic Stress Disorder

Behavioral Science Division -- Boston VA Medical Center  
Neurosciences Division -- West Haven VA Medical Center

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**Criterion A. The person has been exposed to a traumatic event in which both of the following were present:**

- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others**
- (2) the person's response involved intense fear, helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior**

I'm going to be asking you about some difficult or stressful things that sometimes happen to people. Some examples of this are being in some type of serious accident; being in a fire, a hurricane, or an earthquake; being mugged or beaten up or attacked with a weapon; or being forced to have sex when you didn't want to. I'll start by asking you to look over a list of experiences like this and check any that apply to you. Then, if any of them do apply to you, I'll ask you to briefly describe what happened and how you felt at the time.

Some of these experiences may be hard to remember or may bring back uncomfortable memories or feelings. People often find that talking about them can be helpful, but it's up to you to decide how much you want to tell me. As we go along, if you find yourself becoming upset, let me know and we can slow down and talk about it. Also, if you have any questions or you don't understand something, please let me know. Do you have any questions before we start?

ADMINISTER CHECKLIST, THEN REVIEW AND INQUIRE UP TO THREE EVENTS. IF MORE THAN THREE EVENTS ENDORSED, DETERMINE WHICH THREE EVENTS TO INQUIRE (E.G., FIRST, WORST, AND MOST RECENT EVENTS; THREE WORST EVENTS; TRAUMA OF INTEREST PLUS TWO OTHER WORST EVENTS, ETC.)

IF NO EVENTS ENDORSED ON CHECKLIST: *(Has there ever been a time when your life was in danger or you were seriously injured or harmed?)*

IF NO: *(What about a time when you were threatened with death or serious injury, even if you weren't actually injured or harmed?)*

IF NO: *(What about witnessing something like this happen to someone else or finding out that it happened to someone close to you?)*

IF NO: *(What would you say are some of the most stressful experiences you have had over your life?)*

#### EVENT #1

**What happened?** *(How old were you? Who else was involved? How many times did this happen? Life threat? Serious injury?)*

**How did you respond emotionally?** *(Were you very anxious or frightened? Horrified? Helpless? How so? Were you stunned or in shock so that you didn't feel anything at all? What was that like? What did other people notice about your emotional response? What about after the event -- how did you respond emotionally?)*

Describe (e.g., event type, victim, perpetrator, age, frequency):

A. (1)

Life threat? NO YES [self \_\_\_ other \_\_\_]

Serious injury? NO YES [self \_\_\_ other \_\_\_]

Threat to physical integrity? NO YES [self \_\_\_ other \_\_\_]

A. (2)

Intense fear/help/horror? NO YES [during \_\_\_ after \_\_\_]

Criterion A met? NO PROBABLE YES

## EVENT #2

**What happened?** (How old were you? Who else was involved? How many times did this happen? Life threat? Serious injury?)

**How did you respond emotionally?** (Were you very anxious or frightened? Horrified? Helpless? How so? Were you stunned or in shock so that you didn't feel anything at all? What was that like? What did other people notice about your emotional response? What about after the event -- how did you respond emotionally?)

Describe (e.g., event type, victim, perpetrator, age, frequency):

A. (1)

Life threat? NO YES [self \_\_\_ other \_\_\_]

Serious injury? NO YES [self \_\_\_ other \_\_\_]

Threat to physical integrity? NO YES [self \_\_\_ other \_\_\_]

A. (2)

Intense fear/help/horror? NO YES [during \_\_\_ after \_\_\_]

Criterion A met? NO PROBABLE YES

## EVENT #3

**What happened?** (How old were you? Who else was involved? How many times did this happen? Life threat? Serious injury?)

**How did you respond emotionally?** (Were you very anxious or frightened? Horrified? Helpless? How so? Were you stunned or in shock so that you didn't feel anything at all? What was that like? What did other people notice about your emotional response? What about after the event -- how did you respond emotionally?)

Describe (e.g., event type, victim, perpetrator, age, frequency):

A. (1)

Life threat? NO YES [self \_\_\_ other \_\_\_]

Serious injury? NO YES [self \_\_\_ other \_\_\_]

Threat to physical integrity? NO YES [self \_\_\_ other \_\_\_]

A. (2)

Intense fear/help/horror? NO YES [during \_\_\_ after \_\_\_]

Criterion A met? NO PROBABLE YES

For the rest of the interview, I want you to keep (EVENTS) in mind as I ask you some questions about how they may have affected you.

I'm going to ask you about twenty-five questions altogether. Most of them have two parts. First, I'll ask if you've ever had a particular problem, and if so, about how often in the past month (*week*). Then I'll ask you how much distress or discomfort that problem may have caused you.

**Criterion B. The traumatic event is persistently reexperienced in one (or more) of the following ways:**

1. (B-1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

<p><b><u>Frequency</u></b>  <b>Have you ever had unwanted memories of (EVENT)? What were they like?</b> (<i>What did you remember?</i>) [IF NOT CLEAR:] (<i>Did they ever occur while you were awake, or only in dreams?</i>) [EXCLUDE IF MEMORIES OCCURRED ONLY DURING DREAMS] <b>How often have you had these memories in the past month (week)?</b></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How much distress or discomfort did these memories cause you? Were you able to put them out of your mind and think about something else?</b> (<i>How hard did you have to try?</i>) <b>How much did they interfere with your life?</b></p> <p>0 None  1 Mild, minimal distress or disruption of activities  2 Moderate, distress clearly present but still manageable, some disruption of activities  3 Severe, considerable distress, difficulty dismissing memories, marked disruption of activities  4 Extreme, incapacitating distress, cannot dismiss memories, unable to continue activities</p> <p><b>QV (specify)</b> _____</p>	<p><b><u>Past week</u></b></p> <p>F _____  I _____</p> <p><b><u>Past month</u></b></p> <p>F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b></p> <p>F _____  I _____  Sx: Y N</p>
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2. (B-2) recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognizable content.

<p><b><u>Frequency</u></b>  <b>Have you ever had unpleasant dreams about (EVENT)? Describe a typical dream.</b> (<i>What happens in them?</i>) <b>How often have you had these dreams in the past month (week)?</b></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How much distress or discomfort did these dreams cause you? Did they ever wake you up?</b> [IF YES:] (<i>What happened when you woke up? How long did it take you to get back to sleep?</i>) [LISTEN FOR REPORT OF ANXIOUS AROUSAL, YELLING, ACTING OUT THE NIGHTMARE] (<i>Did your dreams ever affect anyone else? How so?</i>)</p> <p>0 None  1 Mild, minimal distress, may not have awoken  2 Moderate, awoke in distress but readily returned to sleep  3 Severe, considerable distress, difficulty returning to sleep  4 Extreme, incapacitating distress, did not return to sleep</p> <p><b>QV (specify)</b> _____</p>	<p><b><u>Past week</u></b></p> <p>F _____  I _____</p> <p><b><u>Past month</u></b></p> <p>F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b></p> <p>F _____  I _____  Sx: Y N</p>
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3. (B-3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).  
**Note:** In young children, trauma-specific reenactment may occur.

<p><b><u>Frequency</u></b>  <b>Have you ever suddenly acted or felt as if (EVENT) were happening again?</b> <i>(Have you ever had flashbacks about [EVENT]?)</i> [IF NOT CLEAR:] <i>(Did this ever occur while you were awake, or only in dreams?)</i> [EXCLUDE IF OCCURRED ONLY DURING DREAMS] <b>Tell me more about that. How often has that happened in the past month (week)?</b></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How much did it seem as if (EVENT) were happening again?</b> <i>(Were you confused about where you actually were or what you were doing at the time?)</i>  <b>How long did it last? What did you do while this was happening?</b> <i>(Did other people notice your behavior? What did they say?)</i></p> <p>0 No reliving  1 Mild, somewhat more realistic than just thinking about event  2 Moderate, definite but transient dissociative quality, still very aware of surroundings, daydreaming quality  3 Severe, strongly dissociative (reports images, sounds, or smells) but retained some awareness of surroundings  4 Extreme, complete dissociation (flashback), no awareness of surroundings, may be unresponsive, possible amnesia for the episode (blackout)</p> <p><b>QV (specify)</b> _____</p>	<p><b><u>Past week</u></b></p> <p>F _____  I _____</p> <p><b><u>Past month</u></b></p> <p>F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b></p> <p>F _____  I _____  Sx: Y N</p>
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4. (B-4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

<p><b><u>Frequency</u></b>  <b>Have you ever gotten emotionally upset when something reminded you of (EVENT)?</b> <i>(Has anything ever triggered bad feelings related to [EVENT]?)</i> <b>What kinds of reminders made you upset? How often in the past month (week)?</b></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How much distress or discomfort did (REMINDERS) cause you? How long did it last? How much did it interfere with your life?</b></p> <p>0 None  1 Mild, minimal distress or disruption of activities  2 Moderate, distress clearly present but still manageable, some disruption of activities  3 Severe, considerable distress, marked disruption of activities  4 Extreme, incapacitating distress, unable to continue activities</p> <p><b>QV (specify)</b> _____</p>	<p><b><u>Past week</u></b></p> <p>F _____  I _____</p> <p><b><u>Past month</u></b></p> <p>F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b></p> <p>F _____  I _____  Sx: Y N</p>
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**5. (B-5)** physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

<p><b><u>Frequency</u></b>  <b>Have you ever had any physical reactions when something reminded you of (EVENT)?</b> (<i>Did your body ever react in some way when something reminded you of [EVENT]?</i>) <b>Can you give me some examples?</b> (<i>Did your heart race or did your breathing change? What about sweating or feeling really tense or shaky?</i>) <b>What kinds of reminders triggered these reactions? How often in the past month (week)?</b></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How strong were (PHYSICAL REACTIONS)? How long did they last?</b> (<i>Did they last even after you were out of the situation?</i>)</p> <p>0 No physical reactivity  1 Mild, minimal reactivity  2 Moderate, physical reactivity clearly present, may be sustained if exposure continues  3 Severe, marked physical reactivity, sustained throughout exposure  4 Extreme, dramatic physical reactivity, sustained arousal even after exposure has ended</p> <p><b>QV (specify)</b> _____</p>	<p><b><u>Past week</u></b></p> <p>F _____  I _____</p> <p><b><u>Past month</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p> <p><b><u>Lifetime</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p>
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**Criterion C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:**

**6. (C-1)** efforts to avoid thoughts, feelings, or conversations associated with the trauma

<p><b><u>Frequency</u></b>  <b>Have you ever tried to avoid thoughts or feelings about (EVENT)?</b> (<i>What kinds of thoughts or feelings did you try to avoid?</i>) <b>What about trying to avoid talking with other people about it?</b> (<i>Why is that?</i>) <b>How often in the past month (week)?</b></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How much effort did you make to avoid (THOUGHTS/FEELINGS/CONVERSATIONS)?</b> (<i>What kinds of things did you do? What about drinking or using medication or street drugs?</i>) [CONSIDER ALL ATTEMPTS AT AVOIDANCE, INCLUDING DISTRACTION, SUPPRESSION, AND USE OF ALCOHOL/DRUGS] <b>How much did that interfere with your life?</b></p> <p>0 None  1 Mild, minimal effort, little or no disruption of activities  2 Moderate, some effort, avoidance definitely present, some disruption of activities  3 Severe, considerable effort, marked avoidance, marked disruption of activities, or involvement in certain activities as avoidant strategy  4 Extreme, drastic attempts at avoidance, unable to continue activities, or excessive involvement in certain activities as avoidant strategy</p> <p><b>QV (specify)</b> _____</p>	<p><b><u>Past week</u></b></p> <p>F _____  I _____</p> <p><b><u>Past month</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p> <p><b><u>Lifetime</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p>
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## 7. (C-2) efforts to avoid activities, places, or people that arouse recollections of the trauma

<p><b><u>Frequency</u></b>  <b>Have you ever tried to avoid certain activities, places, or people that reminded you of (EVENT)?</b> <i>(What kinds of things did you avoid? Why is that?)</i>  <b>How often in the past month (week)?</b></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How much effort did you make to avoid (ACTIVITIES/PLACES/PEOPLE)?</b> <i>(What did you do instead?)</i> <b>How much did that interfere with your life?</b></p> <p>0 None  1 Mild, minimal effort, little or no disruption of activities  2 Moderate, some effort, avoidance definitely present, some disruption of activities  3 Severe, considerable effort, marked avoidance, marked disruption of activities or involvement in certain activities as avoidant strategy  4 Extreme, drastic attempts at avoidance, unable to continue activities, or excessive involvement in certain activities as avoidant strategy</p> <p><b>QV (specify)</b> _____</p>	<p><b><u>Past week</u></b></p> <p>F _____  I _____</p> <p><b><u>Past month</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p> <p><b><u>Lifetime</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p>
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## 8. (C-3) inability to recall an important aspect of the trauma

<p><b><u>Frequency</u></b>  <b>Have you had difficulty remembering some important parts of (EVENT)? Tell me more about that.</b> <i>(Do you feel you should be able to remember these things? Why do you think you can't?)</i> <b>In the past month (week), how much of the important parts of (EVENT) have you had difficulty remembering?</b> <i>(What parts do you still remember?)</i></p> <p>0 None, clear memory  1 Few aspects not remembered (less than 10%)  2 Some aspects not remembered (approx 20-30%)  3 Many aspects not remembered (approx 50-60%)  4 Most or all aspects not remembered (more than 80%)</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How much difficulty did you have recalling important parts of (EVENT)?</b> <i>(Were you able to recall more if you tried?)</i></p> <p>0 None  1 Mild, minimal difficulty  2 Moderate, some difficulty, could recall with effort  3 Severe, considerable difficulty, even with effort  4 Extreme, completely unable to recall important aspects of event</p> <p><b>QV (specify)</b> _____</p>	<p><b><u>Past week</u></b></p> <p>F _____  I _____</p> <p><b><u>Past month</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p> <p><b><u>Lifetime</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p>
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## 9. (C-4) markedly diminished interest or participation in significant activities

<p><b><u>Frequency</u></b>  <b>Have you been less interested in activities that you used to enjoy?</b> <i>(What kinds of things have you lost interest in? Are there some things you don't do at all anymore? Why is that?)</i> [EXCLUDE IF NO OPPORTUNITY, IF PHYSICALLY UNABLE, OR IF DEVELOPMENTALLY APPROPRIATE CHANGE IN PREFERRED ACTIVITIES] <b>In the past month (week), how many activities have you been less interested in?</b> <i>(What kinds of things do you still enjoy doing?)</i> <b>When did you first start to feel that way?</b> <i>(After the [EVENT]?)</i></p> <p>0 None  1 Few activities (less than 10%)  2 Some activities (approx 20-30%)  3 Many activities (approx 50-60%)  4 Most or all activities (more than 80%)</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How strong was your loss of interest?</b> <i>(Would you enjoy [ACTIVITIES] once you got started?)</i></p> <p>0 No loss of interest  1 Mild, slight loss of interest, probably would enjoy after starting activities  2 Moderate, definite loss of interest, but still has some enjoyment of activities  3 Severe, marked loss of interest in activities  4 Extreme, complete loss of interest, no longer participates in any activities</p> <p><b>QV (specify)</b> _____</p> <p><b>Trauma-related?</b> 1 definite 2 probable 3 unlikely  Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>  F _____  I _____</p> <p><b><u>Past month</u></b>  F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b>  F _____  I _____  Sx: Y N</p>
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## 10. (C-5) feeling of detachment or estrangement from others

<p><b><u>Frequency</u></b>  <b>Have you felt distant or cut off from other people? What was that like? How much of the time in the past month (week) have you felt that way? When did you first start to feel that way?</b> <i>(After the [EVENT]?)</i></p> <p>0 None of the time  1 Very little of the time (less than 10%)  2 Some of the time (approx 20-30%)  3 Much of the time (approx 50-60%)  4 Most or all of the time (more than 80%)</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How strong were your feelings of being distant or cut off from others?</b> <i>(Who do you feel closest to? How many people do you feel comfortable talking with about personal things?)</i></p> <p>0 No feelings of detachment or estrangement  1 Mild, may feel "out of synch" with others  2 Moderate, feelings of detachment clearly present, but still feels some interpersonal connection  3 Severe, marked feelings of detachment or estrangement from most people, may feel close to only one or two people  4 Extreme, feels completely detached or estranged from others, not close with anyone</p> <p><b>QV (specify)</b> _____</p> <p><b>Trauma-related?</b> 1 definite 2 probable 3 unlikely  Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>  F _____  I _____</p> <p><b><u>Past month</u></b>  F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b>  F _____  I _____  Sx: Y N</p>
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## 11. (C-6) restricted range of affect (e.g., unable to have loving feelings)

<p><b><u>Frequency</u></b>  <b>Have there been times when you felt emotionally numb or had trouble experiencing feelings like love or happiness? What was that like? (What feelings did you have trouble experiencing?) How much of the time in the past month (week) have you felt that way? When did you first start having trouble experiencing (EMOTIONS)? (After the [EVENT]?)</b></p> <p>0 None of the time  1 Very little of the time (less than 10%)  2 Some of the time (approx 20-30%)  3 Much of the time (approx 50-60%)  4 Most or all of the time (more than 80%)</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How much trouble did you have experiencing (EMOTIONS)? (What kinds of feelings were you still able to experience?) [INCLUDE OBSERVATIONS OF RANGE OF AFFECT DURING INTERVIEW]</b></p> <p>0 No reduction of emotional experience  1 Mild, slight reduction of emotional experience  2 Moderate, definite reduction of emotional experience, but still able to experience most emotions  3 Severe, marked reduction of experience of at least two primary emotions (e.g., love, happiness)  4 Extreme, completely lacking emotional experience</p> <p><b>QV (specify)</b> _____</p> <p><b>Trauma-related?</b> 1 definite 2 probable 3 unlikely  Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>  F _____  I _____</p> <p><b><u>Past month</u></b>  F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b>  F _____  I _____  Sx: Y N</p>
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## 12. (C-7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

<p><b><u>Frequency</u></b>  <b>Have there been times when you felt there is no need to plan for the future, that somehow your future will be cut short? Why is that? [RULE OUT REALISTIC RISKS SUCH AS LIFE-THREATENING MEDICAL CONDITIONS] How much of the time in the past month (week) have you felt that way? When did you first start to feel that way? (After the [EVENT]?)</b></p> <p>0 None of the time  1 Very little of the time (less than 10%)  2 Some of the time (approx 20-30%)  3 Much of the time (approx 50-60%)  4 Most or all of the time (more than 80%)</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How strong was this feeling that your future will be cut short? (How long do you think you will live? How convinced are you that you will die prematurely?)</b></p> <p>0 No sense of a foreshortened future  1 Mild, slight sense of a foreshortened future  2 Moderate, sense of a foreshortened future definitely present, but no specific prediction about longevity  3 Severe, marked sense of a foreshortened future, may make specific prediction about longevity  4 Extreme, overwhelming sense of a foreshortened future, completely convinced of premature death</p> <p><b>QV (specify)</b> _____</p> <p><b>Trauma-related?</b> 1 definite 2 probable 3 unlikely  Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>  F _____  I _____</p> <p><b><u>Past month</u></b>  F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b>  F _____  I _____  Sx: Y N</p>
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**Criterion D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:**

**13. (D-1) difficulty falling or staying asleep**

<p><b><u>Frequency</u></b>  <b>Have you had any problems falling or staying asleep? How often in the past month (week)? When did you first start having problems sleeping? (After the [EVENT]?)</b></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p>Sleep onset problems?      Y   N  Mid-sleep awakening?      Y   N  Early a.m. awakening?    Y   N  Total # hrs sleep/night      _____  Desired # hrs sleep/night    _____</p>	<p><b><u>Intensity</u></b>  <b>How much of a problem did you have with your sleep? (How long did it take you to fall asleep? How often did you wake up in the night? Did you often wake up earlier than you wanted to? How many total hours did you sleep each night?)</b></p> <p>0 No sleep problems  1 Mild, slightly longer latency, or minimal difficulty staying asleep (up to 30 minutes loss of sleep)  2 Moderate, definite sleep disturbance, clearly longer latency, or clear difficulty staying asleep (30-90 minutes loss of sleep)  3 Severe, much longer latency, or marked difficulty staying asleep (90 min to 3 hrs loss of sleep)  4 Extreme, very long latency, or profound difficulty staying asleep (&gt; 3 hrs loss of sleep)</p> <p><b>QV (specify)</b> _____</p> <p><b>Trauma-related?</b> 1 definite 2 probable 3 unlikely  Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>  F _____  I _____</p> <p><b><u>Past month</u></b>  F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b>  F _____  I _____  Sx: Y N</p>
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**14. (D-2) irritability or outbursts of anger**

<p><b><u>Frequency</u></b>  <b>Have there been times when you felt especially irritable or showed strong feelings of anger? Can you give me some examples? How often in the past month (week)? When did you first start feeling that way? (After the [EVENT]?)</b></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How strong was your anger? (How did you show it?) [IF REPORTS SUPPRESSION:] (How hard was it for you to keep from showing your anger?) How long did it take you to calm down? Did your anger cause you any problems?</b></p> <p>0 No irritability or anger  1 Mild, minimal irritability, may raise voice when angry  2 Moderate, definite irritability or attempts to suppress anger, but can recover quickly  3 Severe, marked irritability or marked attempts to suppress anger, may become verbally or physically aggressive when angry  4 Extreme, pervasive anger or drastic attempts to suppress anger, may have episodes of physical violence</p> <p><b>QV (specify)</b> _____</p> <p><b>Trauma-related?</b> 1 definite 2 probable 3 unlikely  Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>  F _____  I _____</p> <p><b><u>Past month</u></b>  F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b>  F _____  I _____  Sx: Y N</p>
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## 15. (D-3) difficulty concentrating

<p><b><u>Frequency</u></b>  <b>Have you found it difficult to concentrate on what you were doing or on things going on around you? What was that like? How much of the time in the past month (week)? When did you first start having trouble concentrating? (After the [EVENT]?)</b></p> <p>0 None of the time  1 Very little of the time (less than 10%)  2 Some of the time (approx 20-30%)  3 Much of the time (approx 50-60%)  4 Most or all of the time (more than 80%)</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How difficult was it for you to concentrate? [INCLUDE OBSERVATIONS OF CONCENTRATION AND ATTENTION IN INTERVIEW] How much did that interfere with your life?</b></p> <p>0 No difficulty with concentration  1 Mild, only slight effort needed to concentrate, little or no disruption of activities  2 Moderate, definite loss of concentration but could concentrate with effort, some disruption of activities  3 Severe, marked loss of concentration even with effort, marked disruption of activities  4 Extreme, complete inability to concentrate, unable to engage in activities</p> <p><b>QV (specify)</b> _____</p> <p><b>Trauma-related?</b> 1 definite 2 probable 3 unlikely  Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>  F _____  I _____</p> <p><b><u>Past month</u></b>  F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b>  F _____  I _____  Sx: Y N</p>
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## 16. (D-4) hypervigilance

<p><b><u>Frequency</u></b>  <b>Have you been especially alert or watchful, even when there was no real need to be? (Have you felt as if you were constantly on guard?) Why is that? How much of the time in the past month (week)? When did you first start acting that way? (After the [EVENT]?)</b></p> <p>0 None of the time  1 Very little of the time (less than 10%)  2 Some of the time (approx 20-30%)  3 Much of the time (approx 50-60%)  4 Most or all of the time (more than 80%)</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How hard did you try to be watchful of things going on around you? [INCLUDE OBSERVATIONS OF HYPERVIGILANCE IN INTERVIEW] Did your (HYPERVIGILANCE) cause you any problems?</b></p> <p>0 No hypervigilance  1 Mild, minimal hypervigilance, slight heightening of awareness  2 Moderate, hypervigilance clearly present, watchful in public (e.g., chooses safe place to sit in a restaurant or movie theater)  3 Severe, marked hypervigilance, very alert, scans environment for danger, exaggerated concern for safety of self/family/home  4 Extreme, excessive hypervigilance, efforts to ensure safety consume significant time and energy and may involve extensive safety/checking behaviors, marked watchfulness during interview</p> <p><b>QV (specify)</b> _____</p> <p><b>Trauma-related?</b> 1 definite 2 probable 3 unlikely  Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>  F _____  I _____</p> <p><b><u>Past month</u></b>  F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b>  F _____  I _____  Sx: Y N</p>
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17. (D-5) exaggerated startle response

<p><b><u>Frequency</u></b>  <b>Have you had any strong startle reactions? When did that happen?</b> (<i>What kinds of things made you startle?</i>) <b>How often in the past month (week)?</b>  <b>When did you first have these reactions?</b> (<i>After the [EVENT]?</i>)</p> <p>0 Never          1 Once or twice          2 Once or twice a week          3 Several times a week          4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How strong were these startle reactions?</b> (<i>How strong were they compared to how most people would respond?</i>) <b>How long did they last?</b></p> <p>0 No startle reaction          1 Mild, minimal reaction          2 Moderate, definite startle reaction, feels “jumpy”          3 Severe, marked startle reaction, sustained arousal following initial reaction          4 Extreme, excessive startle reaction, overt coping behavior (e.g., combat veteran who “hits the dirt”)</p> <p><b>QV (specify)</b> _____</p> <p><b>Trauma-related?</b> 1 definite 2 probable 3 unlikely          Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>          F _____          I _____</p> <p><b><u>Past month</u></b>          F _____          I _____</p> <p>Sx: Y N</p> <p><b><u>Lifetime</u></b>          F _____          I _____</p> <p>Sx: Y N</p>
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**Criterion E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than 1 month.**

18. onset of symptoms

<p>[IF NOT ALREADY CLEAR:] <b>When did you first start having (PTSD SYMPTOMS) you’ve told me about?</b> (<i>How long after the trauma did they start? More than six months?</i>)</p>	<p>_____ <b>total # months delay in onset</b>  <b>With delayed onset (≥ 6 months)?</b> NO YES</p>
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19. duration of symptoms

<p>[CURRENT] <b>How long have these (PTSD SYMPTOMS) lasted altogether?</b></p> <p>[LIFETIME] <b>How long did these (PTSD SYMPTOMS) last altogether?</b></p>	<p><i>Duration more than 1 month?</i></p> <p><i>Total # months duration</i></p> <p><i>Acute (&lt; 3 months) or chronic (≥ 3 months)?</i></p>	<p><b><u>Current</u></b>          NO YES          _____  <b>acute chronic</b></p>	<p><b><u>Lifetime</u></b>          NO YES          _____  <b>acute chronic</b></p>
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**Criterion F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.**

20. subjective distress

<p>[CURRENT] <b>Overall, how much have you been bothered by these (PTSD SYMPTOMS) you’ve told me about?</b> [CONSIDER DISTRESS REPORTED ON EARLIER ITEMS]</p> <p>[LIFETIME] <b>Overall, how much were you bothered by these (PTSD SYMPTOMS) you’ve told me about?</b> [CONSIDER DISTRESS REPORTED ON EARLIER ITEMS]</p>	<p>0 None          1 Mild, minimal distress          2 Moderate, distress clearly present but still manageable          3 Severe, considerable distress          4 Extreme, incapacitating distress</p>	<p><b><u>Past week</u></b>          _____</p> <p><b><u>Past month</u></b>          _____</p> <p><b><u>Lifetime</u></b>          _____</p>
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## 21. impairment in social functioning

<p>[CURRENT] <b>Have these (PTSD SYMPTOMS) affected your relationships with other people? How so?</b> [CONSIDER IMPAIRMENT IN SOCIAL FUNCTIONING REPORTED ON EARLIER ITEMS]</p> <p>[LIFETIME] <b>Did these (PTSD SYMPTOMS) affect your social life? How so?</b> [CONSIDER IMPAIRMENT IN SOCIAL FUNCTIONING REPORTED ON EARLIER ITEMS]</p>	<p>0 No adverse impact</p> <p>1 Mild impact, minimal impairment in social functioning</p> <p>2 Moderate impact, definite impairment, but many aspects of social functioning still intact</p> <p>3 Severe impact, marked impairment, few aspects of social functioning still intact</p> <p>4 Extreme impact, little or no social functioning</p>	<p><u>Past week</u></p> <p>_____</p> <p><u>Past month</u></p> <p>_____</p> <p><u>Lifetime</u></p> <p>_____</p>
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## 22. impairment in occupational or other important area of functioning

<p>[CURRENT -- IF NOT ALREADY CLEAR] <b>Are you working now?</b></p> <p>IF YES: <b>Have these (PTSD SYMPTOMS) affected your work or your ability to work? How so?</b> [CONSIDER REPORTED WORK HISTORY, INCLUDING NUMBER AND DURATION OF JOBS, AS WELL AS THE QUALITY OF WORK RELATIONSHIPS. IF PREMORBID FUNCTIONING IS UNCLEAR, INQUIRE ABOUT WORK EXPERIENCES BEFORE THE TRAUMA. FOR CHILD/ADOLESCENT TRAUMAS, ASSESS PRE-TRAUMA SCHOOL PERFORMANCE AND POSSIBLE PRESENCE OF BEHAVIOR PROBLEMS]</p> <p>IF NO: <b>Have these (PTSD SYMPTOMS) affected any other important part of your life?</b> [AS APPROPRIATE, SUGGEST EXAMPLES SUCH AS PARENTING, HOUSEWORK, SCHOOLWORK, VOLUNTEER WORK, ETC.] <b>How so?</b></p> <p>[LIFETIME -- IF NOT ALREADY CLEAR] <b>Were you working then?</b></p> <p>IF YES: <b>Did these (PTSD SYMPTOMS) affect your work or your ability to work? How so?</b> [CONSIDER REPORTED WORK HISTORY, INCLUDING NUMBER AND DURATION OF JOBS, AS WELL AS THE QUALITY OF WORK RELATIONSHIPS. IF PREMORBID FUNCTIONING IS UNCLEAR, INQUIRE ABOUT WORK EXPERIENCES BEFORE THE TRAUMA. FOR CHILD/ADOLESCENT TRAUMAS, ASSESS PRE-TRAUMA SCHOOL PERFORMANCE AND POSSIBLE PRESENCE OF BEHAVIOR PROBLEMS]</p> <p>IF NO: <b>Did these (PTSD SYMPTOMS) affect any other important part of your life?</b> [AS APPROPRIATE, SUGGEST EXAMPLES SUCH AS PARENTING, HOUSEWORK, SCHOOLWORK, VOLUNTEER WORK, ETC.] <b>How so?</b></p>	<p>0 No adverse impact</p> <p>1 Mild impact, minimal impairment in occupational/other important functioning</p> <p>2 Moderate impact, definite impairment, but many aspects of occupational/other important functioning still intact</p> <p>3 Severe impact, marked impairment, few aspects of occupational/other important functioning still intact</p> <p>4 Extreme impact, little or no occupational/other important functioning</p>	<p><u>Past week</u></p> <p>_____</p> <p><u>Past month</u></p> <p>_____</p> <p><u>Lifetime</u></p> <p>_____</p>
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<b>Global Ratings</b>
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**23. global validity**

ESTIMATE THE OVERALL VALIDITY OF RESPONSES. CONSIDER FACTORS SUCH AS COMPLIANCE WITH THE INTERVIEW, MENTAL STATUS (E.G., PROBLEMS WITH CONCENTRATION, COMPREHENSION OF ITEMS, DISSOCIATION), AND EVIDENCE OF EFFORTS TO EXAGGERATE OR MINIMIZE SYMPTOMS.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">0</td> <td>Excellent, no reason to suspect invalid responses</td> </tr> <tr> <td>1</td> <td>Good, factors present that may adversely affect validity</td> </tr> <tr> <td>2</td> <td>Fair, factors present that definitely reduce validity</td> </tr> <tr> <td>3</td> <td>Poor, substantially reduced validity</td> </tr> <tr> <td>4</td> <td>Invalid responses, severely impaired mental status or possible deliberate “faking bad” or “faking good”</td> </tr> </table>	0	Excellent, no reason to suspect invalid responses	1	Good, factors present that may adversely affect validity	2	Fair, factors present that definitely reduce validity	3	Poor, substantially reduced validity	4	Invalid responses, severely impaired mental status or possible deliberate “faking bad” or “faking good”
0	Excellent, no reason to suspect invalid responses										
1	Good, factors present that may adversely affect validity										
2	Fair, factors present that definitely reduce validity										
3	Poor, substantially reduced validity										
4	Invalid responses, severely impaired mental status or possible deliberate “faking bad” or “faking good”										

**24. global severity**

ESTIMATE THE OVERALL SEVERITY OF PTSD SYMPTOMS. CONSIDER DEGREE OF SUBJECTIVE DISTRESS, DEGREE OF FUNCTIONAL IMPAIRMENT, OBSERVATIONS OF BEHAVIORS IN INTERVIEW, AND JUDGMENT REGARDING REPORTING STYLE.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">0</td> <td>No clinically significant symptoms, no distress and no functional impairment</td> <td style="width: 15%; text-align: center;"><u>Past week</u></td> </tr> <tr> <td>1</td> <td>Mild, minimal distress or functional impairment</td> <td style="text-align: center;">—</td> </tr> <tr> <td>2</td> <td>Moderate, definite distress or functional impairment but functions satisfactorily with effort</td> <td style="text-align: center;"><u>Past month</u></td> </tr> <tr> <td>3</td> <td>Severe, considerable distress or functional impairment, limited functioning even with effort</td> <td style="text-align: center;">—</td> </tr> <tr> <td>4</td> <td>Extreme, marked distress or marked impairment in two or more major areas of functioning</td> <td style="text-align: center;"><u>Lifetime</u></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">—</td> </tr> </table>	0	No clinically significant symptoms, no distress and no functional impairment	<u>Past week</u>	1	Mild, minimal distress or functional impairment	—	2	Moderate, definite distress or functional impairment but functions satisfactorily with effort	<u>Past month</u>	3	Severe, considerable distress or functional impairment, limited functioning even with effort	—	4	Extreme, marked distress or marked impairment in two or more major areas of functioning	<u>Lifetime</u>			—
0	No clinically significant symptoms, no distress and no functional impairment	<u>Past week</u>																	
1	Mild, minimal distress or functional impairment	—																	
2	Moderate, definite distress or functional impairment but functions satisfactorily with effort	<u>Past month</u>																	
3	Severe, considerable distress or functional impairment, limited functioning even with effort	—																	
4	Extreme, marked distress or marked impairment in two or more major areas of functioning	<u>Lifetime</u>																	
		—																	

**25. global improvement**

RATE TOTAL OVERALL IMPROVEMENT PRESENT SINCE THE INITIAL RATING. IF NO EARLIER RATING, ASK HOW THE SYMPTOMS ENDORSED HAVE CHANGED OVER THE PAST 6 MONTHS. RATE THE DEGREE OF CHANGE, WHETHER OR NOT, IN YOUR JUDGMENT, IT IS DUE TO TREATMENT.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">0</td> <td>Asymptomatic</td> </tr> <tr> <td>1</td> <td>Considerable improvement</td> </tr> <tr> <td>2</td> <td>Moderate improvement</td> </tr> <tr> <td>3</td> <td>Slight improvement</td> </tr> <tr> <td>4</td> <td>No improvement</td> </tr> <tr> <td>5</td> <td>Insufficient information</td> </tr> </table>	0	Asymptomatic	1	Considerable improvement	2	Moderate improvement	3	Slight improvement	4	No improvement	5	Insufficient information
0	Asymptomatic												
1	Considerable improvement												
2	Moderate improvement												
3	Slight improvement												
4	No improvement												
5	Insufficient information												

<b>Current PTSD Symptoms</b>
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Criterion A met (traumatic event)?	NO	YES
_____ # Criterion B sx ( $\geq 1$ )?	NO	YES
_____ # Criterion C sx ( $\geq 3$ )?	NO	YES
_____ # Criterion D sx ( $\geq 2$ )?	NO	YES
Criterion E met (duration $\geq 1$ month)?	NO	YES
Criterion F met (distress/impairment)?	NO	YES

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CURRENT PTSD (Criteria A-F met)?    NO    YES

IF CURRENT PTSD CRITERIA ARE MET, SKIP TO ASSOCIATED FEATURES.

IF CURRENT CRITERIA ARE NOT MET, ASSESS FOR LIFETIME PTSD. IDENTIFY A PERIOD OF AT LEAST A MONTH SINCE THE TRAUMATIC EVENT IN WHICH SYMPTOMS WERE WORSE.

**Since the (EVENT), has there been a time when these (PTSD SYMPTOMS) were a lot worse than they have been in the past month? When was that? How long did it last? (At least a month?)**

IF MULTIPLE PERIODS IN THE PAST: **When were you bothered the most by these (PTSD SYMPTOMS)?**

IF AT LEAST ONE PERIOD, INQUIRE ITEMS 1-17, CHANGING FREQUENCY PROMPTS TO REFER TO WORST PERIOD: **During that time, did you (EXPERIENCE SYMPTOM)? How often?**

<b>Lifetime PTSD Symptoms</b>
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Criterion A met (traumatic event)?	NO	YES
_____ # Criterion B sx ( $\geq 1$ )?	NO	YES
_____ # Criterion C sx ( $\geq 3$ )?	NO	YES
_____ # Criterion D sx ( $\geq 2$ )?	NO	YES
Criterion E met (duration $\geq 1$ month)?	NO	YES
Criterion F met (distress/impairment)?	NO	YES

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LIFETIME PTSD (Criteria A-F met)?    NO    YES

<b>Associated Features</b>
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26. guilt over acts of commission or omission

<p><b><u>Frequency</u></b>  <b>Have you felt guilty about anything you did or didn't do during (EVENT)? Tell me more about that. (What do you feel guilty about?) How much of the time have you felt that way in the past month (week)?</b></p> <p>0 None of the time  1 Very little of the time (less than 10%)  2 Some of the time (approx 20-30%)  3 Much of the time (approx 50-60%)  4 Most or all of the time (more than 80%)</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How strong were these feelings of guilt? How much distress or discomfort did they cause?</b></p> <p>0 No feelings of guilt  1 Mild, slight feelings of guilt  2 Moderate, guilt feelings definitely present, some distress but still manageable  3 Severe, marked feelings of guilt, considerable distress  4 Extreme, pervasive feelings of guilt, self-condemnation regarding behavior, incapacitating distress</p> <p><b>QV (specify)</b> _____</p>	<p><b><u>Past week</u></b></p> <p>F _____  I _____</p> <p><b><u>Past month</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p> <p><b><u>Lifetime</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p>
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27. survivor guilt [APPLICABLE ONLY IF MULTIPLE VICTIMS]

<p><b><u>Frequency</u></b>  <b>Have you felt guilty about surviving (EVENT) when others did not? Tell me more about that. (What do you feel guilty about?) How much of the time have you felt that way in the past month (week)?</b></p> <p>0 None of the time  1 Very little of the time (less than 10%)  2 Some of the time (approx 20-30%)  3 Much of the time (approx 50-60%)  4 Most or all of the time (more than 80%)  8 N/A</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How strong were these feelings of guilt? How much distress or discomfort did they cause?</b></p> <p>0 No feelings of guilt  1 Mild, slight feelings of guilt  2 Moderate, guilt feelings definitely present, some distress but still manageable  3 Severe, marked feelings of guilt, considerable distress  4 Extreme, pervasive feelings of guilt, self-condemnation regarding survival, incapacitating distress</p> <p><b>QV (specify)</b> _____</p>	<p><b><u>Past week</u></b></p> <p>F _____  I _____</p> <p><b><u>Past month</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p> <p><b><u>Lifetime</u></b></p> <p>F _____  I _____</p> <p>Sx: Y N</p>
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28. a reduction in awareness of his or her surroundings (e.g., “being in a daze”)

<p><b><u>Frequency</u></b>  <b>Have there been times when you felt out of touch with things going on around you, like you were in a daze? What was that like?</b> [DISTINGUISH FROM FLASHBACK EPISODES] <b>How often has that happened in the past month (week)?</b> [IF NOT CLEAR:] <i>(Was it due to an illness or the effects of drugs or alcohol?)</i> <b>When did you first start feeling that way?</b> <i>(After the [EVENT]?)</i></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How strong was this feeling of being out of touch or in a daze?</b> <i>(Were you confused about where you actually were or what you were doing at the time?)</i>  <b>How long did it last? What did you do while this was happening?</b> <i>(Did other people notice your behavior? What did they say?)</i></p> <p>0 No reduction in awareness  1 Mild, slight reduction in awareness  2 Moderate, definite but transient reduction in awareness, may report feeling “spacy”  3 Severe, marked reduction in awareness, may persist for several hours  4 Extreme, complete loss of awareness of surroundings, may be unresponsive, possible amnesia for the episode (blackout)</p> <p><b>QV (specify)</b> _____</p> <p><b>Trauma-related?</b> 1 definite 2 probable 3 unlikely  Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>  F _____  I _____</p> <p><b><u>Past month</u></b>  F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b>  F _____  I _____  Sx: Y N</p>
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29. derealization

<p><b><u>Frequency</u></b>  <b>Have there been times when things going on around you seemed unreal or very strange and unfamiliar?</b> [IF NO:] <i>(What about times when people you knew suddenly seemed unfamiliar?)</i> <b>What was that like? How often has that happened in the past month (week)?</b> [IF NOT CLEAR:] <i>(Was it due to an illness or the effects of drugs or alcohol?)</i> <b>When did you first start feeling that way?</b> <i>(After the [EVENT]?)</i></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How strong was (DEREALIZATION)? How long did it last? What did you do while this was happening?</b> <i>(Did other people notice your behavior? What did they say?)</i></p> <p>0 No derealization  1 Mild, slight derealization  2 Moderate, definite but transient derealization  3 Severe, considerable derealization, marked confusion about what is real, may persist for several hours  4 Extreme, profound derealization, dramatic loss of sense of reality or familiarity</p> <p><b>QV (specify)</b> _____</p> <p><b>Trauma-related?</b> 1 definite 2 probable 3 unlikely  Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>  F _____  I _____</p> <p><b><u>Past month</u></b>  F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b>  F _____  I _____  Sx: Y N</p>
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## 30. depersonalization

<p><b><u>Frequency</u></b>  <b>Have there been times when you felt as if you were outside of your body, watching yourself as if you were another person?</b> [IF NO:] <i>(What about times when your body felt strange or unfamiliar to you, as if it had changed in some way?)</i> <b>What was that like?</b>  <b>How often has that happened in the past month (week)?</b> [IF NOT CLEAR:] <i>(Was it due to an illness or the effects of drugs or alcohol?)</i> <b>When did you first start feeling that way?</b> <i>(After the [EVENT]?)</i></p> <p>0 Never  1 Once or twice  2 Once or twice a week  3 Several times a week  4 Daily or almost every day</p> <p><b><u>Description/Examples</u></b></p>	<p><b><u>Intensity</u></b>  <b>How strong was (DEPERSONALIZATION)? How long did it last? What did you do while this was happening?</b> <i>(Did other people notice your behavior? What did they say?)</i></p> <p>0 No depersonalization  1 Mild, slight depersonalization  2 Moderate, definite but transient depersonalization  3 Severe, considerable depersonalization, marked sense of detachment from self, may persist for several hours  4 Extreme, profound depersonalization, dramatic sense of detachment from self</p> <p><b><u>QV (specify)</u></b> _____</p> <p><b><u>Trauma-related?</u></b> 1 definite 2 probable 3 unlikely  Current _____ Lifetime _____</p>	<p><b><u>Past week</u></b>  F _____  I _____</p> <p><b><u>Past month</u></b>  F _____  I _____  Sx: Y N</p> <p><b><u>Lifetime</u></b>  F _____  I _____  Sx: Y N</p>
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## CAPS SUMMARY SHEET

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Interviewer: \_\_\_\_\_ Study: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Traumatic event:**

<i>B. Reexperiencing symptoms</i>	<i>PAST WEEK</i>			<i>PAST MONTH</i>			<i>LIFETIME</i>		
	<i>Freq</i>	<i>Int</i>	<i>F+I</i>	<i>Freq</i>	<i>Int</i>	<i>F+I</i>	<i>Freq</i>	<i>Int</i>	<i>F+I</i>
(1) intrusive recollections									
(2) distressing dreams									
(3) acting or feeling as if event were recurring									
(4) psychological distress at exposure to cues									
(5) physiological reactivity on exposure to cues									
<i>B subtotals</i>									
<i>Number of Criterion B symptoms (need 1)</i>									

<i>C. Avoidance and numbing symptoms</i>	<i>PAST WEEK</i>			<i>PAST MONTH</i>			<i>LIFETIME</i>		
	<i>Freq</i>	<i>Int</i>	<i>F+I</i>	<i>Freq</i>	<i>Int</i>	<i>F+I</i>	<i>Freq</i>	<i>Int</i>	<i>F+I</i>
(6) avoidance of thoughts or feelings									
(7) avoidance of activities, places, or people									
(8) inability to recall important aspect of trauma									
(9) diminished interest in activities									
(10) detachment or estrangement									
(11) restricted range of affect									
(12) sense of a foreshortened future									
<i>C subtotals</i>									
<i>Number of Criterion C symptoms (need 3)</i>									

<i>D. Hyperarousal symptoms</i>	<i>PAST WEEK</i>			<i>PAST MONTH</i>			<i>LIFETIME</i>		
	<i>Freq</i>	<i>Int</i>	<i>F+I</i>	<i>Freq</i>	<i>Int</i>	<i>F+I</i>	<i>Freq</i>	<i>Int</i>	<i>F+I</i>
(13) difficulty falling or staying asleep									
(14) irritability or outbursts of anger									
(15) difficulty concentrating									
(16) hypervigilance									
(17) exaggerated startle response									
<i>D subtotals</i>									
<i>Number of Criterion D symptoms (need 2)</i>									

<i>Total Freq, Int, and Severity (F+I)</i>	<i>PAST WEEK</i>			<i>PAST MONTH</i>			<i>LIFETIME</i>		
	<i>Freq</i>	<i>Int</i>	<i>F+I</i>	<i>Freq</i>	<i>Int</i>	<i>F+I</i>	<i>Freq</i>	<i>Int</i>	<i>F+I</i>
<i>Sum of subtotals (B+C+D)</i>									

<i>E. Duration of disturbance</i>	<i>CURRENT</i>		<i>LIFETIME</i>	
(19) duration of disturbance at least one month	NO	YES	NO	YES

<i>F. Significant distress or impairment in functioning</i>	<i>PAST WEEK</i>		<i>PAST MONTH</i>		<i>LIFETIME</i>	
(20) subjective distress						
(21) impairment in social functioning						
(22) impairment in occupational functioning						
<i>AT LEAST ONE ≥ 2?</i>	NO	YES	NO	YES	NO	YES

<i>PTSD diagnosis</i>	<i>CURRENT</i>		<i>LIFETIME</i>	
<i>PTSD PRESENT -- ALL CRITERIA (A-F) MET?</i>	NO	YES	NO	YES
<i>Specify:</i>				
(18) with delayed onset (≥ 6 months delay)	NO	YES	NO	YES
(19) acute (< 3 months) or chronic (≥ 3 months)	acute	chronic	acute	chronic

