



Client's Full Name _____

Date of Birth _____

Date Completed _____

INTERNATIONAL TRAUMA QUESTIONNAIRE

Briefly describe the trauma

When did the experience occur?

Less than 6 months

6-12 months ago

1-5 years ago

5-10 years ago

10-20 years ago

More than 20 years ago

In the past month rate your experience that occurs in response to the trauma:

	Not at all (0)	Somewhat (1)	Moderately (2)	A lot (3)	Extremely (4)
P1. Having upsetting dreams that replay part of the experience or are clearly relates to the experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P4. Avoiding external reminders of the experience (for example, people, places, conversation, objects, activities, or situations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P5. Being "super-alert", watchful, or on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P6. Feeling jumpy or easily startled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past month have the above problems:

	Not at all (0)	Somewhat (1)	Moderately (2)	A lot (3)	Extremely (4)
P7. Affected your relationships or social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P8. Affected your work or ability to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P9. Affected any other important part of life such as parenting, school, college, or other important activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How true are these statements to you?

	Not at all (0)	Somewhat (1)	Moderately (2)	A lot (3)	Extremely (4)
C1. When I am upset, it takes me a long time to calm down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. I feel numb or emotionally shut down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. I feel like a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. I feel worthless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C5. I feel distant or cut off from people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C6. I find it hard to stay emotionally close to people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past month have the above problems:

	Not at all (0)	Somewhat (1)	Moderately (2)	A lot (3)	Extremely (4)
C7. Affected your relationships or social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8. Affected your work or ability to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C9. Affected any other important part of life such as parenting, school, college, or other important activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Diagnostic scoring for PTSD and CPTSD

PTSD

If P1 or P2 > 2 criteria for Re-experiencing in the here and now (Re_dx) met

If P3 or P4 > 2 criteria for Avoidance (Av_dx) met

If P5 or P6 > 2 criteria for Sense of current threat (Th_dx) met

AND

At least one of P7, P8, or P9 > 2 meets criteria for PTSD functional impairment (PTSDFI)

If criteria for 'Re_dx' AND 'Av_dx' AND 'Th_dx' AND 'PTSDFI' are met, the criteria for PTSD are met.

CPTSD

If C1 or C2 > 2 criteria for Affective dysregulation (AD_dx) met

If C3 or C4 > 2 criteria for Negative self-concept (NSC_dx) met

If C5 or C6 > 2 criteria for Disturbances in relationships (DR_dx) met

AND

At least one of C7, C8, or C9 > 2 meets criteria for DSO functional impairment (DSOFI)

If criteria for 'AD_dx' AND 'NSC_dx' AND 'DR_dx', and 'DSOFI' are met, the criteria for DSO are met.

PTSD is diagnosed if the criteria for PTSD are met but NOT for DSO.

CPTSD is diagnosed if the criteria for PTSD are met AND criteria for DSO are met.

Not meeting the criteria for PTSD or meeting only the criteria for DSO results in no diagnosis.

2. Dimensional scoring for PTSD and CPTSD.

Scores can be calculated for each PTSD and DSO symptom cluster and summed to produce PTSD and DSO scores.

PTSD

Sum of Likert scores for P1 and P2 = Re-experiencing in the here and now score (Re)

Sum of Likert scores for P3 and P4 = Avoidance score (Av)

Sum of Likert scores for P5 and P6 = Sense of current threat (Th)

PTSD score = Sum of Re, Av, and Th

DSO

Sum of Likert scores for C1 and C2 = Affective dysregulation (AD)

Sum of Likert scores for C3 and C4 = Negative self-concept (NSC)

Sum of Likert scores for C5 and C6 = Disturbances in relationships (DR)

DSO score = Sum of AD, NSC, and DR