

Trauma Screening Questionnaire (TSQ)

Please consider the following reactions which sometimes occur after a traumatic event.
This questionnaire is concerned with your personal reactions to the traumatic event which happened to you.

Please indicate (Yes/No) whether or not you have experienced any of the following at least twice in the past week.

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| 1. Upsetting thoughts or memories about the event that have come into your mind against your will | Yes | No |
| 2. Upsetting dreams about the event | Yes | No |
| 3. Acting or feeling as though the event were happening again | Yes | No |
| 4. Feeling upset by reminders of the event | Yes | No |
| 5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event | Yes | No |
| 6. Irritability or outbursts of anger | Yes | No |
| 7. Difficulty concentrating | Yes | No |
| 8. Heightened awareness of potential dangers to yourself and others | Yes | No |
| 9. Difficulty falling or staying asleep | Yes | No |
| 10. Being jumpy or being startled at something unexpected | Yes | No |

Brief screening instrument for post-traumatic stress disorder. BRITISH JOURNAL OF PSYCHIATRY (2002), 181, 158-162 CHRIS R. BREWIN, SUZANNA ROSE, BERNICE ANDREWS, JOHN GREEN, PHILIP TATA, CHRIS McEVEDY, STUART TURNER and EDNA B. FOA