

Trauma Screening Questionnaire (TSQ)

Your own reactions now to the traumatic event (s)

Please consider the following reactions which sometimes occur after a traumatic event such as physical abuse, sexual abuse, being bullied, assaulted, accident victim, or witness to a serious accident. 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.

- 1. Upsetting thoughts or memories about the event that have come into your mind against your will Y N**
- 2. Upsetting dreams about the event Y N**
- 3. Acting or feeling as though the event were happening again Y N**
- 4. Feeling upset by reminders of the event Y N**
- 5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event Y N**
- 6. Difficulty falling or staying asleep Y N**
- 7. Irritability or outbursts of anger Y N**
- 8. Difficulty concentrating Y N**
- 9. Heightened or increased awareness of potential dangers to yourself and others Y N**
- 10. Being jumpy or being startled at something unexpected Y N**