TRAUMATIC STRESS QUESTIONNAIRE

COMPLETE AT THE 3 WEEK CHECK-IN. ASKING THE QUESTION:

HAVE YOUR RECENTLY EXPERIENCED ANY OF THE FOLLOWING?

(AT LEAST TWICE IN THE PAST WEEK)	YES	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will?		
2. Upsetting dreams about the event?		
3. Acting or feeeling as thpough the event were happening again?		
4. Feeling upset by reminders of the event?		
5. Bodily reactions (such as fast heartbeat, stomach churning)?		
6. Difficulty falling or staying asleep?		
7. Irritability or outbursts of anger?		
8. Difficulty concentrating?		
9. Heightened awareness of potential dangers to yourself and others?		
10. Feeling jumpy or being startled by something unexpected?		

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