



National Center for
PTSD

POSTTRAUMATIC STRESS DISORDER

Trauma History Screen

Version date: 2005

Reference: Carlson, E., Palmieri, P., Smith, S., Kimerling, R., Ruzek, J., & Burling, T. (2005). *The Trauma History Screen (THS)*. [Measurement instrument]. Available from <http://www.ptsd.va.gov>

URL: <http://www.ptsd.va.gov/professional/assessment/te-measures/th.asp>

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Trauma History Screen

The events below may or may not have happened to you. Circle "YES" if that kind of thing has happened to you or circle "NO" if that kind of thing has not happened to you. **If you circle "YES" for any events:** put a number in the blank next to it to show how many times something like that happened.

Event	Circle "YES" if that kind of thing has happened to you	Circle "NO" if that kind of thing has not happened to you	Number of times something like this has happened
A. A really bad car, boat, train, or airplane accident	YES	NO	_____ times
B. A really bad accident at work or home	YES	NO	_____ times
C. A hurricane, flood, earthquake, tornado, or fire	YES	NO	_____ times
D. Hit or kicked hard enough to injure - as a child	YES	NO	_____ times
E. Hit or kicked hard enough to injure - as an adult	YES	NO	_____ times
F. Forced or made to have sexual contact - as a child	YES	NO	_____ times
G. Forced or made to have sexual contact - as an adult	YES	NO	_____ times
H. Attack with a gun, knife, or weapon	YES	NO	_____ times
I. During military service - seeing something horrible or being badly scared	YES	NO	_____ times
J. Sudden death of close family or friend	YES	NO	_____ times
K. Seeing someone die suddenly or get badly hurt or killed	YES	NO	_____ times
L. Some other sudden event that made you feel very scared, helpless, or horrified	YES	NO	_____ times
M. Sudden move or loss of home and possessions	YES	NO	_____ times
N. Suddenly abandoned by spouse, partner, parent, or family	YES	NO	_____ times

Did any of these things really bother you emotionally? NO YES

If you answered "YES", fill out one or more of the boxes on the next pages to tell about EVERY event that really bothered you.

Letter from above for the type of event: _____

Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

When this happened, did you feel unreal, spaced out, disoriented, or strange? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

How much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____

Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

When this happened, did you feel unreal, spaced out, disoriented, or strange? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

How much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____

Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

When this happened, did you feel unreal, spaced out, disoriented, or strange? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

How much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____

Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

When this happened, did you feel unreal, spaced out, disoriented, or strange? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

How much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____

Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

When this happened, did you feel unreal, spaced out, disoriented, or strange? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

How much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____

Your age when this happened: _____

Describe what happened:

When this happened, did anyone get hurt or killed? NO YES

When this happened, were you afraid that you or someone else might get hurt or killed? NO YES

When this happened, did you feel very afraid, helpless, or horrified? NO YES

When this happened, did you feel unreal, spaced out, disoriented, or strange? NO YES

After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more

How much did it bother you emotionally? not at all / a little / somewhat / much / very much

IF THERE WERE MORE EVENTS THAT REALLY BOTHERED YOU, PLEASE ASK FOR ANOTHER SHEET.