

TRAUMA STRESS INVENTORY*

On a scale of 1–5, write the number that corresponds to how often you have been “bothered by” the items below in the past month.

- ___ Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?
- ___ Repeated, disturbing dreams of a stressful experience from the past?
- ___ Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?
- ___ Feeling very upset when something reminded you of a stressful experience from the past?
- ___ Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?
- ___ Avoid thinking about or talking about a stressful experience from the past, or avoid having feelings related to it?
- ___ Avoid activities or situations because they remind you of a stressful experience from the past?
- ___ Trouble remembering important parts of a stressful experience from the past?
- ___ Loss of interest in things that you used to enjoy?
- ___ Feeling distant or cut off from other people?
- ___ Feeling emotionally numb or being unable to have loving feelings for those close to you?
- ___ Feeling as if your future will somehow be cut short?
- ___ Trouble falling or staying asleep?
- ___ Feeling irritable or having angry outbursts?
- ___ Having difficulty concentrating?
- ___ Being “super alert” or watchful on guard?
- ___ Feeling jumpy or easily startled?

* Curran, L. 2010. *Trauma Competency, A Clinician’s Guide*. Eau Claire, WI: PESI, p. 45.