

Trauma Screening Questionnaire (TSQ)

Your own reactions now to the traumatic event

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.

| | No | Yes |
|--|----|-----|
| 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 feeling as though the event were happening again | | |
| 4. Feeling upset by reminders of the event | | |
| 5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event | | |
| 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. Being jumpy or being startled at something unexpected | | |

If you have answered yes to 6 or more questions you are encouraged to consider whether you think that some counseling support may be of benefit in helping you to lower your on-going reactions to the traumatic event.

Source: Brewin, C. R., Rose, S., Andrews, B., Green, J., Tata, P., McEvedy, C., Turner, S. & Foa, E. B. (2002) Brief screening instrument for post-traumatic stress disorder. *British Journal of Psychiatry*, 181, 158-162.