## Trauma-Related Symptoms and Impairment – Rapid Screen (TSIRS)

## **INSTRUCTIONS:**

- Most people are exposed to one or more traumatic or violent events in their lifetime.
- Many people have problems or impairment related to trauma or violence exposure.
- > The following YES or NO questions ask about any emotional or behavioral problems or impairment that you may have had in the past month because of exposure to trauma or violence.

#	BECAUSE OF TRAUMA OR VIOLENCE	IN PAST MONTH	
1	I have certain thoughts, feelings, or dreams that I do not want	NO	YES
2	I avoid or try to stay away from people, places, things, or activities	NO	YES
3	I feel or think bad about myself, others, or the world	NO	YES
4	I act angry or aggressive towards others	NO	YES
5	I react to situations in unhealthy or harmful ways	NO	YES
6	I do poorly at work or school	NO	YES
7	I have less fun than other people	NO	YES
8	I do not get along with my family, friends, or other people	NO	YES
9	I get into trouble with the law	NO	YES
10	I use alcohol or other substances	NO	YES

## Scoring and interpretation:

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<sup>1.</sup> Calculate Trauma-related Symptoms: 1-point for each 'Yes' for items 1-4 and 1-point if either item 4 or 5 is 'Yes'. Scores will range from 0 to 4.

<sup>2.</sup> Calculate *Trauma-related Impairment*: 1-point for each 'Yes' for items 6-10.

Any score of 2 or more for Trauma-related Symptoms indicates increased risk for posttraumatic stress disorder (PTSD).