

# Structured Trauma-Related Experiences and Symptoms Screener (STRESS)

Adult Self-Report (Symptoms Only Version)

DATE \_\_\_\_\_ NAME \_\_\_\_\_ RECORD ID \_\_\_\_\_  
AGE \_\_\_\_\_ SEX  Male  Female  
RACE  White/Caucasian  Black/African American  Asian  American Indian or Alaska Native  
 Native Hawaiian/Pacific Islander  Other (Specify): \_\_\_\_\_  
ETHNICITY  Hispanic/Latino  Non-Hispanic/Latino

## PART 2 SYMPTOMS & IMPAIRMENT

The next questions ask about problems some people have after very stressful or traumatic things happen to them. Please think about a very stressful or traumatic experience or experiences from the questions you just answered. Then answer these questions about how you have been thinking, feeling, or acting during a typical week of the past month.

- |   |                               |                                |                                   |                                    |
|---|-------------------------------|--------------------------------|-----------------------------------|------------------------------------|
| 53. How often did disturbing or unwanted thoughts or memories about what happened pop up into your mind?                                      | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 54. When something reminded you about what happened, how often did it make your body feel tense, sweaty, or sick or you stomach or head hurt? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 55. In a typical week, how often was it hard to remember important parts of what happened?  | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 56. How often were you bored or just not interested in doing things you usually like to do?   | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 57. In a typical week, how often did you feel on edge, watchful, or on guard, just in case something bad might happen?                        | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 58. How often did you have bad dreams or nightmares?  | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 59. How often did you try to keep your body from feeling ways that reminded you of what happened?   | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 60. How often did you think that you are a bad person or that something is terribly wrong about you?  | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 61. How often did you think the world is a bad or very dangerous place, or that people can't be trusted?                                      | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 62. In a typical week, how often did you feel lonely or emotionally distant and cut-off from other people?                                    | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 63. How often did you get really scared or upset when you heard or saw something you were not expecting to happen?                            | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 64. How often did memories about what happened make you lose track of time or forget where you were?  | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |

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65. How often did you feel like the extremely upsetting experience was happening now or like you were reliving it right now?  NONE  1 DAY  2-3 DAYS  MOST DAYS

66. In a typical week, how often did you think that a part of what happened was your fault or guilty that you were to blame for what happened?  NONE  1 DAY  2-3 DAYS  MOST DAYS

67. In a typical week, how often did you think that a part of what happened was somebody else's fault and that they were to blame for what happened?  NONE  1 DAY  2-3 DAYS  MOST DAYS

68. How often did you feel really irritable or angry, or blow up and become really aggressive?  NONE  1 DAY  2-3 DAYS  MOST DAYS

69. How often did you feel like you could not focus or concentrate your mind when you were trying to pay attention?  NONE  1 DAY  2-3 DAYS  MOST DAYS

70. How often did you get really upset when you saw, heard, or felt something like what happened?  NONE  1 DAY  2-3 DAYS  MOST DAYS

71. How often did you try to avoid or get away from people, places, activities, or situations that reminded you of what happened?  NONE  1 DAY  2-3 DAYS  MOST DAYS

72. How often did you feel really scared, sad, or guilty for most of the day?  NONE  1 DAY  2-3 DAYS  MOST DAYS

73. How often did you do things that you or other people think are dangerous or not safe?  NONE  1 DAY  2-3 DAYS  MOST DAYS

74. In a typical week, how often did you wake up in the middle of the night and have trouble falling back to sleep?  NONE  1 DAY  2-3 DAYS  MOST DAYS

75. How often was it hard for you to feel happiness or love?  NONE  1 DAY  2-3 DAYS  MOST DAYS

76. How often did it feel like you didn't know yourself or your own body, like you were seeing a stranger when you looked in the mirror?  NONE  1 DAY  2-3 DAYS  MOST DAYS

77. How often did you feel like people or places around you seemed totally strange, like you were in a dream even though you were awake?  NONE  1 DAY  2-3 DAYS  MOST DAYS

## Since the stressful or traumatic thing or things happened, is it harder to...

78. Spend time with friends and family  NO  YES

79. Get along with co-workers or colleagues  NO  YES

80. Do household tasks and run errands  NO  YES

81. Get along with people you live with  NO  YES

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82. Get your tasks done at work or school  NO  YES
83. Be a good parent for your child(ren) (if applicable)  NO  YES

## YOU ARE FINISHED

### SCORING - ADMINISTRATORS ONLY

**PTSD Symptom Severity** (Sum items 53-77 with None = 0, 1 Day = 1, 2-3 Days = 2, Most Days = 3. *NOTE.* Count whichever score is higher for the following sets of items: [items 60 and 61] [items 64 and 65] [items 66 and 67])

- Intrusion Symptom Criterion B Met** ( $\geq 1$  of the following items with scores of  $\geq 2$  - 53, 54, 58, 64, 65, 70)
- Avoidance Symptom Criterion C Met** ( $\geq 1$  of the following items with scores  $\geq 2$  - items 59, 71)
- Negative Changes in Mood & Cognitions Criterion D Met** ( $\geq 2$  of the following items with scores  $\geq 2$  - items 55, 56, [60 -or- 61] 62, [66 -or- 67], 72, 75)
- Alterations in Arousal & Reactivity Criterion E Met** ( $\geq 2$  of the following items with scores  $\geq 2$  - items 57, 63, 68, 69, 73, 74)
- Evidence of functional Impairment** ( $\geq 1$  of the following items: 78, 79, 80, 81, 82, 83)
- Evidence of Dissociative Symptoms** (item 76 or 77 with score of  $\geq 2$ )
- Full PTSD Likely** (Symptom Criteria B, C, D, and E met) OR  **Partial PTSD Likely** ( $\geq 1$  Symptom Criteria met)

NOTES: