Structured Trauma-Related Experiences and Symptoms Screener (STRESS)

Adult Self-Report

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 1 TRAUMA-RELATED EXPERIENCES

INSTRUCTIONS We are going to go through a list of very stressful or traumatic things that sometimes happen to people. Choose YES if the thing happened to you or NO if it has not happened to you. For each 'YES' response, follow the instructions to indicate about when the stressful or traumatic thing happened or started happening.

1. Have you ever been in a really bad storm or disaster, like a flood, earthquake, or hurricane?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
2. Have you been in an actual war or combat zone?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
3. Has a partner or spouse ever been in an actual war or combat zone?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
4. Have you ever been in a serious fire or lost your home in a fire?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
5. Have you ever been in a really bad accident?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
6. Have you ever had to stay in the hospital because you were really sick or badly injured?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
7. Has anyone in your family (excluding your child) ever had to stay in the hospital because he/she was really sick or badly injured?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
8. Have you lost a partner or spouse to death?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
9. Have you ever seen or heard people in your neighborhood get badly hurt or killed?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
10. Has anyone outside your family ever beaten you up or hit, punched, shoved, or kicked you?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
11. Has anyone outside your family ever made you think he or she might hurt or kill you?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
12. Has anyone outside your family ever made you think he or she might hurt or kill someone you love?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
13. Has anyone outside your family ever forced you to have sex or engage in sexual behavior?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
14. Has a partner or spouse ever beaten you up or hit, punched, shoved, or kicked you?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO

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15. Has a partner or spouse ever made you think he or she might badly hurt or kill you?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
16. Has a partner or spouse ever made you think he or she might hurt or kill someone you love?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
17. Has a partner or spouse ever forced you to have sex or engage in sexual behavior?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
18. Has anyone else in your home or family ever beaten you up or hit, punched, shoved, or kicked you?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
19. Has anyone else in your home or family ever made you think he or she might hurt or kill someone you love?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
20. Has anyone else in your home or family ever forced you to have sex or engage in sexual behavior?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
21. Did you know so much about how someone you loved died that you could picture it in your head?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
22. Did anything else really stressful or traumatic happen during your adult life? *Specify* [ ]	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO

As a parent (skip to #28 if you are not a parent)…

23. Has your child had to stay in the hospital because he or she was really sick or badly injured?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
24. Has your child been diagnosed with a terminal or life-threatening illness?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
25. Have you lost a child to death?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
26. Has your child been physically assaulted or abused by someone?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO
27. Has your child been sexually assaulted or abused by someone?	☐ NO	☐ YES, PAST YEAR	☐ YES, 1+ YEARS AGO

As a child or teenager (17 years or younger)…

28. Have you ever been in a really bad storm or disaster, like a flood, earthquake or hurricane?	☐ NO	☐ YES	About how old were you? _____
29. Have you ever been in an actual war or combat zone?	☐ NO	☐ YES	About how old were you? _____
30. Has a parent ever been in an actual war or combat zone?	☐ NO	☐ YES	About how old were you? _____
31. Have you ever been in a serious fire or lost your home in a fire?	☐ NO	☐ YES	About how old were you? _____
32. Have you ever been in a really bad accident?	☐ NO	☐ YES	About how old were you? _____

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33. Have you ever had to stay in the hospital because you were really sick or badly injured?	☐ NO	☐ YES	About how old were you? _____
34. Has anyone in your family ever had to stay in the hospital because he or she was really sick or badly injured?	☐ NO	☐ YES	About how old were you? _____
35. Have you lost a parent or sibling to death?	☐ NO	☐ YES	About how old were you? _____
36. Did you know so much about how someone you loved died that you could picture it in your head?	☐ NO	☐ YES	About how old were you? _____
37. Have you ever seen or heard people in your neighborhood get badly hurt or killed?	☐ NO	☐ YES	About how old were you? _____
38. Has anyone outside your family ever beaten you up or hit, punched, shoved, or kicked you?	☐ NO	☐ YES	About how old were you? _____
39. Has anyone outside your family ever made you think he or she might hurt or kill you?	☐ NO	☐ YES	About how old were you? _____
40. Has anyone outside your family ever made you think he or she might hurt or kill someone you love?	☐ NO	☐ YES	About how old were you? _____
41. Has anyone outside your family ever forced you to have sex or engage in sexual behavior?	☐ NO	☐ YES	About how old were you? _____
42. Has a parent ever beaten you up or hit, punched, shoved, or kicked you?	☐ NO	☐ YES	About how old were you? _____
43. Has a parent ever made you think he or she might badly hurt or kill you?	☐ NO	☐ YES	About how old were you? _____
44. Has a parent ever made you think he or she might hurt or kill someone you love?	☐ NO	☐ YES	About how old were you? _____
45. Has a parent ever forced you to have sex or engage in sexual behavior?	☐ NO	☐ YES	About how old were you? _____
46. Has anyone else in your home or family ever beaten you up or hit, punched, shoved, or kicked you?	☐ NO	☐ YES	About how old were you? _____
47. Has anyone else in your home or family ever made you think he or she might hurt or kill someone you love?	☐ NO	☐ YES	About how old were you? _____
48. Has anyone else in your home or family ever forced you to have sex or engage in sexual behavior?	☐ NO	☐ YES	About how old were you? _____
49. Did you ever see or hear adults in your home beat each other up or hit, punch, shove, or kick each other?	☐ NO	☐ YES	About how old were you? _____
50. Were you separated from a parent or someone you depended on for love or safety for an extended period of time?	☐ NO	☐ YES	About how old were you? _____

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51. Was a parent ever arrested or put in jail?	☐ NO	☐ YES	About how old were you? _____
52. Did anything else really stressful or traumatic happen during your childhood? *Specify* [ ]	☐ NO	☐ YES	About how old were you? _____

If you said YES to any of the above questions, continue to PART 2 below

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 (B1). How often did disturbing or unwanted thoughts or memories about what happened pop up into your mind?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
54 (B5). 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?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
55 (D1). In a typical week, how often was it hard to remember important parts of what happened?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
56 (D5). How often were you bored or just not interested in doing things you usually like to do?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
57 (E3). In a typical week, how often did you feel on edge, watchful, or on guard, just in case something bad might happen?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
58 (B2). How often did you have bad dreams or nightmares?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
59 (C1). How often did you try to keep your body from feeling ways that reminded you of what happened?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
60 (D2a). How often did you think that you are a bad person or that something is terribly wrong about you?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
61 (D2b). How often did you think the world is a bad or very dangerous place, or that people can't be trusted?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
62 (D6). In a typical week, how often did you feel lonely or emotionally distant and cut-off from other people?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
63 (E4). How often did you get really scared or upset when you heard or saw something you were not expecting to happen?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
64 (B3a). How often did memories about what happened make you lose track of time or forget where you were?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
65 (B3b). 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

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66 (D3a). 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 (D3b). 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 (E1). 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 (E5). 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 (B4). 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 (C2). 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 (D4). How often did you feel really scared, sad, or guilty for most of the day?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
73 (E2). 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 (E6). 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 (D7). How often was it hard for you to feel happiness or love?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
76 (DS1). 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 (DS2). 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
82. Get your tasks done at work or school	☐ NO	☐ YES
83. Be a good parent for your child(ren) (if applicable)	☐ NO	☐ YES

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YOU ARE FINISHED

SCORING - ADMINISTRATORS ONLY

☐ **≥ 1 Adulthood Event (YES on items 1-27)** ☐ **≥ 1 Childhood Event (YES on items 28-52)**

PTSD Symptom Severity (Sum items 53-77 with None = 0, 1 Day = 1, 2-3 Days = 2, Most Days = 3. ***NOTE.*** For evaluating criteria, count whichever score is higher for the sets of items in brackets below.

☐ **Intrusion Symptom Criterion B Met:** ≥ 1 of the following items with scores of ≥ 2 - 53 (B1), 54 (B5), 58 (B2), **[64 (B3a) -or- 65 (B3b)]**, 70 (B4)

☐ **Avoidance Symptom Criterion C Met:** ≥ 1 of the following items with scores ≥ 2 - items 59 (C1), 71 (C2)

☐ **Negative Changes in Mood & Cognitions Criterion D Met:** ≥ 2 of the following items with scores ≥ 2 - items 55 (D1), 56 (D5), **[60 (D2a) -or- 61 (D2b)]**, 62 (D6), **[66 (D3a) -or- 67(D3b)]**, 72 (D4), 75 (D7)

☐ **Alterations in Arousal & Reactivity Criterion E Met:** (≥ 2 of the following items with scores ≥ 2 - items 57 (E3), 63 (E4), 68 (E1), 69 (E5), 73 (E2), 74 (E6)

☐ **Evidence of functional Impairment:** ≥ 1 of the following items: 78, 79, 80, 81, 82, 83

☐ **Evidence of Dissociative Symptoms:** item 76 (DS1) or 77 (DS2) with score of ≥ 2

☐ **Full PTSD Likely** (Symptom Criteria B, C, D, and E met) *OR* ☐ **Partial PTSD Likely** (≥ 1 Symptom Criteria met)

NOTES:

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