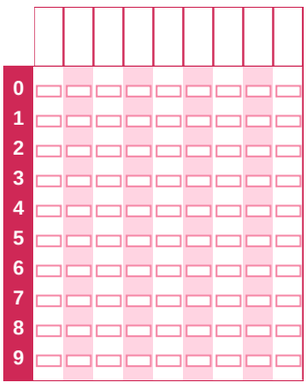
TCU TRMAFORM

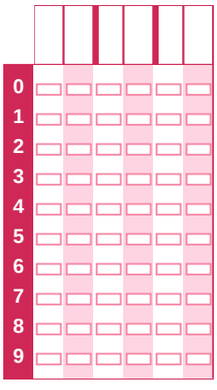
Instructions: Below is a list of PROBLEMS and COMPLAINTS that people sometimes have in response to stressful experiences. Please read each one carefully and indicate how much you have been bothered by that problem in the PAST MONTH.	Not at all	A little bit	Moder-ately	Quite a bit	Extre-mely
1. Repeated, disturbing memories, thoughts, or images of a stressful experience?	☐	☐	☐	☐	☐
2. Repeated, disturbing dreams of a stressful experience?	☐	☐	☐	☐	☐
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	☐	☐	☐	☐	☐
4. Feeling very upset when something reminded you of a stressful experience?	☐	☐	☐	☐	☐
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when reminded of a stressful experience?	☐	☐	☐	☐	☐
6. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?	☐	☐	☐	☐	☐
7. Avoiding activities or situations because they reminded you of a stressful experience?	☐	☐	☐	☐	☐
8. Trouble remembering important parts of a stressful experience?	☐	☐	☐	☐	☐
9. Loss of interest in activities that you used to enjoy?	☐	☐	☐	☐	☐
10. Feeling distant or cut off from other people?	☐	☐	☐	☐	☐
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	☐	☐	☐	☐	☐
12. Feeling as if your future will somehow be cut short?	☐	☐	☐	☐	☐
13. Trouble falling or staying asleep?	☐	☐	☐	☐	☐
14. Feeling irritable or having angry outbursts?	☐	☐	☐	☐	☐
15. Having difficulty concentrating?	☐	☐	☐	☐	☐
16. Being " super-alert" or watchful or on guard?	☐	☐	☐	☐	☐
17. Feeling jumpy or easily startled?	☐	☐	☐	☐	☐

Client ID#



Today's Date

Month Day Year



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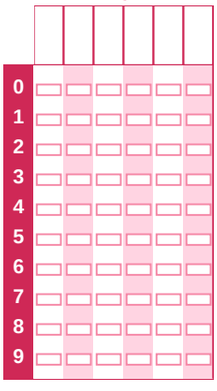

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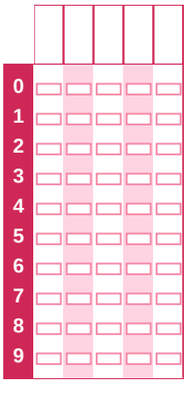
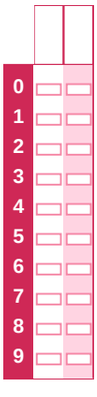


Administration



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From Weathers, Litz, Huska, Keane (1994). National Center for PTSD: Boston, MA.