PTSD Symptom Scale (PSS)

(Side 2)

Below is a list of problems that people sometimes have after experiencing a traumatic event. Please rate on a scale from 0-3 how much or how often these following things have occurred to you in the last two weeks:

0 Not at all
1 Once per week or less/ a little bit/ one in a while
2 2 to 4 times per week/ somewhat/ half the time
3 3 to 5 or more times per week/ very much/ almost always

Item				
1. Having upsetting thought or images about the traumatic event that come into your head when you did not want them to	0	1	2	3
2. Having bad dreams or nightmares about the traumatic event	0	1	2	3
3. Reliving the traumatic event (acting as if it were happening again)	0	1	2	3
4. Feeling emotionally upset when you are reminded of the traumatic event	0	1	2	3
5. Experiencing physical reactions when reminded of the traumatic event (sweating, increased heart rate)	0	1	2	3
6. Trying not to think or talk about the traumatic event	0	1	2	3
7. Trying to avoid activities or people that remind you of the traumatic event	0	1	2	3
8. Not being able to remember an important part of the traumatic event	0	1	2	3
9. Having much less interest or participating much less often in important activities	0	1	2	3
10. Feeling distant or cut off from the people around you	0	1	2	3
11. Feeling emotionally numb (unable to cry or have loving feelings)	0	1	2	3
12. Feeling as if your future hopes or plans will not come true	0	1	2	3
13. Having trouble falling or staying asleep	0	1	2	3
14. Feeling irritable or having fits of anger	0	1	2	3
15. Having trouble concentrating	0	1	2	3
16. Being overly alert	0	1	2	3
17. Being jumpy or easily startled	0	1	2	3

Please mark YES or NO if the problems above interfered with the following:

1. Work ☐ Yes ☐ No
2. Household duties ☐ Yes ☐ No
3. Friendships ☐ Yes ☐ No
4. Fun/leisure activities ☐ Yes ☐ No
5. Schoolwork ☐ Yes ☐ No
6. Family relationships ☐ Yes ☐ No
7. Sex life ☐ Yes ☐ No
8. General life satisfaction ☐ Yes ☐ No
9. Overall functioning ☐ Yes ☐ No