

# CLIENT HANDOUT: TRAUMATIC STRESS INVENTORY

On a scale of 1–5, write the number that corresponds to how often you been “bothered by” the items below in the past month.

- \_\_\_ Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?
- \_\_\_ Repeated, disturbing dreams of a stressful experience from the past?
- \_\_\_ Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?
- \_\_\_ Feeling very upset when something reminded you of a stressful experience from the past?
- \_\_\_ Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?
- \_\_\_ Avoid thinking about or talking about a stressful experience from the past, or avoid having feelings related to it?
- \_\_\_ Avoid activities or situations because they remind you of a stressful experience from the past?
- \_\_\_ Trouble remembering important parts of a stressful experience from the past?
- \_\_\_ Loss of interest in things that you used to enjoy?
- \_\_\_ Feeling distant or cut off from other people?
- \_\_\_ Feeling emotionally numb or being unable to have loving feelings for those close to you?
- \_\_\_ Feeling as if your future will somehow be cut short?
- \_\_\_ Trouble falling or staying asleep?
- \_\_\_ Feeling irritable or having angry outbursts?
- \_\_\_ Having difficulty concentrating?
- \_\_\_ Being “super alert” or watchful on guard?
- \_\_\_ Feeling jumpy or easily startled?

Score: \_\_\_