

Client ID: \_\_\_\_\_

Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present you:

71. Have had nightmares about it or thought about it when you did not want to? Yes / No

71. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? Yes / No

73. Were constantly on guard, watchful, or easily startled? Yes / No

74. Felt numb and detached from others, activities, or your surroundings? Yes / No

76. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt? \_\_\_\_\_ (number of times).

**Part 11. Trauma Symptoms – Trauma Symptom Checklist (TSC-40) – Self Assessment**

How often have you experienced each of the following in the last two months?	0 = Never 1=Rarely 2=Sometimes 3=Often
1. Headaches	0 1 2 3
2. Insomnia (trouble getting to sleep)	0 1 2 3
3. Weight loss (without dieting)	0 1 2 3
4. Stomach problems	0 1 2 3
5. Sexual problems	0 1 2 3
6. Feeling isolated from others	0 1 2 3
7. "Flashbacks" (sudden, vivid, distracting memories)	0 1 2 3
8. Restless sleep	0 1 2 3
9. Low sex drive	0 1 2 3
10. Anxiety attacks	0 1 2 3
11. Sexual overactivity	0 1 2 3
12. Loneliness	0 1 2 3
13. Nightmares	0 1 2 3
14. "Spacing out" (going away in your mind)	0 1 2 3
15. Sadness	0 1 2 3
16. Dizziness	0 1 2 3
17. Not feeling satisfied with your sex life	0 1 2 3
18. Trouble controlling your temper	0 1 2 3
19. Waking up early in the morning and can't get back to sleep	0 1 2 3
20. Uncontrollable crying	0 1 2 3
21. Fear of men	0 1 2 3
22. Not feeling rested in the morning	0 1 2 3

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0= Never 1= Rarely 2=Sometimes 3=Often	
23. Having sex that you didn't enjoy	0 1 2 3
24. Trouble getting along with others	0 1 2 3
25. Memory problems	0 1 2 3
26. Desire to physically hurt yourself	0 1 2 3
27. Fear of women	0 1 2 3
28. Waking up in the middle of the night	0 1 2 3
29. Bad thoughts or feelings during sex	0 1 2 3
30. Passing out	0 1 2 3
31. Feeling that things are "unreal"	0 1 2 3
32. Unnecessary or over-frequent washing	0 1 2 3
33. Feelings of inferiority	0 1 2 3
34. Feeling tense all the time	0 1 2 3
35. Being confused about your sexual feelings	0 1 2 3
36. Desire to physically hurt others	0 1 2 3
37. Feelings of guilt	0 1 2 3
38. Feelings that you are not always in your body	0 1 2 3
39. Having trouble breathing	0 1 2 3
40. Sexual feelings when you shouldn't have them	0 1 2 3