

PSS (DSM-5 Version)

Using the scale below, please rate each item in terms of how frequent/severe it has been for you, in the PAST MONTH, BASED ON THE MOST DISTRESSING EVENT YOU PREVIOUSLY REPORTED.

SCALE

0 = Not at all

1 = Once per week or less/a little bit/once in a while

2 = 2 to 4 times per week/somewhat/half the time

3 = 5 or more times per week/very much/almost always

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| 1. Have you had recurrent, unintentional and intrusive distressing memories about the trauma? | 0 1 2 3 |
| 2. Have you been having recurrent bad dreams about the trauma, or dreams that have caused you distress like you felt during or after the trauma? | 0 1 2 3 |
| 3. Have you had the experience of suddenly reliving the trauma, flashbacks of it, acting or feeling as if it were re-occurring? | 0 1 2 3 |
| 4. Have you been intensely EMOTIONALLY upset when reminded of the trauma? | 0 1 2 3 |
| 5. Have you been having intense PHYSICAL reactions when reminded of the trauma? | 0 1 2 3 |
| 6. Have you persistently been making efforts to avoid thoughts, feelings, or physical sensations that bring back memories of the trauma? | 0 1 2 3 |
| 7. Have you persistently been making efforts to avoid activities, situations, people, places, conversations, or objects that bring back memories of the trauma? | 0 1 2 3 |
| 8. Are there any important aspects of the trauma that you still cannot remember? (but not including if the memory problems are due to a head injury, or intoxication from alcohol or drugs) | 0 1 2 3 |
| 9. Have you persistently felt extremely negative/pessimistic about yourself, other people or the world? | |
| 10. Do you find that you can't get over blaming yourself or others for the trauma or for the harm that the trauma has caused? | 0 1 2 3 |
| 11. Do you find that you can't stop feeling extremely distressing emotions, such as fear, anger, guilt, shame? | 0 1 2 3 |
| 12. Have you markedly lost interest in free time activities since the trauma? | 0 1 2 3 |
| 13. Have you felt detached or cut off from others around you since the trauma? | 0 1 2 3 |
| 14. Have you had difficulty experiencing positive emotions such as love or happiness? | 0 1 2 3 |
| 15. Have you been continuously irritable, angry or had problems with aggression? | 0 1 2 3 |
| 16. Have you acted recklessly or self-destructively (e.g., risky sex, substance abuse, reckless driving, binge eating, suicidal behavior, or injuring, cutting or harming your body on purpose)? | 0 1 2 3 |
| 17. Are you overly alert since the trauma? | 0 1 2 3 |
| 18. Have you been jumpier, more easily startled, since the trauma? | 0 1 2 3 |
| 19. Have you been having persistent difficulty concentrating? | 0 1 2 3 |
| 20. Have you been having persistent difficulty falling or staying asleep? | 0 1 2 3 |
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Overall, how much have the symptoms above (on this screen) interfered with or caused difficulties in your life during the past month (in any area, including getting along with people in general or relationships with family or friends, in school or at work, or in any other day-to-day or important activities)?

- Not at all
- A little bit
- A moderate amount
- Quite a bit
- Extremely

The PTSD Symptom Scale was developed by Foa et al. (1993) based on DSM-IV PTSD criteria. Elhai et al. (2012) adapted the measure for DSM-5 PTSD symptom criteria.

Elhai, J. D., Miller, M. E., Ford, J. D., Biehn, T. L., Palmieri, P. A., & Frueh, B. C. (2012). Posttraumatic stress disorder in DSM-5: Estimates of prevalence and symptom structure in a nonclinical sample of college students. *Journal of Anxiety Disorders*, 26, 58-64.

Foa, E. B., Riggs, D. S., Dancu, C. V., & Rothbaum, B. O. (1993). Reliability and validity of a brief instrument for assessing post-traumatic stress disorder. *Journal of Traumatic Stress*, 6(4), 459-473.

The Elhai et al. (2012) paper is downloadable from: <https://www.jon-elhai.com/research#access>