

Name _____ Date _____

Please indicate how you experienced the traumatic event(s) without describing it(them) (unless you choose to) by circling

C or P for **Current** or **Past** experiences.

Please label each Traumatic Event or phobia and rate its current Subjective Units of Discomfort on a 0 to 10 scale. Thank you.

	Circle all that apply		Please Rate each traumatic event's Subjective Units of Discomfort (SUD) →	SUD: 0 to 10
Traumatic event, real or potential death or serious injury?	C	P	Brief description or coded label (whatever you choose): (A-1, B-6, etc.) or use blank # 1,2,3 below for each traumatic event:	
Intense fear, helpless, or horror at time of the event?	C	P	1	
Recurring & intrusive uncontrollable Recollections Images, Thoughts, or Perceptions of the Trauma?	C	P	2	
Recurring distressing dreams, or night mares of the incident?	C	P	3	
Flashbacks--Acting or feeling as if the trauma is happening in the present?	C	P	4	
Intense psychological or emotional reactions or distress when things remind you of the event?	C	P	5	
Physical reactivity (headaches, sweating, stomach cramps, muscle tension, shaking, etc when reminded of it?	C	P	6	
Try of avoid things related to the event and your general responsiveness has been numbed since.	C	P	7	
Try to avoid thoughts, feelings or conversations associated with the event.	C	P	8	
Try to avoid activities, places, or people that cause you to remember the event.	C	P	9	
Can't remember an important aspect of the trauma.	C	P	The event occurred approximately when?	
Significantly reduced interest or participation in significant activities since the event.	C	P	When did the symptoms or problems related to the trauma begin?	
Can't feel emotionally close to others since?	C	P	How does this affect you and your ability to function?	
Restricted or reduced emotions since the event, like you are unable to have loving feelings?	C	P		
Sense of a foreshortened future: (You don't expect to have a career, marriage, children, normal life span)?	C	P		
<i>Since the trauma you have had...</i>				
increased Difficulty falling or staying Asleep?	C	P		
increased Irritability or Outbursts of Anger?	C	P		
increased Difficulty Concentrating?	C	P		
increased Hypervigilance (On Guard and can't relax)?	C	P	I want to treated for this trauma or event without having to talk about it or describe what happened.	
Exaggerated Startle Response (jump a lot more with loud unexpected noise?	C	P	Yes No	

Comments _____