TRAUMA AND PTSD SCREENING (TRAPS)

The items listed below refer to events that may have taken place at any point in your entire life, including early childhood. Please tick whether or not any of these events or experiences happened to you. If you do not wish to answer a question, you may leave it unanswered.

		Yes	No
1.	**Have you ever had a life-threatening illness?**	☐	☐
2.	**Were you ever in a life-threatening accident?**	☐	☐
3.	**Have you ever been directly affected by a natural disaster?**	☐	☐
4.	**Was physical force or a weapon ever used against you in a robbery or mugging?**	☐	☐
5.	**Has an immediate family member, romantic partner, or very close friend died because of accident, homicide, or suicide?**	☐	☐
6.	**At any time, has anyone** (parent, other family member, romantic partner, acquaintance or someone else) **ever physically forced or threatened you to have intercourse, or to have oral or anal sex against your wishes?** (Either by physically forcing you, threatening you, or by exploiting a situation when you were helpless, such as being asleep or intoxicated.)	☐	☐
7.	Other than the experiences already covered: **Has anyone ever touched your private parts against your wishes or made you touch their private parts against your wishes?**	☐	☐
8.	**When you were a child: Did a parent, caregiver or other adult ever kick you, beat you, or otherwise attack or harm you?**	☐	☐
9.	**As an adult: Have you ever been kicked, beaten, slapped around or otherwise physically harmed by a romantic partner, date, family member, an acquaintance or someone else?**	☐	☐
10.	**Has a parent, romantic partner, or family member repeatedly ridiculed you, put you down or told you were no good?**	☐	☐
11.	**Has someone outside the family, such as classmates or colleagues, repeatedly ridiculed you, put you down or told you were no good?**	☐	☐
12.	**Other than the experiences already covered: has anyone ever threatened you with a weapon like a knife or gun?**	☐	☐
13.	**Have you ever been present when another person was killed? Seriously injured? Sexually or physically assaulted?**	☐	☐
14.	**Have you ever been in any other situation where you were seriously injured or your life was in danger** (e.g., involved in military combat, living in a war zone or a terrorist attack)**?**	☐	☐
15.	Other than the experiences already covered: **Have you ever been in any other situation that was extremely frightening or horrifying, or one in which you felt extremely helpless?** Please describe:	☐	☐
→	**If you have answered "yes" to more than one question, please indicate the event that bothers you most today with an asterisk (*).**		

Stressful Life Events Screening Questionnaire – Revised (SLESQ). Goodman, Corcoran, Turner, Yuan, & Green, 1998
Norwegian translation by Thoresen & Øverlien (2013). Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS)

PLEASE TURN THE SHEET OVER!

Now we ask you, with the worst event in mind, to read each of the problems below and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	*Not at all*	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again *(as if you were actually back there reliving it)*?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience *(for example, heart pounding, trouble breathing, sweating)*?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience *(for example, people, places, conversations, activities, objects, or situations)*?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world *(for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?*	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings *(for example, being unable to feel happiness or have loving feelings for people close to you)*?	0	1	2	3	4
15. Irritable behaviour, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4
Total score:					

The PTSD Checklist for *DSM-5* (PCL-5).Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013).
Norwegian translation by Trond Heir (2014) - Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS)