

Instructions for the CTI

(First, administer the Trauma History Screen [Carlson et al., 2011] or equivalent trauma history questionnaire)

After reading each symptom, think about how **ALL** the traumatic experience(s) you previously identified affected you within the past month. Please indicate (circle) how intense the following symptoms are AND how often you experienced the following symptoms **within the past month**:

Symptoms	Intensity					Frequency					Severity
	When you experience the symptom(s), how much do they bother you? (Note: Select "0" if it has not happened in the past month)					How often have the symptoms bothered you within the past month?					Average the Intensity and Frequency Scores
	Not at all	A little bit	Moderately	Quite a bit	Extremely	None	1-2 times a month	1-2 times a week	3-5 times a week	Daily or almost daily	(Intensity + Frequency)/2
1. Having bad dreams or nightmares about the traumatic event(s)	0	1	2	3	4	0	1	2	3	4	
2. Having to not talk/think about stressful experience(s) to minimize negative feelings	0	1	2	3	4	0	1	2	3	4	
3. Being "superalert" or on guard/watchful	0	1	2	3	4	0	1	2	3	4	
4. Being sensitive or having feelings easily hurt	0	1	2	3	4	0	1	2	3	4	
5. Feeling defeated or worthless	0	1	2	3	4	0	1	2	3	4	
6. Feeling distant from other people	0	1	2	3	4	0	1	2	3	4	
7. Feeling or acting as if you were reliving stressful experience(s) again	0	1	2	3	4	0	1	2	3	4	
8. Trying not to think about the traumatic experience(s)	0	1	2	3	4	0	1	2	3	4	
9. Feeling like you have to watch for dangers or threats	0	1	2	3	4	0	1	2	3	4	
10. Difficulty experiencing positive emotions (ex. unable to feel happy or feel love towards people close to you)	0	1	2	3	4	0	1	2	3	4	

	Not at all	A little bit	Moderately	Quite a bit	Extremely	Never	1-2 times a month	1-2 times a week	3-5 times a week	Daily or almost daily	(Intensity + Frequency)/2
11. Feeling that you are bad or that something is wrong with you	0	1	2	3	4	0	1	2	3	4	
12. Having difficulty maintaining relationships with other people	0	1	2	3	4	0	1	2	3	4	
13. Experiencing physical reactions when reminded of stressful experience(s) (ex. heart pounding, sweating, difficulty breathing)	0	1	2	3	4	0	1	2	3	4	
14. Trying to stay away from people, places or activities that remind you of the traumatic experience(s)	0	1	2	3	4	0	1	2	3	4	
15. Being easily startled or "jumpy"	0	1	2	3	4	0	1	2	3	4	
16. Feeling unreal as if living in a dream	0	1	2	3	4	0	1	2	3	4	
17. Blaming yourself for the stressful experience(s) or consequences of the stressful experience(s)	0	1	2	3	4	0	1	2	3	4	
18. Feeling isolated from other people	0	1	2	3	4	0	1	2	3	4	
19. Having outbursts of anger or irritable behavior	0	1	2	3	4	0	1	2	3	4	
20. Deliberately trying to hurt yourself (ex. cutting, scratching, biting or burning yourself) or put yourself in dangerous situations	0	1	2	3	4	0	1	2	3	4	