

## Instructions for the CTI – Fillable Form

(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 how intense the following symptoms are AND how often you experienced the symptoms **within the past month** (type the number associated with the description at the top) . For example, for Intensity, type “0” if not at all, “1” for a little bit, “2” for Moderately, etc. For Frequency, type “0” for none, “1” for 1-2x a month, “2” for 1-2x a week, etc.

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

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	<u>Intensity</u>		<u>Frequency</u>		
13. Experiencing physical reactions when reminded of stressful experience(s) (ex. heart pounding, sweating, difficulty breathing)					
14. Trying to stay away from people, places or activities that remind you of the traumatic experience(s)					
15. Being easily startled or “jumpy”					
16. Feeling unreal as if living in a dream					
17. Blaming yourself for the stressful experience(s) or consequences of the stressful experience(s)					
18. Feeling isolated from other people					
19. Having outbursts of anger or irritable behavior					
20. Deliberately trying to hurt yourself (ex. cutting, scratching, biting or burning yourself) or put yourself in dangerous situations					

Date

Name

Subscale	Score	Composite Scale	Score
Reexperiencing (RE)		Posttraumatic Stress Disorder (PTSD)	
Avoidance (AV)			
Sense of Threat (SOT)		Disturbances in Self-Organization (DSO)	
Affect Dysregulation (AD)			
Negative Self-Concept (NSC)		Complex PTSD (CPTSD)	
Disturbances in Relationships (DR)			