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|---|---|---|---|--|
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Client ID# | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Today's Date | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Facility ID# | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Zip Code | <input type="text"/> <input type="text"/> <input type="text"/><br>Administration |
|---|---|---|---|--|

## TCU TRMAFORM

**Instructions:** Below is a list of **PROBLEMS** and **COMPLAINTS** that people sometimes have in response to stressful experiences. Please read each one carefully and indicate how much you have been bothered by that problem in the **PAST MONTH**.

| <i>Not at<br/>all</i> | <i>A little<br/>bit</i> | <i>Moder-<br/>ately</i> | <i>Quite<br/>a bit</i> | <i>Extre-<br/>mely</i> |
|-----------------------|-------------------------|-------------------------|------------------------|------------------------|
| (1)                   | (2)                     | (3)                     | (4)                    | (5)                    |

- |     |  |                       |                       |                       |                       |                       |
|-----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1.  | Repeated, disturbing memories, thoughts, or images of a stressful experience? .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.  | Repeated, disturbing dreams of a stressful experience? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3.  | Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)? .....             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4.  | Feeling very upset when something reminded you of a stressful experience? ....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5.  | Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when reminded of a stressful experience? ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6.  | Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it? .....             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7.  | Avoiding activities or situations because they reminded you of a stressful experience? .....                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8.  | Trouble remembering important parts of a stressful experience? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9.  | Loss of interest in activities that you used to enjoy? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. | Feeling distant or cut off from other people? .....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. | Feeling emotionally numb or being unable to have loving feelings for those close to you? .....                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|            |              |              |          |                |
|------------|--------------|--------------|----------|----------------|
| Client ID# | Today's Date | Facility ID# | Zip Code | Administration |
|------------|--------------|--------------|----------|----------------|

|                       |                         |                         |                        |                        |
|-----------------------|-------------------------|-------------------------|------------------------|------------------------|
| <i>Not at<br/>all</i> | <i>A little<br/>bit</i> | <i>Moder-<br/>ately</i> | <i>Quite<br/>a bit</i> | <i>Extre-<br/>mely</i> |
| <i>(1)</i>            | <i>(2)</i>              | <i>(3)</i>              | <i>(4)</i>             | <i>(5)</i>             |

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. Feeling as if your future will somehow<br>be cut short? ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Trouble falling or staying asleep? .....                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Feeling irritable or having<br>angry outbursts? .....         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Having difficulty concentrating? .....                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Being "super-alert" or watchful<br>or on guard? .....         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Feeling jumpy or easily startled? .....                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

From Weathers, Litz, Huska, Keane (1994). National Center for PTSD: Boston, MA