

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 Average the Intensity and Frequency Scores (Intensity + Frequency)/2
	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?					
	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	
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	