

Patient ID: _____

Date: _____

Pat Initials: _____

Week: _____

**PTSD SYMPTOM SCALE INTERVIEW
(PSSI; Foa, Riggs, Dancu & Rothbaum, 1993)**

Index trauma (describe): _____

Ask, "in the past two weeks" (if < 2 weeks since trauma, ask "Since the [trauma]"). Probe all positive responses (e.g., "How often has this been happening?")

0
Not at
all

1
Once per week
or less/a little

2
2 to 4 times per
week/somewhat

3
5 or more times
per week/very much

RE-EXPERIENCING (need one): [probe, then quantify]

- ___ 1. Have you had recurrent or intrusive distressing thoughts or recollections about the trauma?
- ___ 2. Have you been having recurrent bad dreams or nightmares about the trauma?
- ___ 3. Have you had the experience of suddenly reliving the trauma, flashbacks of it, acting or feeling as if it were re-occurring?
- ___ 4. Have you been intensely EMOTIONALLY upset when reminded of the trauma (includes anniversary reactions)?
- ___ 5. Have you been having intense PHYSICAL reactions (e.g., sweaty, heart palpitations) when reminded of the trauma?

AVOIDANCE (Need three): [probe, then qualify]

- ___ 6. Have you persistently been making efforts to avoid thoughts or feelings associated with the trauma?

**PTSD SYMPTOM SCALE
INTERVIEW (PSSI)
(continued)**

0 Not at all	1 Once per week or less/a little	2 2 to 4 times per week/somewhat	3 5 or more times per week/very much
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- ___ 7. Have you persistently been making efforts to avoid activities, situations, or places that remind you of the trauma?
- ___ 8. Are there any important aspects about the trauma that you still cannot recall?
- ___ 9. Have you markedly lost interest in free time activities since the trauma?
- ___ 10. Have you felt detached or cut off from others around you since the trauma?
- ___ 11. Have you felt that your ability to experience the whole range of emotions is impaired (e.g., unable to have loving feelings)?
- ___ 12. Have you felt that any future plans or hopes have changed because of the assault (e.g., no career, marriage, children, or long life)?

INCREASED AROUSAL (need two): [probe then quantify]

- ___ 13. Have you had persistent difficulty falling or staying asleep?
- ___ 14. Have you been continuously irritable or have outbursts of anger?
- ___ 15. Have you had persistent difficulty concentrating?
- ___ 16. Are you overly alert (e.g., check to see who is around you, etc.) since the trauma?
- ___ 17. Have you been jumpier, more easily startled, since the trauma?