

PTSD Symptom Scale: Self-Report Version (PDS; Foa et al., 1997)

Participant _____ Date _____

Directions: Below is a list of the problems that people sometimes have after experiencing a traumatic event. Read each one carefully and fill in the number (0-3) that best describes how often that problem has bothered you in the **past 2 weeks**. Rate each problem with respect to the traumatic event that brought you into treatment.

- 0 = Not at all or only one time**
1 = Once per week or less/once in a while
2 = 2 to 4 times per week/half the time
3 = 5 or more times per week/almost always

Items	0	1	2	3
1. Having upsetting thoughts or images about the traumatic event that came into your head when you didn't want them to?				
2. Having bad dreams or nightmares about the traumatic event?				
2a. Having these bad dreams always center on being killed?				
3. Reliving the traumatic event, acting or feeling as if it were happening again?				
3a. Reliving the traumatic event as if I am moving in a rewind motion?				
4. Feeling EMOTIONALLY upset when you were reminded of the traumatic event (for example feeling scared, angry, sad, guilty, etc.)?				
5. Experiencing PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when you were reminded of the traumatic event?				
6. Trying not to think about, talk about, or have feelings about the traumatic event?				
6a. And when I try hard enough NOT to think about the traumatic event I feel dizzy?				
7. Trying to avoid activities, people, or places that remind you of the traumatic event?				
8. Not being able to remember an important part of the traumatic event?				
9. Having much less interest or participating much less often in important activities?				
9a. Having much MORE interest in activities that are unimportant?				
10. Feeling distant or cut off from people around you?				
11. Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings)				
11a. Feeling emotionally transparent (for example, feeling like people are unable to see me)				
12. Feeling as if your future plans or hopes will not come true (for example, you will not have a career, marriage, children, or a long life)?				
13. Having trouble falling or staying asleep?				
14. Feeling irritable or having fits of anger?				
15. Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read)?				
16. Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to the door, etc.)?				
16a. Being overly aware of sensations or changes in my body?				
17. Being jumpy or easily startled (for example, when someone walks up behind you)?				
17a. Being acutely aware of smells, especially body odor?				