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?")

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<td>Not at all</td>
<td>Once per week or less/a little</td>
<td>2 to 4 times per week/somewhat</td>
<td>5 or more times per week/very much</td>
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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)

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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?