

Ask the client...

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic.

For example:

- *A serious accident or fire*
- *A physical or sexual assault or abuse*
- *An earthquake or flood*
- *A war*
- *Seeing someone be killed or seriously injured*
- *Having a loved one die through homicide or suicide*

1.	Have you ever experienced this kind of event?	YES	NO
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If no, proceed to question 2.

If yes, please ask the questions below:

1a.	In the past month, have you had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES <i>(+1)</i>	NO
1b.	In the past month, have you tried hard not to think about the event(s) and went out of your way to avoid situations that reminded you of the event(s)?	YES <i>(+1)</i>	NO
1c.	In the past month, have you been constantly on guard, watchful, or easily startled?	YES <i>(+1)</i>	NO
1d.	In the past month, have you felt numb or detached from people, activities, or your surroundings?	YES <i>(+1)</i>	NO
1e.	In the past month, have you felt guilty or unable to stop blaming yourself or others for the event(s) or any problems that the event(s) may have caused?	YES <i>(+1)</i>	NO

TOTAL SCORE for questions 1a – 1e:				
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<i>Over the last two weeks, how often have you been bothered by the following problems?</i>		Not at all	Several days	More than half the days	Nearly every day
2.	Little interest or pleasure in doing things?	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much?	0	1	2	3
4.	Feeling tired or having little energy?	0	1	2	3
5.	Poor appetite or overeating?	0	1	2	3
6.	Feeling bad about yourself, or that you are a failure or have let yourself or your family down?	0	1	2	3
7.	Trouble concentrating on things, such as reading or watching tv?	0	1	2	3
8.	Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?	0	1	2	3
9.	Feeling down, depressed, or hopeless?	0	1	2	3
10.	Thoughts of hurting yourself in some way, or thoughts that you would be better off dead?	0	1*	2*	3*
TOTAL SCORE for questions 2 – 10:					

Score Sheet

	Result	Interpretation	Action Steps
Question 1	“No”	<i>Trauma screen</i> should be considered <u>negative</u>	
Questions 1a–1e	Total Score of 1–2	Client has experienced trauma in their life, but their <i>current PTSD screen</i> should be considered <u>negative</u>	
	Total Score of 3–5	Client has experienced trauma, and their <i>PTSD screen</i> should be considered <u>positive</u>	<ul style="list-style-type: none"> Further assessment with a structured interview for PTSD, preferably performed by a mental health professional who has experience diagnosing PTSD¹
Questions 2–10*	Total Score of 0–4	Client’s <i>depression severity screen</i> should be considered <u>negative - minimal</u>	
	Total Score of 5–9	Client’s <i>depression severity screen</i> should be considered <u>mild</u>	<ul style="list-style-type: none"> Watchful waiting Repeat screening at follow-up²
	Total Score of 10–14	Client’s <i>depression severity screen</i> should be considered <u>moderate</u>	<ul style="list-style-type: none"> Create treatment plan, considering counseling, follow-up and/or pharmacotherapy²
	Total Score of 15–19	Client’s <i>depression severity screen</i> should be considered <u>moderately severe</u>	<ul style="list-style-type: none"> Begin active treatment with pharmacotherapy and/or psychotherapy²
	Total Score of 20–27	Client’s <i>depression severity screen</i> should be considered <u>severe</u>	<ul style="list-style-type: none"> Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management²
*Question 10	“Several days,” “More than half the days,” or “Nearly every day”	<i>The client’s suicide risk screen</i> should be considered <u>positive</u>	<ul style="list-style-type: none"> Immediate further assessment for suicide risk by an individual who is competent to assess this risk² Create safety plan for potential future suicidal thoughts, including identifying personal warning signs, coping strategies, social contacts for support, and emergency contacts³ Discuss lethal means safe storage and/or removal (e.g., ropes, pills, firearms, belts, knives)⁴ Provide resources⁵

Sources

- [Primary Care PTSD Screen for DSM-5 \(PC-PTSD-5\) Results](#)
- [Patient Health Questionnaire-9 \(PHQ-9\) Results](#)
- [Stanley-Brown Safety Plan Template/Worksheet](#)
- [Suicide Risk Screening Pathway](#)
- [988 Suicide & Crisis Line](#)

Additional Staff Resources

- [SAFE-T: Suicide Assessment Five-Step Evaluation and Triage](#)
- [asQ Suicide Risk Screening Toolkit](#)
- [The Patient Safety Screener \(PSS-3\) and Tip Sheet](#)