

Structured Interview for Disorders of Extreme Stress-NOS

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NOTE: In view of the fact that some interviewees may be victims of interpersonal violence or other severe trauma very early in life, and essentially have no experience with pre-traumatic functioning, the preamble “since the experience” may not apply. Alternative wording is suggested where appropriate.

Instructions:

What follows are descriptions of typical reactions someone could have after traumatic experiences such as you have had. Please indicate if you had similar feelings soon after the experience or as long as you can remember.

After each reaction that you feel describes your behavior indicate how severely you felt that reaction in the past month. If the reaction is not one you feel describes you, enter a four, for not applicable, as the severity rating for the past month.

I) ALTERATION IN REGULATION OF AFFECT AND IMPULSES

I. a.) Affect regulation

1. Do small problems get you very upset? *(For example, do you get too angry at a minor frustration? Do you cry too easily? Do you get too nervous about minor things?)*

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Sometimes overreacts a little.		1
Sometimes gets very upset.		2
Often gets extremely upset, or has tantrums.		3
Not applicable.		4

2. Do you have trouble letting go of things that upset you? *(Do you have trouble getting upsetting things off your mind?)*

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Gets momentarily upset.		1
Upsetting thought keeps coming back hour after hour.		2
Gets completely consumed by upsetting thought.		3
Not applicable.		4

3. When you feel upset, do you have trouble finding ways of calming yourself down? (*Does playing music, going out with friends, or sports help? How do you get yourself back on track?*)

	Yes	No
After the experience or as long as you can remember		
In the last month:		
None; not at all		0
Needs to make special efforts to calm down (e.g. talking, sports, listening to music ...)		1
Needs to stop everything and focus all energy on calming down.		2
Needs to resort to extreme measures, like getting drunk, taking drugs, or doing other harmful things to his/her body.		3
Not applicable.		4

I. b.) Modulation of anger

4. Do you feel angry a lot of the time?

	Yes	No
After the experience or as long as you can remember		
In the last month:		
None; not at all.		0
Feels quite angry but able to shift to other matters.		1
Anger interferes with paying attention to daily tasks.		2
Anger dominates my daily life.		3
Not applicable.		4

5. Do you have thoughts or images of hurting somebody else? (*Tell me more about that.*)

	Yes	No
After the experience or as long as you can remember		
In the last month:		
None; not at all.		0
Yes, fleeting thoughts.		1
Thinks about hurting people every day.		2
Can't stop thinking about hurting people.		3
Not applicable.		4

6. Do you have trouble controlling your anger? (*What happens? What do you do? How often?*)

	Yes	No
After the experience or as long as you can remember		
In the last month:		
None; not at all.		0
Snaps at people.		1
Yells or throw things.		2
Attack people physically.		3
Not applicable.		4

7. Are you so worried about showing your anger that you make sure not to show any feelings at all?

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Has trouble confronting someone when angry.		1
Never confronts the person he/she is angry at.		2
Never shows anger in words or actions.		3
Not applicable.		4

I. c.) Self-destructive (since the experience or as long as you can remember)

8. Have you been in accidents or near accidents lately? (*What about little accidents at home, in the kitchen, car scrapes?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Occasional accidents causing harm or pain but not requiring medical attention.		1
One accident or episode requiring medical attention.		2
More than one serious accident or episode requiring medical attention.		3
Not applicable.		4

9. Do you find yourself careless about making sure that you are safe? (*Like being around unsafe places and people? Not locking doors?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Tends not to think about the risks involved in relationships or situations.		1
Takes undue risks regarding the people he/she is with or places he/she visits.		2
Keeps company with people who can be dangerous; doesn't take measures to protect self in dangerous situations.		3
Not applicable.		4

10. Have you deliberately tried to hurt yourself lately? (*Like burning or cutting yourself?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Hits or kicks objects.		1
Hurts self deliberately (pinching, scratching, hitting, banging).		2
Hurts self deliberately in ways that cause serious physical damage.		3
Not applicable.		4

I. d.) Suicidal preoccupation (since the experience or as long as you can remember)

11. Have you thought about killing yourself recently? (*What do you think off doing? How often is it on your mind? Have you tried to kill yourself?*) (If yes, How?)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Is preoccupied, but had no plan.		1
Made gestures or was chronically preoccupied with plans.		2
Made one or more serious suicide attempts.		3
Not applicable.		4

I. e.) Difficulty modulating sexual involvement preoccupation (since the experience or as long as you can remember)

12. Do you make active efforts to keep yourself from thinking about sex?

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Tries not to think about sex.		1
Works very hard not to think about sex.		2
Won't tolerate any thoughts about sex.		3
Not applicable.		4

13. Does it bother you to be touched in general? (*What is that like?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Sometimes.		1
Often or regularly.		2
Simply cannot stand it.		3
Not applicable.		4

14. Does it bother you to be touched in a sexual way?

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Sometimes.		1
Often or regularly.		2
Simply cannot stand it.		3
Not applicable.		4

15. Do you actively avoid sexual activity? (*Do you currently have a sexual partner?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Makes excuses to avoid sex.		1
Tries not to have sex.		2
Does not have sex.		3
Not applicable.		4

16. Do you find yourself thinking about sex more than you want to? (*How does that affect your life?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Thinks about it too much.		1
Sex distracts him/her from other activities.		2
Is obsessed with it.		3
Not applicable.		4

17. Do you feel like you have to engage in sexual activities without really feeling you have a choice about it?

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Internal compulsion, but does not act on it.		1
Internal compulsion, but can usually stop self.		2
Engages in sexual activities due to an uncontrollable urge at least once a month.		3
Not applicable.		4

18. Are you active sexually in ways that you know put you in danger? (*Like having sex with people you don't know very well, or unprotected sex?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Has been careless before.		1
Has talked self into ignoring the danger or only sees the danger in looking back.		2
Knowingly puts self in danger.		3
Not applicable.		4

I. f.) Excessive risk taking (since the experience or as long as you can remember)

19. Have you recently exposed yourself to situations that might be dangerous?
(e.g., getting involved with people who might hurt you, going to places that are not safe, or driving too fast)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Has been careless before.		1
Has talked self into ignoring the danger or only sees the danger in looking back.		2
Knowingly puts self in danger.		3
Not applicable.		4

II) ALTERATIONS IN ATTENTION OR CONSCIOUSNESS**II. a.) Amnesia** (since the experience or as long as you can remember)

20. When you look back over your life, do you have any gaps in your memory?
(Note: This question is asking about lack of memories after the age of 2 years old).

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
A few memory lapses.		1
Important gaps in memory; or missing periods of life.		2
No memory for months, or years of life.		3
Not applicable.		4

II. b.) Transient dissociative episodes and depersonalization (since the experience or as long as you can remember)

21. Do you have difficulty keeping track of time in your daily life? (Do you find yourself in places without knowing how you got there? Can you give examples?)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Some difficulty making or keeping to schedules.		1
Regularly shows up in the wrong place at the wrong time.		2
Is not able to keep track of daily life.		3
Not applicable.		4

22. Do you space out when you feel frightened or under stress. (*What is that like?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Stops paying attention.		1
Retreats into own world and stops letting other people in.		2
Feelings of ceasing to exist.		3
Not applicable.		4

23. Other than when you use drugs or alcohol, do you sometimes feel so unreal that it is as if you were living in a dream, or not really there, or behind a "glass wall?"

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Feels unreal at times but can easily be brought back out of it.		1
Feels very unreal and has difficulty getting back.		2
Regularly feel totally disconnected from surroundings.		3
Not applicable.		4

24. Do you sometimes feel like there are two or more totally different people living inside yourself who control how you behave at different times?

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Feels and acts very differently in different settings.		1
Different parts are in competition to control behavior.		2
Separate parts take control at different times.		3
Not applicable.		4

III) ALTERATION IN SELF-PERCEPTION

III. a.) Ineffectiveness

25. Do you have the feeling that you basically have no influence or control over what happens to you in your life? (*Do you act on that feeling by neglecting your daily chores, like paying bills, paying attention to the kids, driving?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Doesn't take initiative in routine activities.		1
Doesn't keep appointments, go out, return phone calls, take care of self (e.g. my personal hygiene, shopping, eating.) .		2
Doesn't take care of anything at all.		3
Not applicable.		4

III. b.) Permanent damage

26. Do you feel that you have something wrong with you that can never be fixed? *(Tell me about it.)*

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Feels like one of the walking wounded.		1
Some parts feel damaged but some parts function.		2
Feels like a permanently damaged person.		3
Not applicable.		4

III. c.) Guilt and responsibility

27. Do you always feel guilty about all sorts of things?

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Feels more responsible than necessary for things that go wrong.		1
Blames self for things that go wrong even when he/she had nothing to do with them.		2
Blames and punishes self for whatever goes wrong, even when he/she has nothing to do with it.		3
Not applicable.		4

III. d.) Shame

28. Are you too ashamed of yourself to let people get to know you? *(How far do you go to hide from others? Do you avoid talking to people? Make up a cover story?)*

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Makes up stories to hide things that shame him/her.		1
Avoids revealing true self to most people for fear that they'll get to know him/her.		2
Avoids revealing true self to anyone to make sure they won't find out who he/she really is.		3
Not applicable.		4

III. e.) Nobody can understand

29. Do you feel set apart and very different from other people?

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Feels quite different from people around him/her.		1
Feels different from others as well as distant, estranged, or alienated from them.		2
Feels like he/she is from another planet and doesn't belong anywhere.		3
Not applicable.		4

III. f.) Minimizing

30. Are there ever times that other people are more worried about you than you are? (*Do you ever put yourself in situations that you feel okay about but other people think of as dangerous?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Potential of harm (e.g. not wearing safety belt, driving while under the influence).		1
Potential higher probability (e.g. not taking medication, driving drunk, prostitution)		2
Severe injurious behavior.		3
Not applicable.		4

IV) ALTERATIONS IN RELATIONS WITH OTHERS**IV. a.) Inability to trust**

31. Do you have trouble trusting other people? (*Can you give me some examples?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Is guarded and suspicious of people's motives.		1
Will lower guard only after people prove themselves over and over again.		2
Doesn't trust anybody.		3
Not applicable.		4

32. Do you avoid spending time with other people? (*Can you estimate how many hours a week of free time you spend with others?*) (*Compared to before?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Arranges to have lots of time to her/himself.		1
Does not initiate contact with others. (do not make phone calls, write letters).		2
Does not return phone calls, reply to letters, stops conversations as soon as possible.		3
Not applicable.		4

33. When you have problems (*arguments or conflicts*) with other people, how do you work them out?

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Is quiet or avoids situations that give rise to conflict, or is easily hurt and offended.		1
Has trouble hearing other viewpoints, or has difficulty standing up for self.		2
Quits jobs and relationships without negotiating; threatens to sue people who offend; cannot stand disagreement.		3
Not applicable.		4

IV. b.) Revictimization

34. Have you found that terrible things keep happening to you? (*e.g., recurrent rapes in sexual abuse victims; recurrent abusive relationships?*)

After the experience or as long as you can remember	Yes	No
In the last month:		
None; not at all.		0
Occasionally finds self in abusive relationships or dangerous situations.		1
Repeatedly finds self in abusive relationships or dangerous situations.		2
Has been seriously hurt in abusive relationships or dangerous situations.		3
Not applicable.		4

IV. c.) Victimizing others

35. Have you hurt other people in ways similar to how you were hurt?

After the experience or as long as you can remember In the last month:	Yes	No
None; not at all.		0
Has been told once or twice that she/he has been hurtful.		1
Has been told several times that she/he is hurtful, or has deliberately hurt people.		2
Has seriously hurt or injured other people in ways that are similar to ways she/he has been hurt.		3
Not applicable.		4

V) SOMATIZATION**KEY**

- 0= No trouble reported
 1= Minor problem reported; does not affect daily life
 2= Serious problem reported; affects daily life
 3= Disabling problem reported; severely limits daily life
 4= Does not apply

V. a.) Digestive system

36. Do you have any physical problems that causes you to worry, that doctors cannot find a clear cause for? (*Have you ever had problems with ...*)

After the experience or as long as you can remember In the last month:	Yes	No
a) vomiting	0 1 2 3 4	
b) abdominal pain	0 1 2 3 4	
c) nausea	0 1 2 3 4	
d) diarrhea	0 1 2 3 4	
e) intolerance of food	0 1 2 3 4	

V. b.) Chronic pain

37. Do you have any pain that causes you to worry, that doctors cannot find a clear cause for? (*Have you ever had pain ...*)

After the experience or as long as you can remember In the last month:	Yes	No
a) in your arms and legs	0 1 2 3 4	
b) in your back	0 1 2 3 4	
c) in your joints	0 1 2 3 4	
d) during urination	0 1 2 3 4	
e) headaches	0 1 2 3 4	
f) elsewhere	0 1 2 3 4	

V. c.) Cardiopulmonary symptoms

38. Do you have any problems with your heart that cause you to worry, that doctors cannot find a clear cause for? (*Have you ever experienced...*)

After the experience or as long as you can remember	Yes				No
In the last month:					
a) shortness of breath	0	1	2	3	4
b) palpitations	0	1	2	3	4
c) chest pain	0	1	2	3	4
d) dizziness	0	1	2	3	4

V. d.) Conversion symptoms

39. Are you experiencing any other physical changes you can think of that cause you to worry, that doctors cannot find a clear cause for? (*Have you ever experienced*)

After the experience or as long as you can remember	Yes				No
In the last month:					
a) remembering things	0	1	2	3	4
b) swallowing	0	1	2	3	4
c) losing your voice	0	1	2	3	4
d) blurred vision	0	1	2	3	4
e) actual blindness	0	1	2	3	4
f) fainting and losing consciousness	0	1	2	3	4
g) seizures and convulsions	0	1	2	3	4
h) being able to walk	0	1	2	3	4
i) paralysis or muscle weakness	0	1	2	3	4
j) urination	0	1	2	3	4

V. e.) Sexual symptoms

40. Do you have any problems with your sexual organs that doctors cannot find a clear cause for? (*Have you ever experienced ...*)

After the experience or as long as you can remember	Yes				No
In the last month:					
a) burning sensations in your sexual organs or rectum (not during intercourse)	0	1	2	3	4
b) impotence (males)	0	1	2	3	4
c) irregular menstrual periods (females)	0	1	2	3	4
d) excessive pre-menstrual tension (females)	0	1	2	3	4
e) excessive menstrual bleeding (females)	0	1	2	3	4

VI) ALTERATIONS IN SYSTEMS OF MEANING

VI. a.) Foreshortened future

41. Do you feel hopeless and pessimistic about the future? (*How has your view of the future changed?*)

	Yes	No	
After the experience or as long as you can remember			
In the last month:			
None; not at all			0
Gets discouraged and loses interest in planning for self			1
Doesn't see a future and goes through the motions of living			2
Feels condemned and as though there is no future left			3
Not applicable			4

42. Do you feel really close to loved ones? (*If no, ask: do you think that might change?*)

	Yes	No	
After the experience or as long as you can remember			
In the last month:			
None; not at all			0
Sometimes feels distant and disconnected from loved ones			1
Goes through the motions of relationships, but feels numb			2
Doesn't feel part of the human race, and cannot imagine ever loving anybody			3
Not applicable			4

43. Do you feel okay about your work?

	Yes	No	
After the experience or as long as you can remember			
In the last month:			
None; not at all			0
Work is sometimes a routine, but it helps keep his/her mind off problems			1
Work is a burden; has trouble keeping mind on tasks			2
Cannot work any more due to being so upset and troubled			3
Not applicable			4

VI. b.) Loss of previously sustaining beliefs

44. Has it been hard to find a reason to go on with life? (*Are there things in your life that keep you going?*)

	Yes	No	
After the experience or as long as you can remember			
In the last month:			
None; not at all.			0
Sometimes it seems pointless.			1
Can't think of a reason, but keeps on going.			2
Feels like there is nothing or no one important in life.			3
Not applicable.			4

45. Do you have the same moral beliefs you grew up with? (*Religious beliefs; ethical beliefs*)?

After the experience or as long as you can remember In the last month:	Yes	No
None; not at all.		0
Beliefs have changed, through a normal progression of life.		1
Is disillusioned with the beliefs he/she grew up with.		2
Hates the beliefs he/she grew up with.		3
Not applicable.		4

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