

## Trauma Impact Quick Screener



Briefly identify trauma-related symptoms and their effect on daily functioning. Can guide further assessment and care planning.

**Instructions:** Circle the number that best represents how often you've experienced each in the past month.

## **Rating Scale:**

0 = Never | 1 = Rarely | 2 = Sometimes | 3 = Often

Section A – Intrusion	
Symptom	Rating (0-3)
Unwanted memories or flashbacks	
Disturbing dreams related to the event(s)	
Section B – Avoidance	
Symptom	Rating (0-3)
Avoiding thoughts or feelings about the event(s)	
Avoiding people, places, or things that remind you of the event(s)	
Section C – Negative Mood & Cognition	
Symptom	Rating (0-3)
Persistent negative beliefs about self or others	
Feeling detached from others	
Section D – Hyperarousal	
Symptom	Rating (0-3)
Being easily startled or "on edge"	
Trouble sleeping or concentrating	

## **Scoring Guide:**

Not for diagnosis. Higher numbers in a section may indicate areas for targeted support. Use to guide conversation, not to assign labels.

## Notes