

**Supplemental Materials**

**Psychometric Properties of the Posttraumatic Stress Disorder Symptom Scale Interview for DSM-5  
(PSSI-5)**

by E. B. Foa et al., 2015, *Psychological Assessment*

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**PTSD Symptom Scale – Interview Version for DSM-5**  
**(PSSI-5)**

**TRAUMA SCREEN**

Many people are exposed to a disturbing or traumatic event at some point in their lives. These experiences can happen in any of the following ways:

1. Directly experiencing the event
2. Witnessing the event
3. Learning that the event happened to a close family member or close friend
4. Experiencing repeated or intense exposure to distressing details of the event (e.g. emergency workers collecting human remains)

Examples of traumatic events include: natural disasters, accidents, sexual assaults, physical assaults, combat, childhood sexual abuse, torture, or life-threatening illness.

Have you experienced such an event?

Yes

No

Please briefly describe the experience which is the **most distressing and the most haunting for you currently**.

If you are unsure, briefly describe the experience anyway:

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Did this event included:

- |  |     |    |
|--|-----|----|
| a. Actual or threatened death?           | Yes | No |
| b. Actual or threatened serious injury?  | Yes | No |
| c. Actual or threatened sexual violation | Yes | No |

When did this event occur? \_\_\_\_\_

*Questions should be about the most currently distressing trauma.* Each item below should be asked in reference to the past month (if < 1 month since trauma, ask "Since the event..."). Probe all positive responses (e.g., "How often has this been happening?") following the instructions provided in the PSS-I-5 manual.

0	1	2	3	4
Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

**RE-EXPERIENCING** (need one): [probe, then quantify]

- \_\_\_ 1. Have you had unwanted distressing memories about the trauma?
- \_\_\_ 2. Have you been having bad dreams or nightmares related to the trauma?
- \_\_\_ 3. Have you had the experience of feeling as if the trauma were actually happening again?
- \_\_\_ 4. Have you been very EMOTIONALLY upset when reminded of the trauma?
- \_\_\_ 5. Have you had PHYSICAL reactions when reminded of the trauma (e.g., sweating, heart racing)?

**AVOIDANCE** (Need one): [probe, then qualify]

- \_\_\_ 6. Have you been making efforts to avoid thoughts or feelings related to the trauma?
- \_\_\_ 7. Have you been making efforts to avoid activities, situations, or places that remind you of the trauma or that feel more dangerous since the trauma?

**CHANGES IN COGNITION AND MOOD** (Need two): [probe, then qualify]

- \_\_\_ 8. Are there any important parts of the trauma that you cannot remember?
- \_\_\_ 9. Have you been viewing yourself, others, or the world in a more negative way (e.g. "I can't trust people," "I'm a weak person")?
- \_\_\_ 10. Have you blamed yourself for the trauma or for what happened afterwards? Have you blamed others that did not directly cause the event for the trauma or what happened afterwards?
- \_\_\_ 11. Have you had intense negative feelings such as fear, horror, anger, guilt or shame?
- \_\_\_ 12. Have you lost interest in activities you used to do?
- \_\_\_ 13. Have you felt detached or cut off from others?
- \_\_\_ 14. Have you had difficulty experiencing positive feelings?

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Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe

**INCREASED AROUSAL AND REACTIVITY** (need two): [probe, then quantify]

- \_\_\_ 15. Have you been acting more irritable or aggressive?
- \_\_\_ 16. Have you been taking more risks or doing things that might cause you or others harm (e.g., driving recklessly, taking drugs, having unprotected sex)?
- \_\_\_ 17. Have you been overly alert or on-guard (e.g., checking to see who is around you, etc.)?
- \_\_\_ 18. Have you been jumpier or more easily startled?
- \_\_\_ 19. Have you had difficulty concentrating?
- \_\_\_ 20. Have you had difficulty falling or staying asleep?

**TOTAL SCORE (add items 1-20) = \_\_\_\_\_**

**DISTRESS AND INTERFERENCE**

- \_\_\_ 21. How much have these difficulties been bothering you?
- \_\_\_ 22. How much have these difficulties been interfering with your everyday life (e.g. relationships, work, or other important activities)?

**SYMPTOM ONSET AND DURATION**

23. How long after the trauma did these difficulties begin? [circle one]
- Less than 6 months
  - More than 6 months
24. How long have you had these trauma-related difficulties? [circle one]
- Less than 1 month
  - More than 1 month