Instrument Title: Postraumatic Stress Screen for the Cognitively Impaired (PTSS-CI)

Instrument Author: Carlson, Lauderdale, Hawkins, and Sheikh

INTERVIEWER Instructions: This measure is intended for use with patients who have MMSE scores greater than 19. Read the instructions below to the patient. Make sure that the patient understands that the questions are about what happened in the past week. For each symptom, fill in the number that best reflects the patient’s response. Moderate and severe ratings should be given for symptoms that happened many times or for a symptom that happens only once or twice, but is very upsetting.

Use the ratings below, but DO NOT read these definitions to the patient.

0 = Not at all
1 = Mild: happened, but was not very upsetting or troublesome
2 = Moderate: clearly noticeable, patient bothered or upset by this problem; patient had to stop what he/she was doing, but only for a few minutes
3 = Severe: patient very upset by this problem; patient had to stop what he/she was doing and took more than 10 minutes to calm down; upset enough for others to notice

If the patient seems unsure of how to respond, use prompts such as: “Did that happen last week?” “Did it upset you?” “Did it bother you?”

PATIENT Instructions: I am going to ask you about some problems that might be bothering you. After each question, tell me how much that problem bothered or upset you IN THE LAST WEEK.

___ Have you been feeling jumpy or nervous?
___ Have you been getting upset by sudden noises?
___ Have you been surprised by someone coming up behind you?
___ Have you had nightmares or restless sleep?
___ Have you had memories of terrible things that happened in the past?
___ Have you been feeling as if you were in danger?
___ Have you been feeling irritated or angry?
___ Have you been trying to avoid reminders of terrible things that happened in the past?
PTSS-CI Observer Version

Instructions: This measure can be completed by a health care provider, family member, or friend who has observed the patient’s behavior for at least one week. For each symptom, fill in the number that best reflects the patient’s behavior. Moderate and severe ratings should be given for symptoms that happened many times or for a symptom that happens only once or twice, but is very upsetting.

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___ Jumpy or nervous
___ Upset by sudden noises
___ Upset by someone coming up from behind
___ Nightmares, agitated sleep, or trouble sleeping
___ Talking or thinking about terrible things that happened in the past
___ Watchful or worried about being safe
___ Irritated, angry, or aggressive
___ Distracted, preoccupied, or off in his/her “own world”