

**MEASURING TRAUMA**  
**MEASURING TORTURE**



**HEALING THE WOUNDS OF MASS VIOLENCE**

HARVARD TRAUMA QUESTIONNAIRE REVISED (CAMBODIAN VERSION)

HOPKINS SYMPTOMS CHECKLIST-25 (CAMBODIAN VERSION)

HTQ: Revised Cambodian Version

# HARVARD TRAUMA QUESTIONNAIRE

Revised  
(HTQ-R)



**Cambodian Version (English only)**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CLINICIAN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ ARRIVAL DATE: \_\_\_\_\_

PSYCHIATRIC DIAGNOSIS: \_\_\_\_\_

## INSTRUCTIONS

We would like to ask you about your past history and present symptoms. This information will be used to help us provide you with better medical care. However, you may find some questions upsetting. If so, please feel free not to answer. This will certainly not affect your treatment. The answer to the questions will be kept confidential.

### PART 1: TRAUMA EVENTS

Please indicate whether you have experienced any of the following events (check YES or NO)

		YES	NO
1.	Lack of shelter		
2.	Lack of food or water		
3.	Ill health without access to medical care		
4.	Confiscation or destruction of personal property		
5.	Combat situation (e.g. shelling and grenade attacks)		
6.	Forced evacuation under dangerous conditions		
7.	Beating to the body		
8.	Rape		
9.	Other types of sexual abuse or sexual humiliation		
10.	Knifing or axing		
11.	Torture, i.e., while in captivity you received deliberate and systematic infliction of physical or mental suffering (If YES, see Appendix)		
12.	Serious physical injury from combat situation or landmine		

		<b>YES</b>	<b>NO</b>
<b>13.</b>	<b>Imprisonment</b>		
<b>14.</b>	<b>Forced labor (like animal or slave)</b>		
<b>15.</b>	<b>Extortion or robbery</b>		
<b>16.</b>	<b>Brainwashing</b>		
<b>17.</b>	<b>Forced to hide</b>		
<b>18.</b>	<b>Kidnapped</b>		
<b>19.</b>	<b>Other forced separation from family members</b>		
<b>20.</b>	<b>Forced to find and bury bodies</b>		
<b>21.</b>	<b>Enforced isolation from others</b>		
<b>22.</b>	<b>Someone was forced to betray you and place you at risk of death or injury</b>		
<b>23.</b>	<b>Prevented from burying someone</b>		
<b>24.</b>	<b>Forced to desecrate or destroy the bodies or graves of deceased persons</b>		
<b>25.</b>	<b>Forced to physically harm family member, or friend</b>		
<b>26.</b>	<b>Forced to physically harm someone who is not family or friend</b>		
<b>27.</b>	<b>Forced to destroy someone else's property or possessions</b>		
<b>28.</b>	<b>Forced to betray family member, or friend placing them at risk of death or injury</b>		
<b>29.</b>	<b>Forced to betray someone who is not family or friend placing them at risk of death or injury</b>		
<b>30.</b>	<b>Murder, or death due to violence, of spouse</b>		

		YES	NO
31.	<b>Murder, or death due to violence, of child</b>		
32.	<b>Murder, or death due to violence, of other family member or friend</b>		
33.	<b>Disappearance or kidnapping of spouse</b>		
34.	<b>Disappearance or kidnapping of child</b>		
35.	<b>Disappearance or kidnapping of other family member or friend</b>		
36.	<b>Serious physical injury of family member or friend due to combat situation or landmine</b>		
37.	<b>Witness beatings to head or body</b>		
38.	<b>Witness torture</b>		
39.	<b>Witness killing/murder</b>		
40.	<b>Witness rape or sexual abuse</b>		
41.	<b>Another situation that was very frightening or in which you felt your life was in danger.</b>  <b>Specify:</b>		

## **PART 2: PERSONAL DESCRIPTION**

**Please indicate what you consider to be the most hurtful or terrifying events you have experienced, if any. Please specify where and when these events occurred.**

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**Under your current living situation (i.e. refugee camp, country of resettlement, returned from exile, etc.) what is the worst event that has happened to you, if different from above. Please specify where and when these events occurred.**

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### PART 3: HEAD INJURY

If you answer yes to the following trauma events, please indicate if you lost consciousness and for how long.

	Experienced		Loss of consciousness?		If Yes, for how long?	
	Yes	No	Yes	No	Hours	Minutes
<b>1. Beatings to the head</b>						
<b>2. Suffocation or strangulation</b>						
<b>3. Near drowning</b>						
<b>4. Other types of injury to the head (e.g. shrapnel, burns, etc.)</b>						
<b>5. Starvation</b>						
<b>If Yes:</b>	<b>Normal weight:</b>		<b>Starvation weight:</b>			
<b>If Yes:</b>	<b>Were you near death due to starvation?</b>		<b>Yes:</b>	<b>No</b>		

## PART 4: TRAUMA SYMPTOMS

The following are symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. Please read each one carefully and decide how much the symptoms bothered you in the past week.

		(1) Not at all	(2) A little	(3) Quite a bit	(4) Extremely
1.	Recurrent thoughts or memories of the most hurtful or terrifying events				
2.	Feeling as though the event is happening again				
3.	Recurrent nightmares				
4.	Feeling detached or withdrawn from people				
5.	Unable to feel emotions				
6.	Feeling jumpy, easily startled				
7.	Difficulty concentrating				
8.	Trouble sleeping				
9.	Feeling on guard				
10.	Feeling irritable or having outbursts of anger				
11.	Avoiding activities that remind you of the traumatic or hurtful event				



		(1) Not at all	(2) A little	(3) Quite a bit	(4) Extremely
12.	Inability to remember parts of the most hurtful or traumatic events				
13.	Less interest in daily activities				
14.	Feeling as if you don't have a future				
15.	Avoiding thoughts or feelings associated with the traumatic or hurtful events				
16.	Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events				
17.	Feeling that you have less skills than you had before				
18.	Having difficulty dealing with new situations				
19.	Feeling exhausted				
20.	Bodily pain				
21.	Troubled by physical problem(s)				
22.	Poor memory				
23.	Finding out or being told by other people that you have done something that you cannot remember				
24.	Difficulty paying attention				
25.	Feeling as if you are split into two people and one of you is watching what the other is doing				
26.	Feeling unable to make daily plans				

		(1) Not at all	(2) A little	(3) Quite a bit	(4) Extremely
27.	Blaming yourself for things that have happened				
28.	Feeling guilty for having survived.				
29.	Hopelessness.				
30.	Feeling ashamed of the hurtful or traumatic events that have happened to you				
31.	Feeling that people do not understand what happened to you.				
32.	Feeling others are hostile to you				
33.	Feeling that you have no one to rely upon				
34.	Feeling that someone you trusted betrayed you				
35.	Feeling humiliated by your experience.				
36.	Feeling no trust in others.				
37.	Feeling powerless to help others.				
38.	Spending time thinking why these events happened to you				
39.	Feeling that you are the only one that suffered these events.				
40.	Feeling a need for revenge.				

## **PART 5: SCORING PART 4 --TRAUMA SYMPTOMS**

**1. Assign the following numbers for each answered item.**

- 1 = “Not at all”**
- 2 = “A little”**
- 3 = “Quite a bit”**
- 4 = “Extremely”**

**2. Add up item scores and divide by the total number of the answered items.**

$$\text{DSM-IV Score} = \frac{\text{ITEMS 1-16}}{16} \quad \underline{\hspace{2cm}}$$

$$\text{TOTAL Score} = \frac{\text{ITEMS 1-40}}{40} \quad \underline{\hspace{2cm}}$$

**Individuals with scores on DSM-IV and/or total > 2.5 are considered symptomatic for PTSD. See manual for additional information.**

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## Appendix: Torture History

Now I would like to ask you about events that many people consider torture. I will ask you whether an event occurred; please answer yes or no.

<b>Event</b>	<b>Yes</b>	<b>No</b>
<b>1. Beating, kicking, striking with objects</b>		
<b>2. Threats, humiliation</b>		
<b>3. Being chained or tied to others</b>		
<b>4. Exposed to heat, sun, strong light</b>		
<b>5. Exposed to rain, body immersion, cold</b>		
<b>6. Placed in a sack, box, or very small space</b>		
<b>7. Drowning, submersion of head in water</b>		
<b>8. Suffocation</b>		
<b>9. Overexertion, hard labor</b>		
<b>10. Exposed to unhygienic conditions conducive to infections or other diseases</b>		
<b>11. Blindfolding</b>		
<b>12. Isolation, solitary confinement. If yes, how long?</b>		
<b>13. Mock execution</b>		
<b>14. Made to witness other being tortured</b>		
<b>15. Starvation</b>		
<b>16. Sleep deprivation</b>		
<b>17. Suspension from a rod by hands and feet</b>		
<b>18. Rape, mutilation of genitalia</b>		
<b>19. Burning</b>		
<b>20. Beating the soles of the feet with rods</b>		

<b>Event</b>	<b>Yes</b>	<b>No</b>
<b>21. Blows to the ears</b>		
<b>22. Forced standing</b>		
<b>23. Throwing urine or feces at victim or being made to throw it at other prisoners</b>		
<b>24. Medicine administration (non-therapeutic)</b>		
<b>25. Needles under toes or fingernails</b>		
<b>26. Writing confessions numerous times</b>		
<b>27. Shocked repeatedly by electric instrument</b>		
<b>28. Other (specify)</b>		

# HOPKINS SYMPTOM CHECKLIST-25 HSCL-25



Name: \_\_\_\_\_ Date \_\_\_\_\_ Clinician \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

Arrival Date \_\_\_\_\_

Psychiatric Diagnosis

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## INSTRUCTIONS

Listed below are symptoms or problems that people sometimes have. Please read each one carefully and describe how much the symptoms bothered you or distressed you in the last week, including today. Place a check in the appropriate column.

	<b>PART I ANXIETY SYMPTOMS</b>	<b>Not at all</b>	<b>A little</b>	<b>Quite a bit</b>	<b>Extremely</b>
1.	Suddenly scared for no reason				
2.	Feeling fearful				
3.	Faintness, dizziness or weakness				
4.	Nervousness or shakiness inside				
5.	Heart pounding or racing				
6.	Trembling				
7.	Feeling tense or Keyed up				
8.	Headaches				
9.	Spell of terror or panic				
10.	Feeling restless or can't sit still				

	<b>PART II DEPRESSION SYMPTOMS</b>	<b>Not at all</b>	<b>A little</b>	<b>Quite a bit</b>	<b>Extremely</b>
11.	Feeling low in energy, slowed down				
12.	Blaming yourself for things				
13.	Crying easily				
14.	Loss of sexual interest or pleasure				
15.	Poor appetite				
16.	Difficulty falling asleep, staying asleep				
17.	Feeling hopeless about future				
18.	Feeling blue				
19.	Feeling lonely				
20.	Thought of ending your life				
21.	Feeling of being trapped or caught				
22.	Worry too much about things				
23.	Feeling no interest in things				
24.	Feeling everything is an effort				
25.	Feeling of worthlessness				



# SCORING

**Responses are summed and divided by the number of answered items to generate the following scores:**

1. For the responses to each item, assign the following numbers:

1 = "Not at all"  
2 = "A little"  
3 = "Quite a bit"; and  
4 = "Extremely"

2. Add up item scores and divide by the total number of the answered items.

Anxiety Score=  $\frac{\text{ITEMS 1-10}}{10}$

DSM IV Depression Score=  $\frac{\text{ITEMS 11-25}}{15}$

TOTAL Score =  $\frac{\text{ITEMS 1-25}}{25}$

**Individuals with scores on anxiety and/or depression and/or total greater than 1.75 are considered symptomatic.**

**Note:  $\geq 1.75$  is now considered a scientifically valid cut-off point.**