**PSS-SR**

**Sometime in the past you may have had traumatic experiences related to war and migration. These experiences may have occurred at anytime in your life. In the PSS-SR Questionnaire the words “traumatic events” refer to any of these experiences that may be occurring.**

Directions: Please answer the following questions according to what has happened during the past 2 weeks using the 0-3 scale below.

- **0** = Not at all
- **1** = Once per week / a little bit / once in a while
- **2** = 2 to 4 times per week / somewhat / half the time
- **3** = 5 or more times per week / very much / always

1. In the past 2 weeks, have you had upsetting thoughts or images about the trauma that came into your head when you didn’t want them to?
2. In the past 2 weeks, have you been having bad dreams or nightmares about the trauma?
3. In the past 2 weeks, have you had the experience of reliving the trauma, acting or feeling as if it were happening again?
4. In the past 2 weeks, have you been very EMOTIONALLY upset when reminded of the trauma (includes becoming very scared, angry, sad, etc.)?
5. In the past 2 weeks, have you been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?
6. In the past 2 weeks, have you been trying not to think about or have feelings associated with the trauma?
7. In the past 2 weeks, have you been making efforts to avoid activities, situations, or places that remind you of the trauma?
8. In the past 2 weeks, are there any important parts about the trauma that you still cannot remember?
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9. In the past 2 weeks, have you found that you are not interested in things you used to enjoy doing?

10. In the past 2 weeks, have you felt distant or cut off from others around you?

11. In the past 2 weeks, have you felt emotionally numb (for example, feel sad but can’t cry, unable to have loving feelings)?

12. In the past 2 weeks, have you felt that any future plans or hopes have changed because of the trauma (for example, will have no career, marriage, children, or long life)? DO NOT INCLUDE MOVING.

13. In the past 2 weeks, have you been having problems falling or staying asleep?

14. In the past 2 weeks, have you been more irritable or having outbursts of anger?

15. In the past 2 weeks, have you been having more difficulty concentrating (for example, drift in and out of conversations, lose track of story on television, difficulty in remembering what you have read)?

16. In the past 2 weeks, have you been overly alert (for example, checking to see who is around you, uncomfortable with your back to a door, etc)?

17. In the past 2 weeks, have you been jumpier, more easily startled (for example, when someone walks up behind you)?