TRAUMA SCREENING TOOL

INSTRUCTIONS: This tool has been adopted from the PCL-6 (C – civilian version) PTSD checklist to screen for responses to traumatic events. Explain to the resident that these questions are asked of all residents to promote positive care outcomes while living in this facility. If the resident is not able to participate in this screening, work with the resident's representative. Provide a private setting for the screening. Reassure the resident that he/she does not need to provide specific details of the trauma. **Notify the resident's primary care physician of a positive screen.**

During the past month, have you experienced any of the following responses to stressful life experiences:

Response	Not At All (1)	A Little Bit (2)	Moderately (3)	Quite a Bit (4)	Extremely (5)
Repeated, disturbing *memories, thoughts, or images* of a stressful experience from the past?	❍	❍	❍	❍	❍
Feeling *very upset* when *something reminded* you of a stressful experience from the past?	❍	❍	❍	❍	❍
Avoided *activities* or *situations* because they *reminded you* of a stressful experience from the past?	❍	❍	❍	❍	❍
Feeling *irritable* or having *angry outbursts*?	❍	❍	❍	❍	❍
Difficulty concentrating?	❍	❍	❍	❍	❍
Feeling empty or easily startled?	❍	❍	❍	❍	❍
TOTAL SCORE		Positive screen is a score ≥ 14.			

TRAUMA SCREENING NOTES

Physician Contacted ❍ No ❍ Yes _____ Date:_____

Screener Signature/Title:_____ Date:_____

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed