

Global Psychotrauma Screen (GPS) Items¹

Considering the above event, in the past month, have you...

1. had nightmares about the past traumatic life event(s) you have experienced or thought about the event(s) when you did not want to?
2. tried hard not to think about past traumatic life event(s) or went out of your way to avoid situations that reminded you of the event(s)?
3. been constantly on guard, watchful, or easily startled?
4. felt numb or detached from people, activities, or your surroundings?
5. felt guilty or unable to stop blaming yourself or others for past traumatic life event(s) or any problems the event(s) caused?
6. tended to feel worthless?
7. experienced angry outbursts that you could not control?
8. been feeling nervous, anxious, or on edge?
9. been unable to stop or control worrying?
10. been feeling down, depressed, or hopeless?
11. been experiencing little interest or pleasure in doing things?
12. had any problems falling or staying asleep?
13. tried to intentionally hurt yourself?
14. perceived or experienced the world or other people differently, so that things seem dreamlike, strange or unreal?
15. felt detached or separated from your body (for example, feeling like you are looking down on yourself from above, or like you are an outside observer of your own body)?
16. had any other physical, emotional or social problems that bothered you?
17. experienced other stressful events (such as financial problems, changing jobs, moving to another house, relational crisis in work or private life)?
18. tried to reduce tensions by using alcohol, tobacco, drugs or medication?
19. missed supportive people near you that you could readily count on for help in times of difficulty (such as emotional support, watch over children or pets, give rides to hospital or store, help when you are sick)?
20. During your childhood (0-18 years), did you experience any traumatic life events (e.g., a serious accident or fire, physical or sexual assault or abuse, a disaster, seeing someone be killed or seriously injured, or having a loved one die)?
21. Have you ever received a psychiatric diagnosis or have you ever been treated for psychological problems (for instance depression, anxiety or a personality disorder)?
22. Do you generally consider yourself to be a resilient person?
23. How would you rate your present functioning (at work/home)?

¹ Items 1-22 have yes/no responses; item 23 has a 1 (poor) to 10 (excellent) rating scale.