Trauma Symptom Checklist-40

How often have you experienced each of the following in the last month? Please circle one number, 0 through 3.

1. Headaches 0 1 2 3 2. Insomnia 0 1 2 3 3. Weight loss (without dieting) 0 1 2 3 4. Stomach problems 0 1 2 3 5. Sexual problems 0 1 2 3 6. Feeling isolated from others 0 1 2 3 7. "Flashbacks"(sudden, vivid, distracting memories) 0 1 2 3 8. Restless sleep 0 1 2 3 9. Low sex drive 0 1 2 3 10. Anxiety attacks 0 1 2 3 11. Sexual overactivity 0 1 2 3 12. Loneliness 0 1 2 3 13. Nightmares 0 1 2 3 14. "Spacing out" (going away in your mind) 0 1 2 3 15. Sadness 0 1 2 3	HOW U	men have you expendiced each of the following in the lo	<u>Never</u>		0,, 0,0 0	Often
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Important note: this measure assesses trauma-related problems in several categories. According to John Briere, PhD "The TSC-40 is a research instrument only. Use of this scale is limited to professional researchers. It is not intended as, nor should it be used as, a self-test under any circumstances." For a more current version of the measure, which can be used for clinical purposes (and for which there is a fee), consider the Trauma Symptom Inventory; contact Psychological Assessment Resources, 800-331-8378. The TSC-40 is freely available to researchers. No additional permission is required for use or reproduction of this measure, although the following citation is needed: Briere, J. N., & Runtz, M. G. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. Journal of Interpersonal Violence, 4, 151-163. For further information on the measure, go to www.johnbriere.com.