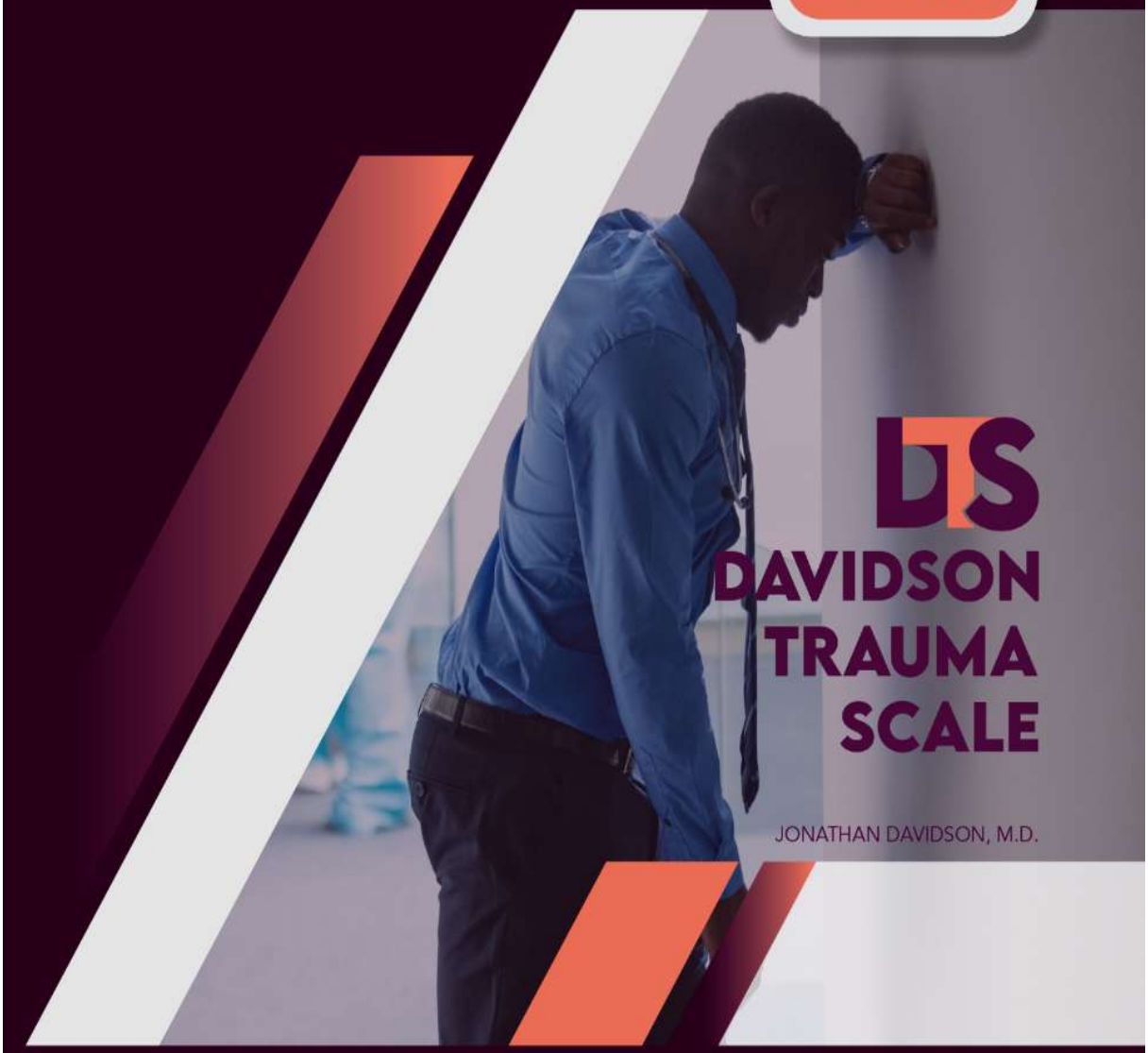
DAVIDSON TRAUMA SCALE



DAVIDSON TRAUMA SCALE

JONATHAN DAVIDSON, M.D.

The information in this report is confidential and must not be made known to anyone other than autorised personnel, unless released by the expressed written permission of the person taking the assessment. The information shold be considered together with all other information gathered in the assessment process.

JVR PSYCHOMETRICS

DETAILS OF CANDIDATE

Name:	Susan
Surname:	Sample
Gender:	Female
Date of Birth:	1990/02/01
Country:	South Africa

OVERVIEW

The Davidson Trauma Scale is a self-report screener that assesses the DSM-5 symptoms of PTSD. Individuals are asked to identify the trauma that is most disturbing to them and to rate, in the past week, how much trouble they have had with each symptom. This report presents the frequency and severity of these symptoms, and can be used to make a preliminary determination about whether the symptoms meet DSM criteria for PTSD, as well as each of the 4 PTSD symptom clusters (i.e., B, C, D, and E).

REASON FOR ASSESSMENT / RESPONSE TO TRAUMA QUESTION

I witnessed a fatal car crash

SCORING AND INTERPRETATION

On the next page, the candidate's responses to each item are shown, together with frequency and severity scores, cluster scores, and a total DTS score.

When applying DSM-5 criteria, a candidate should display at least one or more of the Intrusion symptoms, one or both of the Avoidance symptoms, two or more of the negative alterations in Cognitions and Mood symptoms, and two or more of the marked alterations in Arousal and Reactivity symptoms. (see https://tinyurl.com/4pw55rhe). The DTS is a screening tool and should complement, not replace, clinical assessment.

The practitioner is reminded that the following response format was used:

Frequency		Severity	
Not at all	0	Not at all disstressing	0
Once only	1	Minimally disstressing	1
2-3 Times	2	Moderately disstressing	2
4-6 Times	3	Markedly disstressing	3
Every day	4	Extremely disstressing	4

DAVIDSON TRAUMA SCALE

Intrusion	Frequency	Frequency Total	Severity	Severity Total	Cluster Total
1. Have you ever had painful images, memories, or thoughts of the event?	3	15	3	15	30
2. Have you ever had upsetting dreams of the event?	3		3		
3. Have you felt as though the event was recurring? Was it as if you were reliving it?	3		3		
4. Have you been upset by something that reminded you of the event?	3		3		
5. Have you been physically upset by reminders of the event?	3		3		
Avoidance	**Frequency**	**Frequency Total**	**Severity**	**Severity Total**	**Cluster Total**
6. Have you been avoiding any thoughts or feelings about the event?	1	2	1	2	4
7. Have you been avoiding people, places, or activities that remind you of the event?	1		1		
Negative alterations in Cognitions and Mood	**Frequency**	**Frequency Total**	**Severity**	**Severity Total**	**Cluster Total**
8. Have you found yourself unable to recall important parts of the event?	1	21	1	21	42
9. Have you lost interest in things you used to enjoy before?	4		4		
10. Have you felt distant or unconcerned about those around you?	2		2		
11. Have you been unable to feel positive emotions? (For example, being happy or satisfied)	3		3		
12. Have you dealt with ongoing negative emotions? (For example, anger or fear)	3		3		
13. Have you had negative beliefs or expectations about yourself, others, or the world?	4		4		
14. Have you thought that you or others are to blame for what happened?	4		4		
Marked alterations in Arousal and Reactivity	**Frequency**	**Frequency Total**	**Severity**	**Severity Total**	**Cluster Total**
15. Have you had trouble falling asleep, staying asleep, or had disturbed sleep?	4	11	4	11	22
16. Have you been irritable or had outbursts of anger over small things?	4		4		
17. Have you had difficulty concentrating?	1		1		
18. Have you felt nervous, easily distracted, or extra alert?	1		1		
19. Have you been restless or easily frightened?	1		1		
20. Have you done anything risky or harmful to yourself since the event?	0		0		
DTS Total Score					98