Global Psychotrauma Screen (GPS)

|__|__|__|__|__|

Participant Identification Number

Gender	☐ Female	☐ Male	☐ Other
Age (years)	|__|__|__|		

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic.

Briefly describe the event or experience that currently affects you the most:

……………………………………………………………………………………………...

This event happened: ☐ last month ☐ last half year ☐ last year ☐ longer ago

This event:

☐ was a single event occurring, at age |__|__|

☐ happened during a longer period / multiple times, between ages |__|__| and |__|__|

Which of the below characterize the event (more answers possible):

Physical violence:	☐ to yourself	☐ happened to someone else
Sexual violence:	☐ to yourself	☐ happened to someone else
Emotional abuse:	☐ to yourself	☐ happened to someone else
Serious injury:	☐ to yourself	☐ happened to someone else
Life threatening:	☐ to yourself	☐ happened to someone else

☐ Sudden death of a loved one

☐ You causing harm to someone else

☐ Corona virus (COVID-19)

Considering the above event, <u>in the past month</u> 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?	☐ No	☐ Yes
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)?	☐ No	☐ Yes
3.	.. been constantly on guard, watchful, or easily startled?	☐ No	☐ Yes
4.	.. felt numb or detached from people, activities, or your surroundings?	☐ No	☐ Yes
5.	.. felt guilty or unable to stop blaming yourself or others for past traumatic life event(s) or any problems the event(s) caused?	☐ No	☐ Yes
6.	.. tended to feel worthless?	☐ No	☐ Yes
7.	.. experienced angry outbursts that you could not control?	☐ No	☐ Yes
8.	.. been feeling nervous, anxious, or on edge?	☐ No	☐ Yes
9.	.. been unable to stop or control worrying?	☐ No	☐ Yes
10.	.. been feeling down, depressed, or hopeless?	☐ No	☐ Yes
11.	.. been experiencing little interest or pleasure in doing things?	☐ No	☐ Yes
12.	.. had any problems falling or staying asleep?	☐ No	☐ Yes
13.	.. tried to intentionally hurt yourself?	☐ No	☐ Yes

14.	..	perceived or experienced the world or other people differently, so that things seem dreamlike, strange or unreal?	☐ No	☐ Yes
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)?	☐ No	☐ Yes
16.	..	had any other physical, emotional or social problems that bothered you?	☐ No	☐ Yes
17.	..	experienced other stressful events (such as financial problems, changing jobs, moving to another house, relational crisis in work or private life)?	☐ No	☐ Yes
18.	..	tried to reduce tensions by using alcohol, tobacco, drugs or medication?	☐ No	☐ Yes
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)?	☐ No	☐ Yes
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)?	☐ No	☐ Yes
21.		Have you ***ever*** received a psychiatric diagnosis or have you ever been treated for psychological problems (for example, depression, anxiety or a personality disorder)?	☐ No	☐ Yes
22.		Do you ***generally*** consider yourself to be a resilient person?	☐ No	☐ Yes
23.		How would you rate your present functioning (at work/home)? Poor 1 2 3 4 5 6 7 8 9 10 Excellent		

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