



International Trauma Questionnaire (ITQ)

Instructions:

Please think of experience that troubles you most and answer the following questions in specific relation to this experience.

Please read each item carefully, then indicate how much you have been bothered by that problem in the PAST MONTH.

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
2	Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
3	Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	0	1	2	3	4
4	Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	0	1	2	3	4
5	Being "super-alert", watchful, or on guard?	0	1	2	3	4
6	Feeling jumpy or easily startled?	0	1	2	3	4
7	In the past month have the above problems affected your relationships or social life?	0	1	2	3	4
8	Affected your work or ability to work?	0	1	2	3	4
9	Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4
10	<small>Below are problems that people who have had stressful or traumatic events sometimes experience. The questions refer to ways you typically feel, ways you typically think about yourself and ways you typically relate to others. Answer the following thinking about how true each statement is of you.</small> When I am upset, it takes me a long time to calm down.	0	1	2	3	4
11	I feel numb or emotionally shut down.	0	1	2	3	4
12	I feel like a failure	0	1	2	3	4
13	I feel worthless.	0	1	2	3	4
14	I feel distant or cut off from people	0	1	2	3	4
15	I find it hard to stay emotionally close to people.	0	1	2	3	4



		Not at all	A little bit	Moderately	Quite a bit	Extremely
16	In the past month, have the above problems in emotions, in beliefs about yourself and in relationships created concern or distress about your relationships or social life?	0	1	2	3	4
17	Affected your work or ability to work?	0	1	2	3	4
18	Affected any other important parts of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Developer Reference:

Cloitre, M., Shevlin M., Brewin, C.R., Bisson, J.I., Roberts, N.P., Maercker, A., Karatzias, T., Hyland, P. (2018). The International Trauma Questionnaire: Development of a self-report measure of ICD-11 PTSD and Complex PTSD. *Acta Psychiatrica Scandinavica*. DOI: 10.1111/acps.12956