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A Review of the Clinical Utility and Psychometric Properties of the International Trauma Questionnaire (ITQ): Percentile Rankings and Qualitative Descriptors

The International Trauma Questionnaire (ITQ) was developed by Cloitre and colleagues (2018). It is an 18-item self-report measure designed to assess symptoms of Post Traumatic Stress Disorder (PTSD) and Disturbances in Self Organization (DSO), which together constitute Complex PTSD (CPTSD). This technical review provides clinicians with percentile rankings and qualitative descriptors to enhance the interpretation and clinical utility of ITQ scores.

[View the ITQ on NovoPsych.com](https://www.novopsych.com)

April 2025

Developer

The International Trauma Questionnaire (ITQ) was developed by Cloitre and colleagues (2018):

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*, 138(6), 536–546.
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This document was developed by NovoPsych to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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Description

The International Trauma Questionnaire (ITQ) is based on the International Classification of Diseases 11 (ICD-11) model of trauma-related diagnoses, offering a clinically relevant tool for identifying PTSD and Complex PTSD (CPTSD) symptoms.

The ITQ has two subscales with three symptom clusters in each.

Post Traumatic Stress Disorder (PTSD)

- Re-experiencing - intrusive memories, flashbacks, or nightmares where the traumatic event feels as though it is happening again in the present
- Avoidance - deliberate efforts to avoid thoughts or feelings and situations, people, or places that evoke memories of the traumatic event
- Sense of threat - persistent feelings of being in danger, manifesting as hypervigilance (being “on guard”) and heightened startle response

Disturbances in Self Organization (DSO)

- Affective dysregulation - difficulties managing emotions, including heightened emotional reactivity or emotional numbing
- Negative self-concept - persistent negative beliefs about oneself, including feelings of worthlessness or viewing oneself as a failure
- Disturbances in relationships - difficulties in forming and maintaining close relationships, feeling distant or cut off from others, and finding it challenging to stay emotionally close to people

The ITQ reliably discriminates between people with PTSD alone and those with CPTSD. Individuals with PTSD alone score above the threshold on the PTSD symptom clusters without meeting criteria for DSO, whereas those with CPTSD score above the threshold on both PTSD and DSO subscales. The ITQ also assesses functional impairments associated with PTSD and DSO, ensuring a comprehensive assessment of trauma-related symptoms and their impact on functioning.

Scores on the ITQ indicate the presence and severity of PTSD and/or DSO symptoms and associated functional impairments. The ITQ can be used by qualified professionals, such as psychologists, as part of a comprehensive diagnostic assessment process for PTSD and CPTSD and for monitoring treatment progress over time.

Compared to other PTSD assessment tools, such as the [PTSD Checklist for DSM-5 \(PCL-5\)](#), the ITQ has a distinct advantage in its inclusion of CPTSD.

Research suggests that CPTSD is experienced by approximately 40-50% of individuals who meet criteria for a trauma-related disorder (Karatzias et al., 2017). People with CPTSD tend to experience greater functional impairment compared to those with PTSD alone, affecting their relationships, work capabilities, and overall quality of life.

PTSD and CPTSD are often associated with different types of traumatic experiences:

- PTSD is frequently linked to single-event traumas, such as car accidents, natural disasters, or assaults.
- CPTSD is more commonly associated with prolonged, repeated or accumulated interpersonal trauma, such as chronic childhood abuse, neglect or domestic violence (Karatzias et al., 2017).

By differentiating between PTSD and CPTSD, the ITQ helps qualified professionals identify the distinct symptom profiles associated with different trauma experiences. Individuals with CPTSD may benefit from treatment approaches that address not only the core PTSD symptoms but also difficulties with emotional regulation and self-identity. This differentiation allows clinicians to develop more tailored treatment plans based on the specific presentation of trauma-related symptoms.

Psychometric Properties

The International Trauma Questionnaire (ITQ) has been extensively validated across diverse populations, demonstrating strong reliability and validity as a measure of ICD-11 Post-Traumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD). It facilitates differential diagnosis between PTSD and CPTSD by capturing both PTSD and Disturbances in Self Organization (DSO) symptoms together with associated functional impairment.

Confirmatory factor analysis (CFA) has consistently supported this two-factor second-order structure (i.e., PTSD and DSO). The latent structure of the ITQ has been replicated across multiple studies, showing excellent model fit for trauma-exposed clinical and community samples (Cloitre et al., 2018; Hyland et al., 2017, 2024).

The ITQ has demonstrated excellent internal reliability. Studies have reported high composite reliability (CR) estimates of 0.96 for the PTSD subscale and 0.97 for the DSO subscale as well as CR estimates ranging from 0.86 to 0.96 for the six symptom clusters (Cloitre et al., 2018; Hyland et al., 2017).

The ITQ demonstrates strong concurrent validity, with PTSD symptom scores correlating highly with other established measures of PTSD, such as the PTSD Checklist for DSM-5 (PCL-5) (Cloitre et al., 2021). The ITQ also shows good convergent validity through associations with related constructs. Furthermore, the PTSD and DSO subscales show distinct patterns of association with external variables:

- PTSD symptoms are more strongly linked to panic disorder and GAD.
- DSO symptoms uniquely predict negative trauma-related beliefs, distress tolerance deficits, and major depressive disorder (MDD) (Hyland et al., 2017).

These findings support the discriminant validity of PTSD and CPTSD symptomatology as measured by the ITQ.

The ITQ has been validated as a sensitive measure of treatment-related changes in symptom severity. Research with clinical populations, including military veterans, has demonstrated that ITQ scores significantly decline following psychological interventions (Cloitre et al., 2021).

Studies have also shown that the ITQ's psychometric properties remain stable across diverse cultural groups and in multiple languages, reinforcing its validity for use in trauma-exposed populations worldwide (Hyland et al., 2024).

Thus, the ITQ demonstrates strong psychometric properties, including robust reliability, validity, and sensitivity to change, as well as cross-cultural and multilingual applicability. By assessing PTSD and DSO symptoms together with associated functional impairment, it has become the most widely used tool for the assessment and differential diagnosis of PTSD and CPTSD in clinical settings (Sarr et al., 2024).

Percentiles for normative and diagnostic samples, developed by NovoPsych, are presented in the Supporting Information section, which includes detailed information about the composition of these reference samples.

Scoring & Interpretation

The International Trauma Questionnaire (ITQ) has two subscales:

- Post Traumatic Stress Disorder (PTSD) - assesses the core symptoms of PTSD according to the ICD-11, focusing on intrusive re-experiencing, deliberate avoidance, and persistent sense of threat.
- Disturbances in Self Organization (DSO) - assesses the additional symptom clusters that, together with PTSD symptoms, constitute Complex PTSD (CPTSD), and which reflect pervasive psychological disturbances that typically arise following prolonged or repeated traumatic experiences

It includes six items measuring PTSD symptoms from three symptom clusters:

- Re-experiencing (Items 1 and 2) - assesses intrusive memories, flashbacks, or nightmares where the traumatic event feels as though it is happening again in the present moment, rather than being remembered as a past event
- Avoidance (Items 3 and 4) - measures deliberate efforts to avoid internal reminders (thoughts, feelings, physical sensations) and external reminders (people, places, conversations, objects, activities, situations) that evoke memories of the traumatic event
- Sense of threat (Items 5 and 6) - evaluates persistent feelings of current danger, manifesting as hypervigilance (being “on guard” or watchful) and heightened startle response (being jumpy or easily startled)

It also includes six items measuring DSO symptoms from three symptom clusters:

- Affective dysregulation (Items 10 and 11) - measures difficulties managing emotions, including heightened emotional reactivity (difficulty calming down when upset) and emotional numbing (feeling emotionally shut down or disconnected from feelings)
- Negative self-concept (Items 12 and 13) - assesses persistent negative beliefs about oneself, including feelings of worthlessness and viewing oneself as a failure, reflecting a diminished sense of value or identity
- Disturbances in relationships (Items 14 and 15) - evaluates difficulties in forming and maintaining close relationships, feeling distant or cut off from others, and finding it challenging to stay emotionally close to people

The PTSD and DSO subscales are each accompanied by three items measuring associated functional impairments in the domains of social, occupational, and other important areas of life.

- PTSD related functional impairment (Items 7, 8, and 9) - measures the impact of PTSD symptoms on relationships, social life, work capabilities, and other important areas of life, indicating how significantly these symptoms disrupt daily functioning
- DSO related functional impairment (Items 16, 17, and 18) - measures the impact of DSO symptoms on relationships, social life, work capabilities, and other important areas of life, indicating how significantly these disturbances disrupt daily functioning

Each item is rated on a 5-point Likert-type scale from 0 to 4.

The scoring approach uses dichotomous scoring for diagnostic purposes and dimensional scoring for symptom severity.

Dichotomous Scoring

A score of 2 (Likert = “Moderately”) or higher on a symptom or functional impairment item indicates the presence (i.e., endorsement) of that symptom or impairment.

PTSD is indicated if:

- at least one symptom is present from each PTSD symptom cluster, and
- there is at least one functional impairment associated with these PTSD symptoms.

Complex PTSD (CPTSD) is indicated if:

- at least one symptom is present from each PTSD symptom cluster,
- there is at least one functional impairment associated with these PTSD symptoms,
- at least one symptom is present from each DSO symptom cluster, and
- there is at least one functional impairment associated with these DSO symptoms.

A person may receive a diagnosis of PTSD or CPTSD, but not both.

Dimensional Scoring

- The PTSD symptom severity score is the sum of items 1 to 6 and ranges from 0 to 24.
- The DSO symptom severity score is the sum of items 10 to 15 and ranges from 0 to 24.

The respondent’s scores are presented as raw scores and as percentiles based on normative data for trauma-exposed adults, contextualising their scores relative to the typical scores of adults in this normative sample. For example, the 50th percentile represents the typical level of symptom severity for an adult who has been exposed to trauma (i.e., “Mild”), while scores on the 90th percentile fall within the top 10% and are considered “Severe”.

Qualitative descriptors categorise the respondent’s scores based on specific ranges of percentiles.

- “Minimal” - Below the 25th percentile (subscale score between 0 and 3)
- “Mild” - 25th to 50th percentile (subscale score between 4 and 6)
- “Moderate” - 51st to 75th percentile (subscale score between 7 and 10)
- “Severe” - 76th to 95th percentile (subscale score between 11 and 16)
- “Very Severe” - Above the 95th percentile (subscale score between 17 and 24)

A diagnostic criteria descriptor also accompanies each score, indicating whether diagnostic criteria for PTSD and DSO symptoms are met, and whether specific symptom clusters and functional impairments are present, according to the dichotomous scoring threshold. CPTSD is indicated if the diagnostic criteria descriptor says “Criteria met” for both the PTSD subscale and the DSO subscale.

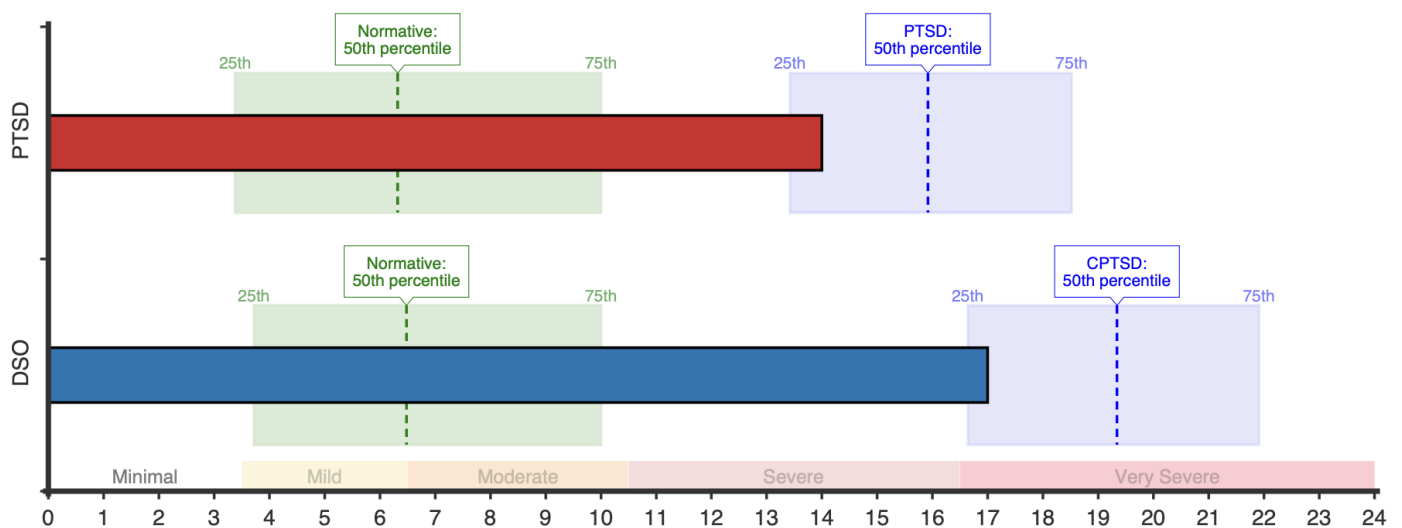
Results				
	Raw Score (0-24)	Percentile	Descriptor	Diagnostic Criteria
PTSD	14	91	Severe	Criteria met
DSO	17	97	Very Severe	Criteria met

PTSD Symptoms and Functioning				
	Raw Score	Percentile	Descriptor	Diagnostic Criteria
Re-experiencing (0-8)	4	85	Severe	Present
Avoidance (0-8)	5	81	Severe	Present
Sense of threat (0-8)	5	85	Severe	Present
Functional impairment (0-12)	6	83	Severe	Present

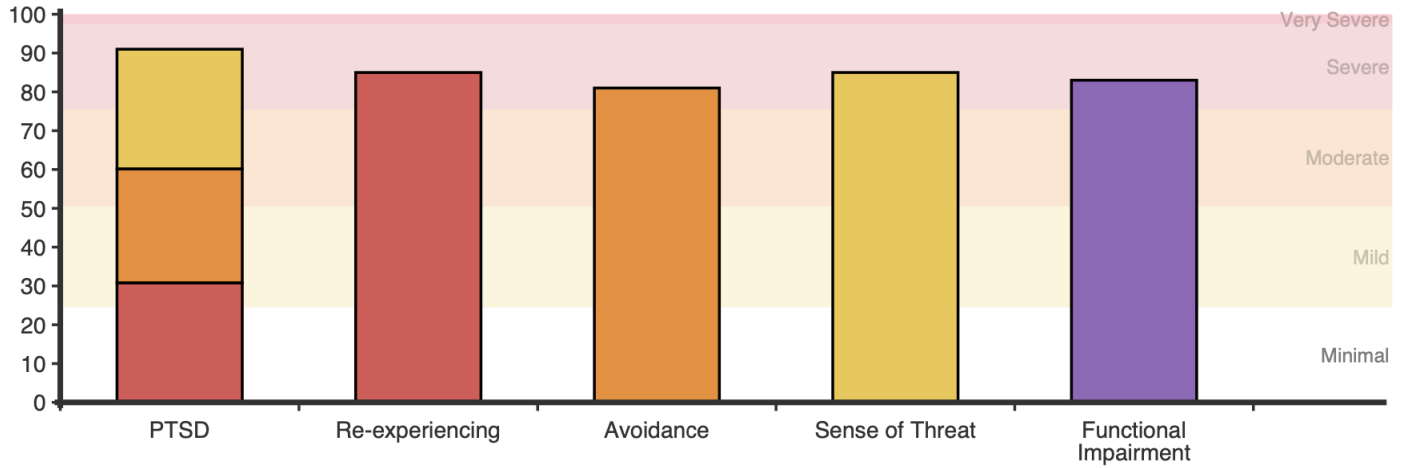
DSO Symptoms and Functioning				
	Raw Score	Percentile	Descriptor	Diagnostic Criteria
Affective dysregulation (0-8)	6	93	Severe	Present
Negative self-concept (0-8)	5	89	Severe	Present
Disturbances in relationships (0-8)	6	91	Severe	Present
Functional impairment (0-12)	8	94	Severe	Present

On first administration, graphs are presented showing the respondent’s scores as percentiles based on normative data for trauma-exposed adults. A graph is also presented comparing the respondent’s PTSD and DSO symptom severity scores to two samples: (1) the normative sample of trauma-exposed adults; and (2) a diagnostic sample. For the PTSD symptom severity score, this diagnostic sample consists of adults meeting the ITQ’s criteria for PTSD. For DSO symptom severity scores, the diagnostic sample consists of adults meeting the ITQ’s criteria for CPTSD. Shaded areas correspond to scores between the 25th and 75th percentile. This graph contextualises the respondent’s scores relative to typical symptom severity levels in these samples.

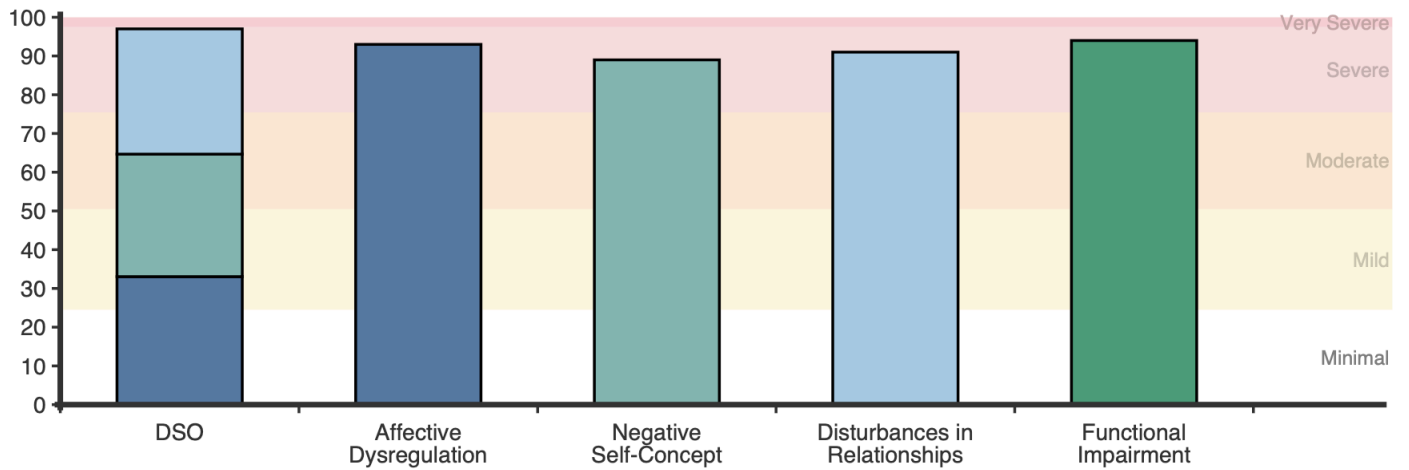
ITQ Subscale Scores Compared to Trauma-Exposed Normative and Diagnostic Samples



ITQ PTSD Normative Percentiles

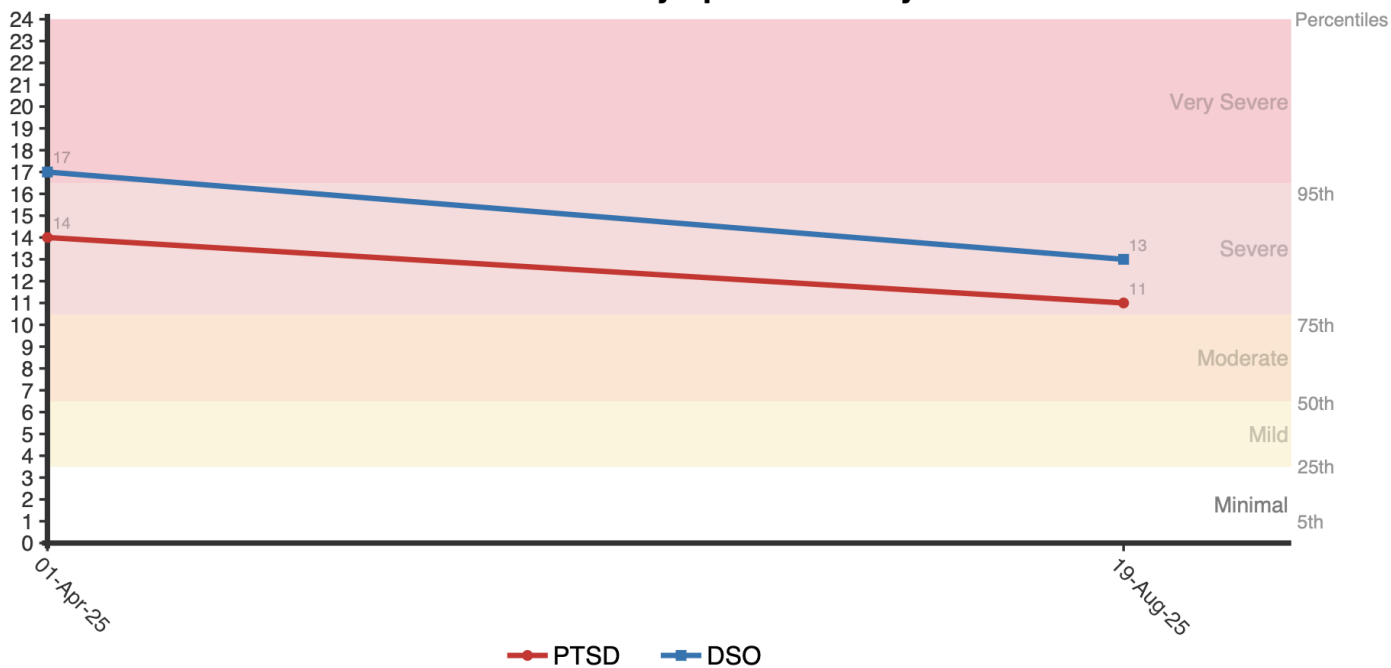


ITQ DSO Normative Percentiles



If administered more than once, longitudinal graphs are presented for the respondent's raw PTSD and DSO symptom severity scores, which is useful for monitoring any changes in symptom severity over time and treatment progress and outcomes. A meaningful change in PTSD symptom severity is defined as a change of 6 or more points in the PTSD symptom severity score, and a meaningful change in DSO symptom severity is defined as a change of 7 or more points in the DSO symptom severity score, based on Reliable Change Index (RCI) calculations (i.e., a 6-7 or more point decrease indicates significant improvement; a 6-7 or more point increase indicates significant deterioration; and less than a 6-7 point change indicates no significant change).

ITQ PTSD and DSO Symptom Severity Scores



Supporting Information

This section outlines NovoPsych’s development of norms and percentile rankings for the ITQ based on data obtained from clients assessed on NovoPsych. These norms and percentile rankings enhance the interpretability of ITQ scores.

This section also outlines NovoPsych’s development of classification thresholds and qualitative descriptors for ITQ scores. These descriptors provide clinicians with clear and consistent classifications of severity levels, supporting better understanding and communication of ITQ scores.

Lastly, this section describes the structure and logic of the automated interpretive text that NovoPsych provides in ITQ reports. This interpretive text adapts to the respondent’s scores, providing clinicians with comprehensive, tailored interpretations of ITQ results.

Percentile Calculations

The percentiles shown in Tables 1, 2, and 3.1 to 3.8 are based on data for three samples obtained from among clients assessed on NovoPsych between November 2020 and February 2025:

- **Normative sample:** A normative sample of 1,661 clients scoring in the “Normal” range (i.e., less than or equal to 16 out of 63) on the Depression Anxiety Stress Scales (DASS-21) on the same day as completing the ITQ, while receiving mental health care. This approach provides a reference sample of trauma-exposed adults without significant psychological distress, allowing for interpretation of ITQ scores in relation to a sample that may resemble a community sample. Several normative methods were evaluated during development, including percentile matching with known population distributions and alternative DASS-21 score ranges. Statistical validation confirmed that using clients in the “Normal” range on the DASS-21 produced appropriate percentile distributions comparable to community samples while maintaining adequate sample size for reliable estimates.
- **PTSD sample:** A diagnostic sample of 4,317 clients meeting the ITQ’s dichotomous scoring criteria for PTSD (i.e., PTSD only and not DSO).
- **CPTSD sample:** : A diagnostic sample of 18,972 clients meeting the ITQ’s dichotomous scoring criteria for CPTSD (i.e., both PTSD and DSO).

The percentiles were calculated directly from the observed distribution of scores in each sample, according to the following equation.

$$\text{Percentile} = 100 \times (\Sigma I(X_i < x)) / N$$

Where:

- x is the score being converted to a percentile
- $\Sigma I(X_i < x)$ represents the count of individuals who scored less than x
- N is the total number of individuals (i.e., 1,661 for the normative sample, 4,317 for the PTSD sample, or 18,972 for the CPTSD sample)

These percentiles contextualise each score relative to typical symptom severity levels in each sample, offering a clearer perspective on how the respondent’s symptom severity levels compare to those of a normative sample and a relevant diagnostic sample.

Percentile Tables

Table 1. Percentiles for PTSD symptom severity scores relative to normative and PTSD samples.

Descriptor	Score	Percentile	
		Normative	PTSD
Minimal	0	0.01	0.01
	1	6	0.01
	2	13	0.01
	3	21	0.01
Mild	4	31	0.01
	5	40	0.01
	6	47	0.01
Moderate	7	56	0.02
	8	63	0.2
	9	70	1
	10	75	3
Severe	11	80	7
	12	85	13
	13	88	21
	14	91	31
	15	93	41
	16	95	51
Very Severe	17	97	61
	18	97.5	71
	19	98.4	79
	20	98.9	86
	21	99.2	91
	22	99.6	95
	23	99.8	97
	24	99.94	98

Table 2. Percentiles for DSO symptom severity scores relative to normative and CPTSD samples.

Descriptor	Score	Percentile	
		Normative	CPTSD
Minimal	0	0.01	0.01
	1	4	0.01
	2	11	0.01
	3	19	0.01
Mild	4	27	0.01
	5	36	0.01
	6	46	0.01
Moderate	7	55	0.01
	8	62	0.05
	9	70	0.1
	10	75	0.5
Severe	11	80	1
	12	84	3
	13	88	6
	14	90	9
	15	94	14
	16	95	20
Very Severe	17	97	28
	18	98	36
	19	98.7	47
	20	98.9	57
	21	99.4	66
	22	99.7	76
	23	99.9	85
	24	99.94	93

Table 3.1. Percentiles for Re-experiencing symptom cluster scores relative to normative and PTSD samples.

Descriptor	Score	Percentile	
		Normative	PTSD
Minimal	0	0.01	0.01
Mild	1	31	0.01
Moderate	2	56	0.01
	3	73	9
Severe	4	85	31
	5	91	53
Very Severe	6	96	72
	7	98	86
	8	99	94

Table 3.2. Percentiles for Avoidance symptom cluster scores relative to normative and PTSD samples.

Descriptor	Score	Percentile	
		Normative	PTSD
Minimal	0	0.01	0.01
	1	20	0.01
Mild	2	36	0.01
Moderate	3	57	2
	4	69	12
Severe	5	81	30
	6	87	47
Very Severe	7	95	73
	8	98	86

Table 3.3. Percentiles for Sense of Threat symptom cluster scores relative to normative and PTSD samples.

Descriptor	Score	Percentile	
		Normative	PTSD
Minimal	0	0.01	0.01
	1	22	0.01
Mild	2	43	0.01
	3	62	3
Moderate	4	75	15
	5	85	30
Severe	6	91	48
	7	96	70
Very Severe	8	98	84

Table 3.4. Percentiles for PTSD related functional impairment scores relative to normative and PTSD samples.

Descriptor	Score	Percentile	
		Normative	PTSD
Minimal	0	0.01	0.01
	1	26	0.01
Mild	2	41	0.01
	3	55	2
Moderate	4	70	9
	5	78	23
Severe	6	83	36
	7	89	50
	8	93	62
	9	95	73
Very Severe	10	98	83
	11	99	89
	12	99.3	94

Table 3.5. Percentiles for Affective Dysregulation symptom cluster scores relative to normative and CPTSD samples.

Descriptor	Score	Percentile	
		Normative	CPTSD
Minimal	0	0.01	0.01
	1	8	0.01
Mild	2	30	0.01
	3	54	1
Moderate	4	72	5
	5	86	15
Severe	6	93	33
	7	98	60
Very Severe	8	99	84

Table 3.6. Percentiles for Negative Self-Concept symptom cluster scores relative to normative and CPTSD samples.

Descriptor	Score	Percentile	
		Normative	CPTSD
Minimal	0	0.01	0.01
Mild	1	35	0.01
	2	56	0.01
Moderate	3	75	1
	4	82	8
Severe	5	89	18
	6	93	29
Very Severe	7	98	53
	8	99	65

Table 3.7. Percentiles for Disturbances in Relationships symptom cluster scores relative to normative and CPTSD samples.

Descriptor	Score	Percentile	
		Normative	CPTSD
Minimal	0	0.01	0.01
	1	20	0.01
Mild	2	38	0.01
Moderate	3	61	1
	4	73	5
Severe	5	84	14
	6	91	27
Very Severe	7	96	50
	8	98	70

Table 3.8. Percentiles for DSO related functional impairment scores relative to normative and CPTSD samples.

Descriptor	Score	Percentile	
		Normative	CPTSD
Minimal	0	0.01	0.01
	1	20	0.01
Mild	2	38	0.01
Moderate	3	52	0.4
	4	70	2
Severe	5	79	6
	6	86	11
	7	92	21
	8	94	31
Very Severe	9	97	43
	10	98	58
	11	99	72
	12	99.7	83

Descriptors

In addition to norms and percentile rankings, NovoPsych has established classification thresholds and qualitative descriptors for the ITQ's subscales, symptom clusters, and functional impairment indicators, based on percentile rankings within the normative sample.

The following qualitative descriptors correspond to specific percentile ranges:

- “Minimal” - Below the 25th percentile
- “Mild” - 25th to 50th percentile
- “Moderate” - 51st to 75th percentile
- “Severe” - 76th to 95th percentile
- “Very Severe” - Above the 95th percentile

For the PTSD and DSO subscales, these qualitative descriptors and percentile ranges correspond to the following symptom severity scores:

- “Minimal” - Subscale score of 0 to 3
- “Mild” - Subscale score of 4 to 6
- “Moderate” - Subscale score of 7 to 10
- “Severe” - Subscale score of 11 to 16
- “Very Severe” - Subscale score of 17 to 24

The score ranges, and corresponding percentiles, are highlighted in different colours in Tables 1, 2, and 3.1 to 3.8.

Interpretive Text

The interpretive text for the ITQ follows a structured format that adapts based on the respondent's scores.

The text begins with a statement indicating whether diagnostic criteria for PTSD or CPTSD are met according to the dichotomous scoring approach.

Neither PTSD or DSO criteria met:

“The responses on the International Trauma Questionnaire (ITQ) do not meet the ITQ’s diagnostic criteria for PTSD or Complex PTSD (CPTSD).”

PTSD (i.e., PTSD only and not DSO) criteria met:

“The responses on the International Trauma Questionnaire (ITQ) are consistent with a diagnosis of PTSD.”

CPTSD (i.e., both PTSD and DSO) criteria met:

“The responses on the International Trauma Questionnaire (ITQ) are consistent with a diagnosis of Complex PTSD (CPTSD) given that they meet the ITQ’s diagnostic criteria for both PTSD and Disturbances in Self Organization (DSO).”

A statement is then provided about the respondent's PTSD and DSO symptom severity levels. The statement includes a percentile comparison to the normative sample and the corresponding qualitative descriptor.

PTSD:

“The respondent’s PTSD symptom severity score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range.”

DSO:

“The respondent’s DSO symptom severity score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range.”

For “Moderate”, “Severe”, and “Very Severe” scores, the statement includes percentile comparisons to both normative and diagnostic samples:

PTSD:

“The respondent’s PTSD symptom severity score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range. When compared to adults meeting the ITQ’s diagnostic criteria for PTSD, the respondent’s PTSD symptom severity score is on the XXst/nd/rd/th percentile.”

DSO:

“The respondent’s DSO symptom severity score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range. When compared to adults meeting the ITQ’s diagnostic criteria for CPTSD, the respondent’s DSO symptom severity score is on the XXst/nd/rd/th percentile.”

For each subscale (i.e., PTSD and DSO), the text then lists and describes any symptom clusters and functional impairment indicators that score in the “Moderate”, “Severe”, or “Very Severe” ranges (hereafter referred to as “notable” clusters/indicators). These clusters/indicators are listed in order, first by classification (“Very Severe”, then “Severe”, then “Moderate”) and then by percentile value. For each notable cluster/indicator, the text includes:

- The cluster’s/indicator’s percentile comparisons to the normative sample
- The implications of notable scores on this cluster/indicator
- The respondent’s ratings of the specific questionnaire items in this cluster/indicator

PTSD Symptoms and Functioning

For “Moderate”, “Severe”, or “Very Severe” scores on the Re-experiencing symptom cluster:

*“The respondent’s **Re-experiencing** symptom cluster score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range. This suggests the respondent is experiencing intrusive memories, flashbacks, or nightmares where the traumatic event feels as though it is happening again in the present. These re-experiencing symptoms can be highly distressing, may occur unpredictably, and can interfere with daily functioning by disrupting concentration, sleep patterns, and emotional regulation. The items within this symptom cluster were rated as follows:”*

For “Moderate”, “Severe”, or “Very Severe” scores on the Avoidance symptom cluster:

*“The respondent’s **Avoidance** symptom cluster score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range. This indicates the respondent is actively avoiding internal reminders (thoughts, feelings) and/or external reminders (people, places, conversations) associated with the traumatic event. While avoidance may temporarily reduce distress, it can significantly limit engagement in meaningful activities, restrict access to social support, and prevent processing of the traumatic experience, potentially maintaining PTSD symptoms. The items within this symptom cluster were rated as follows:”*

For “Moderate”, “Severe”, or “Very Severe” scores on the Sense of Threat symptom cluster:

*“The respondent’s **Sense of Threat** symptom cluster score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range. This reflects the respondent’s heightened vigilance and physiological reactivity, manifesting as being constantly ‘on guard’ or easily startled. This persistent sense of threat can lead to chronic stress,*

exhaustion, sleep difficulties, irritability, and concentration problems. The hypervigilance may cause the respondent to misinterpret neutral situations as dangerous, affecting their ability to feel safe in everyday environments. The items within this symptom cluster were rated as follows:”

For “Moderate”, “Severe”, or “Very Severe” scores on the PTSD related functional impairment indicator:

*“The respondent's **PTSD related functional impairment** score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range. This indicates that PTSD symptoms are significantly impacting the respondent's daily life, including relationships, work or education, and other important areas of functioning. This impairment may manifest as difficulties maintaining social connections, reduced performance or attendance at work, and limitations in engaging in previously valued activities or responsibilities. The degree of functional disruption suggests that these symptoms are actively interfering with quality of life. The items within this indicator were rated as follows:”*

DSO Symptoms and Functioning

For “Moderate”, “Severe”, or “Very Severe” scores on the Affective Dysregulation symptom cluster:

*“The respondent's **Affective Dysregulation** symptom cluster score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range. This suggests difficulties in emotional regulation, with the respondent experiencing either heightened emotional reactivity with challenges calming down when upset, emotional numbing, or both. These difficulties can lead to interpersonal problems, impulsive behaviors, and maladaptive coping strategies as the respondent struggles to manage intense emotional states or to connect with their emotions. The items within this symptom cluster were rated as follows:”*

For “Moderate”, “Severe”, or “Very Severe” scores on the Negative Self-Concept symptom cluster:

*“The respondent's **Negative Self-Concept** symptom cluster score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range. This indicates the respondent holds persistent negative beliefs about themselves, experiencing feelings of worthlessness and/or viewing themselves as a failure. These negative self-perceptions can undermine self-efficacy, contribute to depression and hopelessness, and influence how the respondent interacts with others and approaches challenges in their life. The items within this symptom cluster were rated as follows:”*

For “Moderate”, “Severe”, or “Very Severe” scores on the Disturbances in Relationships symptom cluster:

*“The respondent's **Disturbances in Relationships** symptom cluster score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range. This reflects difficulties in forming and maintaining close relationships, with the respondent feeling distant or cut off from others and/or finding it challenging to stay emotionally close to people. These relationship difficulties can lead to social isolation, reduced access to support networks, and further*

reinforce negative beliefs about themselves and others, potentially creating a cycle of interpersonal problems. The items within this symptom cluster were rated as follows:”

For “Moderate”, “Severe”, or “Very Severe” scores on the DSO related functional impairment indicator:

*“The respondent's **DSO related functional impairment** score is on the XXst/nd/rd/th percentile when compared to adults in a trauma-exposed normative sample, which is within the <“Minimal” | “Mild” | “Moderate” | “Severe” | “Very Severe”> range. This indicates that disturbances in self-organization (affective dysregulation, negative self-concept, and disturbances in relationships) are significantly impacting the respondent's daily life. These difficulties may manifest as problems in workplace interactions, family relationships, and engagement in social or community activities. The degree of functional disruption suggests that these symptoms are actively interfering with quality of life. The items within this indicator were rated as follows:”*

Developer

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*, *138*(6), 536–546. <https://doi.org/10.1111/acps.12956>

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Sarr, R., Quinton, A., Spain, D., & Rumball, F. (2024). A systematic review of the assessment of ICD-11 Complex Post-Traumatic Stress Disorder (CPTSD) in young people and adults. *Clinical Psychology & Psychotherapy*, *31*(3), e3012. <https://doi.org/10.1002/cpp.3012>



Assessment Questions



International Trauma Questionnaire (ITQ)

Instructions:

Please think of the experience that troubles you most and answer the following questions in 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



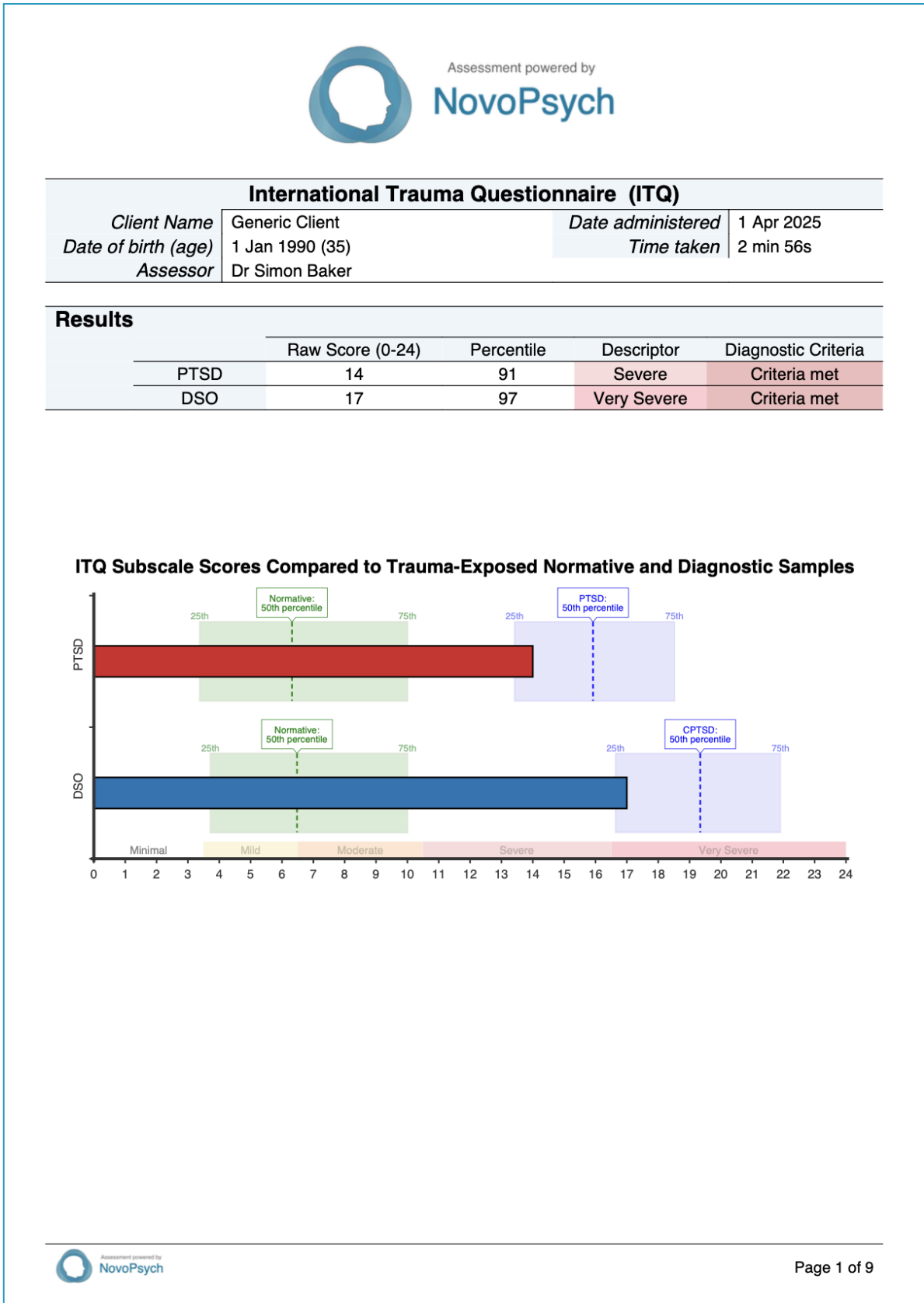
	Not at all	A little bit	Moderately	Quite a bit	Extremely
16	In the past month, have the above problems in emotions, in beliefs about yourself and in relationships: <i>Created concern or distress about your relationships or social life?</i>				
	0	1	2	3	4
17	In the past month, have the above problems affected your work or ability to work?				
	0	1	2	3	4
18	In the past month, have the above problems 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*, 138(6), 536–546. <https://doi.org/10.1111/acps.12956>

Administer Now

Sample Results



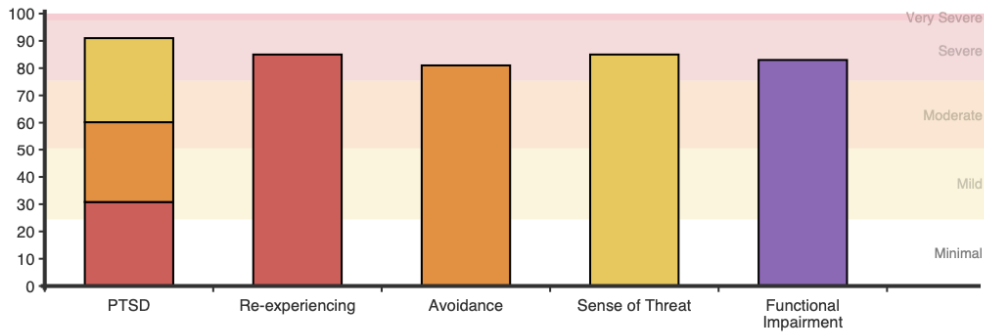


Client Name	Generic Client
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PTSD Symptoms and Functioning

	Raw Score	Percentile	Descriptor	Diagnostic Criteria
Re-experiencing (0-8)	4	85	Severe	Present
Avoidance (0-8)	5	81	Severe	Present
Sense of threat (0-8)	5	85	Severe	Present
Functional impairment (0-12)	6	83	Severe	Present

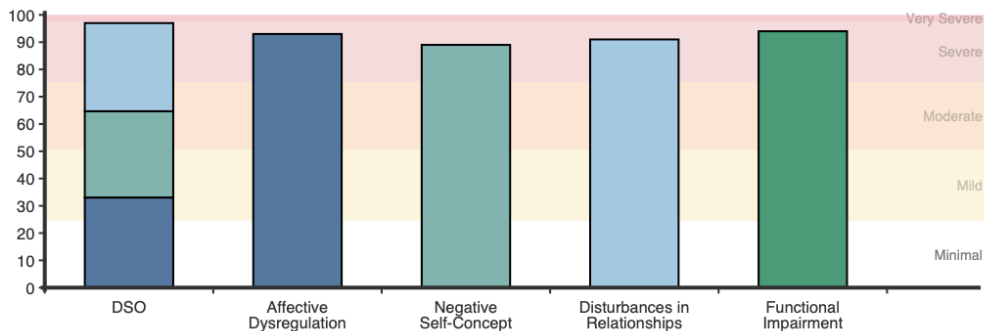
ITQ PTSD Normative Percentiles



DSO Symptoms and Functioning

	Raw Score	Percentile	Descriptor	Diagnostic Criteria
Affective dysregulation (0-8)	6	93	Severe	Present
Negative self-concept (0-8)	5	89	Severe	Present
Disturbances in relationships (0-8)	6	91	Severe	Present
Functional impairment (0-12)	8	94	Severe	Present

ITQ DSO Normative Percentiles





Client Name	Generic Client
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Interpretation

The responses on the International Trauma Questionnaire (ITQ) are consistent with a diagnosis of Complex PTSD (CPTSD) given that they meet the ITQ's diagnostic criteria for both PTSD and Disturbances in Self Organization (DSO).

The respondent's PTSD symptom severity score is on the 91st percentile when compared to adults in a trauma-exposed normative sample, which is within the Severe range. When compared to adults meeting the ITQ's diagnostic criteria for PTSD, the respondent's PTSD symptom severity score is on the 31st percentile.

The respondent's DSO symptom severity score is on the 97th percentile when compared to adults in a trauma-exposed normative sample, which is within the Very Severe range. When compared to adults meeting the ITQ's diagnostic criteria for CPTSD, the respondent's DSO symptom severity score is on the 28th percentile.

PTSD Symptoms and Functioning:

The respondent's **Re-experiencing** symptom cluster score is on the 85th percentile when compared to adults in a trauma-exposed normative sample, which is within the Severe range. This suggests the respondent is experiencing intrusive memories, flashbacks, or nightmares where the traumatic event feels as though it is happening again in the present. These re-experiencing symptoms can be highly distressing, may occur unpredictably, and can interfere with daily functioning by disrupting concentration, sleep patterns, and emotional regulation. The items within this symptom cluster were rated as follows:

- 1. *Having upsetting dreams that replay part of the experience or are clearly related to the experience? (Moderately)*
- 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? (Moderately)*

The respondent's **Sense of Threat** symptom cluster score is on the 85th percentile when compared to adults in a trauma-exposed normative sample, which is within the Severe range. This reflects the respondent's heightened vigilance and physiological reactivity, manifesting as being constantly 'on guard' or easily startled. This persistent sense of threat can lead to chronic stress, exhaustion, sleep difficulties, irritability, and concentration problems. The hypervigilance may cause the respondent to misinterpret neutral situations as dangerous, affecting their ability to feel safe in everyday environments. The items within this symptom cluster were rated as follows:

- 6. *Feeling jumpy or easily startled? (Quite a bit)*
- 5. *Being "super-alert", watchful, or on guard? (Moderately)*

The respondent's **PTSD related functional impairment** score is on the 83rd percentile when compared to adults in a trauma-exposed normative sample, which is within the Severe range. This indicates that PTSD symptoms are significantly impacting the respondent's daily life, including relationships, work or education, and other important areas of functioning. This impairment may manifest as difficulties maintaining social connections, reduced performance or attendance at work, and limitations in engaging in previously valued activities or responsibilities. The degree of functional disruption suggests that these symptoms are actively interfering with quality of life. The items within this indicator were rated as follows:

- 7. *In the past month have the above problems affected your relationships or social life? (Moderately)*
- 8. *Affected your work or ability to work? (Moderately)*



Client Name	Generic Client
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Interpretation (cont.)

- 9. Affected any other important part of your life such as parenting, or school or college work, or other important activities? (Moderately)

The respondent's **Avoidance** symptom cluster score is on the 81st percentile when compared to adults in a trauma-exposed normative sample, which is within the Severe range. This indicates the respondent is actively avoiding internal reminders (thoughts, feelings) and/or external reminders (people, places, conversations) associated with the traumatic event. While avoidance may temporarily reduce distress, it can significantly limit engagement in meaningful activities, restrict access to social support, and prevent processing of the traumatic experience, potentially maintaining PTSD symptoms. The items within this symptom cluster were rated as follows:

- 3. *Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)? (Quite a bit)*
- 4. *Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)? (Moderately)*

DSO Symptoms and Functioning:

The respondent's **DSO related functional impairment** score is on the 94th percentile when compared to adults in a trauma-exposed normative sample, which is within the Severe range. This indicates that disturbances in self-organization (affective dysregulation, negative self-concept, and disturbances in relationships) are significantly impacting the respondent's daily life. These difficulties may manifest as problems in workplace interactions, family relationships, and engagement in social or community activities. The degree of functional disruption suggests that these symptoms are actively interfering with quality of life. The items within this indicator were rated as follows:

- 16. *Created concern or distress about your relationships or social life? (Quite a bit)*
- 18. *In the past month, have the above problems affected any other important parts of your life such as parenting, or school or college work, or other important activities? (Quite a bit)*
- 17. *In the past month, have the above problems affected your work or ability to work? (Moderately)*

The respondent's **Affective Dysregulation** symptom cluster score is on the 93rd percentile when compared to adults in a trauma-exposed normative sample, which is within the Severe range. This suggests difficulties in emotional regulation, with the respondent experiencing either heightened emotional reactivity with challenges calming down when upset, emotional numbing, or both. These difficulties can lead to interpersonal problems, impulsive behaviors, and maladaptive coping strategies as the respondent struggles to manage intense emotional states or to connect with their emotions. The items within this symptom cluster were rated as follows:

- 10. *When I am upset, it takes me a long time to calm down. (Quite a bit)*
- 11. *I feel numb or emotionally shut down. (Quite a bit)*

The respondent's **Disturbances in Relationships** symptom cluster score is on the 91st percentile when compared to adults in a trauma-exposed normative sample, which is within the Severe range. This reflects difficulties in forming and maintaining close relationships, with the respondent feeling distant or cut off from others and/or finding it challenging to stay emotionally close to people. These relationship difficulties can lead to social isolation, reduced access to support networks, and further reinforce negative beliefs about themselves and others, potentially creating a cycle of interpersonal problems. The items within this symptom cluster were rated as follows:

- 14. *I feel distant or cut off from people (Quite a bit)*



Client Name	Generic Client
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Interpretation (cont.)

- 15. I find it hard to stay emotionally close to people. (Quite a bit)

The respondent's **Negative Self-Concept** symptom cluster score is on the 89th percentile when compared to adults in a trauma-exposed normative sample, which is within the Severe range. This indicates the respondent holds persistent negative beliefs about themselves, experiencing feelings of worthlessness and/or viewing themselves as a failure. These negative self-perceptions can undermine self-efficacy, contribute to depression and hopelessness, and influence how the respondent interacts with others and approaches challenges in their life. The items within this symptom cluster were rated as follows:

- 13. I feel worthless. (Quite a bit)
- 12. I feel like a failure (Moderately)

Scoring and Interpretation Information

The International Trauma Questionnaire (ITQ) has two subscales:

- Post Traumatic Stress Disorder (PTSD) - assesses the core symptoms of PTSD according to the ICD-11, focusing on intrusive re-experiencing, deliberate avoidance, and persistent sense of threat.
- Disturbances in Self Organization (DSO) - assesses the additional symptom clusters that, together with PTSD symptoms, constitute Complex PTSD (CPTSD), and which reflect pervasive psychological disturbances that typically arise following prolonged or repeated traumatic experiences

It includes six items measuring PTSD symptoms from three symptom clusters:

- Re-experiencing (Items 1 and 2) - assesses intrusive memories, flashbacks, or nightmares where the traumatic event feels as though it is happening again in the present moment, rather than being remembered as a past event
- Avoidance (Items 3 and 4) - measures deliberate efforts to avoid internal reminders (thoughts, feelings, physical sensations) and external reminders (people, places, conversations, objects, activities, situations) that evoke memories of the traumatic event
- Sense of threat (Items 5 and 6) - evaluates persistent feelings of current danger, manifesting as hypervigilance (being "on guard" or watchful) and heightened startle response (being jumpy or easily startled)

It also includes six items measuring DSO symptoms from three symptom clusters:

- Affective dysregulation (Items 10 and 11) - measures difficulties managing emotions, including heightened emotional reactivity (difficulty calming down when upset) and emotional numbing (feeling emotionally shut down or disconnected from feelings)
- Negative self-concept (Items 12 and 13) - assesses persistent negative beliefs about oneself, including feelings of worthlessness and viewing oneself as a failure, reflecting a diminished sense of value or identity
- Disturbances in relationships (Items 14 and 15) - evaluates difficulties in forming and



Client Name	Generic Client
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Scoring and Interpretation Information (cont.)

maintaining close relationships, feeling distant or cut off from others, and finding it challenging to stay emotionally close to people

The PTSD and DSO subscales are each accompanied by three items measuring associated functional impairments in the domains of social, occupational, and other important areas of life.

- PTSD related functional impairment (Items 7, 8, and 9) - measures the impact of PTSD symptoms on relationships, social life, work capabilities, and other important areas of life, indicating how significantly these symptoms disrupt daily functioning

- DSO related functional impairment (Items 16, 17, and 18) - measures the impact of DSO symptoms on relationships, social life, work capabilities, and other important areas of life, indicating how significantly these disturbances disrupt daily functioning

Each item is rated on a 5-point Likert-type scale from 0 to 5.

The scoring approach uses dichotomous scoring for diagnostic purposes and dimensional scoring for symptom severity.

***** Dichotomous Scoring *****

A score of 2 (Likert = "Moderately") or higher on a symptom or functional impairment item indicates the presence (i.e., endorsement) of that symptom or impairment.

PTSD is indicated if:

- at least one symptom is present from each PTSD symptom cluster, and
- there is at least one functional impairment associated with these PTSD symptoms.

Complex PTSD (CPTSD) is indicated if:

- at least one symptom is present from each PTSD symptom cluster, there is at least one functional impairment associated with these PTSD symptoms,
- at least one symptom is present from each DSO symptom cluster, and
- there is at least one functional impairment associated with these DSO symptoms.

A person may receive a diagnosis of PTSD or CPTSD, but not both.

***** Dimensional Scoring *****

- The PTSD symptom severity score is the sum of items 1 to 6 and ranges from 0 to 24.

- The DSO symptom severity score is the sum of items 10 to 15 and ranges from 0 to 24.

The respondent's scores are presented as raw scores and as percentiles based on normative data for trauma-exposed adults, contextualising their scores relative to the typical scores of adults in this normative sample. For example, the 50th percentile represents the typical level of symptom severity for an adult who has been exposed to trauma (i.e., "Mild"), while scores on the 90th percentile fall within the top 10% and are considered "Severe".

Qualitative descriptors categorise the respondent's scores based on specific ranges of



Client Name	Generic Client
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Scoring and Interpretation Information (cont.)

percentiles.

- "Minimal" - Below the 25th percentile (subscale score between 0 and 3)
- "Mild" - 25th to 50th percentile (subscale score between 4 and 6)
- "Moderate" - 51st to 75th percentile (subscale score between 7 and 10)
- "Severe" - 76th to 95th percentile (subscale score between 11 and 16)
- "Very Severe" - Above the 95th percentile (subscale score between 17 and 24)

A diagnostic criteria descriptor also accompanies each score, indicating whether diagnostic criteria for PTSD and DSO symptoms are met, and whether specific symptom clusters and functional impairments are present, according to the dichotomous scoring threshold. CPTSD is indicated if the diagnostic criteria descriptor says "Criteria met" for both the PTSD subscale and the DSO subscale.

On first administration, graphs are presented showing the respondent's scores as percentiles based on normative data for trauma-exposed adults (Baker et al., 2025). A graph is also presented comparing the respondent's PTSD and DSO symptom severity scores to two samples: (1) the normative sample of trauma-exposed adults; and (2) a diagnostic sample. For the PTSD symptom severity score, this diagnostic sample consists of adults meeting the ITQ's criteria for PTSD. For DSO symptom severity scores, the diagnostic sample consists of adults meeting the ITQ's criteria for CPTSD. Shaded areas correspond to scores between the 25th and 75th percentile. This graph contextualises the respondent's scores relative to typical symptom severity levels in these samples.

If administered more than once, longitudinal graphs are presented for the respondent's raw PTSD and DSO symptom severity scores, which is useful for monitoring any changes in symptom severity over time and treatment progress and outcomes. A meaningful change in PTSD symptom severity is defined as a change of 6 or more points in the PTSD symptom severity score, and a meaningful change in DSO symptom severity is defined as a change of 7 or more points in the DSO symptom severity score, based on Reliable Change Index (RCI) calculations (i.e., a 6-7 or more point decrease indicates significant improvement; a 6-7 or more point increase indicates significant deterioration; and less than a 6-7 point change indicates no significant change).

Client Responses

		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



Client Name	Generic Client
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Client Responses (cont.)

		Not at all	A little bit	Moderately	Quite a bit	Extremely
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
16	<small>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?</small>	0	1	2	3	4
17	In the past month, have the above problems affected your work or ability to work?	0	1	2	3	4
18	In the past month, have the above problems 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



Client Name	Generic Client
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Full Results

	Raw Score	Scaled Score (0-10)	Normative Percentile	Diagnostic Percentile	Descriptor	Diagnostic Criteria
PTSD (0-24)	14	5.83	91	31	Severe	Criteria met
Re-experiencing (0-8)	4	5	85	31	Severe	Present
Avoidance (0-8)	5	6.25	81	30	Severe	Present
Sense of threat (0-8)	5	6.25	85	30	Severe	Present
PTSD related functional impairment (0-12)	6	5	83	36	Severe	Present
DSO (0-24)	17	7.08	97	28	Very Severe	Criteria met
Affective dysregulation (0-8)	6	7.5	93	33	Severe	Present
Negative self-concept (0-8)	5	6.25	89	18	Severe	Present
Disturbances in relationships (0-8)	6	7.5	91	27	Severe	Present
DSO related functional impairment (0-12)	8	6.67	94	31	Severe	Present