

# DAVIDSON TRAUMA SCALE

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Please identify the trauma that is most disturbing to you.

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**Each of the following questions asks you about a specific symptom. For each question, consider how often in the last week the symptom troubled you and how severe it was. In the two boxes beside each question, write a number from 0 - 4 to indicate the frequency and severity of the symptom.**

**FREQUENCY**

0 = Not At All  
1 = Once Only  
2 = 2-3 Times  
3 = 4-6 Times  
4 = Every Day

**SEVERITY**

0 = Not At All Distressing  
1 = Minimally Distressing  
2 = Moderately Distressing  
3 = Markedly Distressing  
4 = Extremely Distressing

1. Have you ever had painful images, memories, or thoughts of the event?
2. Have you ever had distressing dreams of the event?
3. Have you felt as though the event was recurring? Was it as if you were reliving it?
4. Have you been upset by something that reminded you of the event?
5. Have you been physically upset by reminders of the event? (This includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea.)
6. Have you been avoiding any thoughts or feelings about the event?
7. Have you been avoiding doing things or going into situations that remind you of the event?
8. Have you found yourself unable to recall important parts of the event?
9. Have you had difficulty enjoying things?
10. Have you felt distant or cut off from other people?
11. Have you been unable to have sad or loving feelings?
12. Have you found it hard to imagine having a long life span and fulfilling your goals?
13. Have you had trouble falling asleep or staying asleep?
14. Have you been irritable or had outbursts of anger?
15. Have you had difficulty concentrating?
16. Have you felt on edge, been easily distracted, or had to stay "on guard"?
17. Have you been jumpy or easily startled?