

# DAVIDSON TRAUMA SCALE

by Jonathan R.T. Davidson, M.D.

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

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| 1. Have you ever had painful images, memories, or thoughts of the event?  | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 2. Have you ever had distressing dreams of the event?   | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 3. Have you felt as though the event was recurring? Was it as if you were reliving it?  | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 4. Have you been upset by something that reminded you of the event?   | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 5. Have you been physically upset by reminders of the event? (This includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea.) | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 6. Have you been avoiding any thoughts or feelings about the event?   | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 7. Have you been avoiding doing things or going into situations that remind you of the event?   | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 8. Have you found yourself unable to recall important parts of the event?   | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 9. Have you had difficulty enjoying things?   | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 10. Have you felt distant or cut off from other people?   | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 11. Have you been unable to have sad or loving feelings?  | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 12. Have you found it hard to imagine having a long life span and fulfilling your goals?  | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 13. Have you had trouble falling asleep or staying asleep?  | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 14. Have you been irritable or had outbursts of anger?  | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 15. Have you had difficulty concentrating?  | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 16. Have you felt on edge, been easily distracted, or had to stay "on guard"?   | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |
| 17. Have you been jumpy or easily startled?   | <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |