



How often have you experienced each of the following in the last month? Please circle one number, 0-3.

Symptom	Never ----- Often			
	0	1	2	3
1. Headaches				
2. Insomnia				
3. Weight loss (without dieting)				
4. Stomach problems				
5. Sexual problems				
6. Feeling isolated from others				
7. "Flashbacks" (sudden, vivid, distracting memories)				
8. Restless sleep				
9. Low sex drive				
10. Anxiety attacks				
11. Sexual overactivity				
12. Loneliness				
13. Nightmares				
14. "Spacing out" (going away in your mind)				
15. Sadness				
16. Dizziness				
17. Not feeling satisfied with your sex life				
18. Trouble controlling your temper				
19. Waking up early in the morning				
20. Uncontrollable crying				
21. Fear of men				
22. Not feeling rested in the morning				
23. Having sex that you didn't enjoy				
24. Trouble getting along with others				
25. Memory problems				
26. Desire to physically hurt yourself				
27. Fear of women				
28. Waking up in the middle of the night				
29. Bad thoughts or feelings during sex				
30. Passing out				
31. Feeling that things are "unreal"				
32. Unnecessary or over-frequent washing				
33. Feelings of inferiority				
34. Feeling tense all the time				
35. Being confused about your sexual feelings				
36. Desire to physically hurt others				
37. Feelings of guilt				
38. Feeling that you are not always in your body				
39. Having trouble breathing				
40. Sexual feelings when you shouldn't have them				

## **Trauma Symptom Checklist – 40**

*(Briere & Runtz, 1989)*

Subscale composition and scoring for the TSC-40: The score for each subscale is the sum of the relevant items.

Dissociation – 7, 14, 16, 25, 31, 38

Anxiety – 1, 4, 10, 16, 21, 27, 32, 34, 39

Depression – 2, 3, 9, 15, 19, 20, 26, 33, 37

SATI (Sexual Abuse Trauma Index) – 5, 7, 13, 21, 25, 29, 31

Sleep Disturbance – 2, 8, 13, 19, 22, 28

Sexual Problems – 5, 9, 11, 17, 23, 29, 35, 40

TSC Total Score: 1-40