Global Psychotrauma Screen for Teens (GPS-T)

11-17 years

|__|__|__|__|__|
Participant Identification Number

Gender: ☐ Female ☐ Male ☐ Other ☐ Prefer Not To Say

Age (years): |__|__|

Sometimes things happen to people that are unusually frightening and horrible.
If such things happened to you, please answer the questions below about the event that now bothers you **the most**.

After the event, have you had any of the following **in the last month?** Please mark "**No**" if you did not experience it, or mark "**Yes**" if you experienced it.

1.	had very scary dreams or upsetting thoughts about the event?	☐ No	☐ Yes
2.	tried hard not to think about the event, or tried to avoid places, situations, people, and anything that reminded you of the event?	☐ No	☐ Yes
3.	been constantly on guard, watchful, or easily startled, even when there was no reason for it?	☐ No	☐ Yes
4.	felt numb or detached from people, activities, or surroundings in a way that makes you feel absent even though you are physically present?	☐ No	☐ Yes
5.	felt guilty for what happened to you and for any problems the event caused?	☐ No	☐ Yes
6.	felt bad about yourself, as if you are not important or you do not matter?	☐ No	☐ Yes
7.	had anger or rage that you could not control?	☐ No	☐ Yes
8.	felt nervous or anxious?	☐ No	☐ Yes
9.	could not stop or control your worrying?	☐ No	☐ Yes
10.	felt down, depressed, or hopeless?	☐ No	☐ Yes
11.	had little interest or pleasure in doing things that used to bring you joy?	☐ No	☐ Yes
12.	had problems falling or staying asleep, even though you wanted to sleep?	☐ No	☐ Yes
13.	tried to hurt yourself on purpose?	☐ No	☐ Yes
14.	viewed the world and other people around you in a way that seemed strange as if you were in a dream, even though you were awake?	☐ No	☐ Yes
15.	felt like you are looking down on yourself from above, or like you are seeing your body from outside?	☐ No	☐ Yes
16.	had any other problems bothered you (for example, aches or pains, bad feelings, problems with school, family, or friends)?	☐ No	☐ Yes
17.	experienced other stressful events (for example, not having enough money or food, moving to another house, incidents at school, with friends, or family members?)	☐ No	☐ Yes
18.	tried to lessen bad feelings by smoking or vaping, drinking alcohol, using drugs, or taking medication that was not prescribed to you?	☐ No	☐ Yes
19.	did not have supportive people to take care of you (for example, help you feel better when you are upset, give you rides to school or events, go with you to a doctor or hospital)?	☐ No	☐ Yes
20.	During *your* ***early childhood*** (0-10 years), did you experience any other frightening or horrible events?	☐ No	☐ Yes
21.	Have you ***ever*** been told that you have emotional or behavioral problems or have you ever been treated for such problems (for example, depression, anxiety, ADHD, eating disorder, or any behavioral issues)?	☐ No	☐ Yes
22.	Do you ***generally*** consider yourself to be a resilient person (someone who bounces back from difficult situations or who can overcome bad things happening)?	☐ No	☐ Yes

F. How would you rate your present functioning (how are you doing now at home, school, and other areas of your life)?

Poor 1 2 3 4 5 6 7 8 9 10 Excellent