## **Supplemental Materials**

Psychometric Properties of the Posttraumatic Diagnostic Scale for DSM-5 (PDS-5)

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## PTSD Diagnostic Scale for DSM-5 (PDS-5)

## Participant ID\_\_\_\_\_

TRAUMA SCREEN

Have you ever experienced, witnessed, or been repeatedly confronted with any of the following: (Check all that apply)

Serious, life threatening illness (heart attack, etc.)

Physical Assault (attacked with a weapon, severe injuries from a fight, held at gunpoint, etc.)

Sexual assault (rape, attempted rape, forced sexual act with a weapon, etc.)

- ☐ Military combat or **Ived in a war zone**
- Child abuse (severe beatings, sexual acts with someone 5 years older than you, etc.)

Accident (serious injury or death from a car, at work, a house fire, etc.)

Natural disaster (severe hurricane, flood, earthquake, etc.)

Other tauma (Please describe briefly):

□ None

\*\*\* If NONE, please STOP and return this questionnaire \*\*\*

If you marked any of the above items, which single traumatic experience is on your mind and currently bothers you the most: (Check only one)

(Check only one)

Serious, life threatening illness (heart atack, etc.)

Physical Assault (attacked with a weapon, severe injuries from a fight, held at gunpoint, etc.)

Sexual assault (rape, attempted rape, forced sexual act with a weapon, etc.)

☐ Military combat or lived in a war zone

Child abuse (severe beaings, sexual acts with someone 5 years older than you, etc.)

Accident (serious injury or death from a car, at work, a house fire, etc.)

□ Natural disaster (severe hurricane, flood, earthquake, etc.)

Other trauma (Please describe briefly):

Date

*Instructions:* Below is a list of problems that people sometimes have after experiencing a traumatic event. Write down the most distressing traumatic event that you checked on the last page:

Please read each statement carefully and circle the number that best describes how often that problem has been happening and how much it upset you over THE LAST MONTH. Rate each problem with respect to the traumatic event that you wrote above.

For example, if you've talked to a friend about the trauma one time in the past month, you would respond like this: (because one time in the past month is less than once a week)

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week/somewhat

week/very much

week/severe

less/a little

8.	Not being able to remem	ber important parts	of the trauma				
	0	1	2	3	4		
	Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe		
9.	Seeing yourself, others, or the world in a more negative way (for example "I can't trust people," "I'm a weak person")						
	0	1	2	3	4		
	Not at all	Once a week or	2 to 3 times a	4 to 5 times a	6 or more times a		
		less/a little	week/somewhat	week/very much	week/severe		
10.	Blaming yourself or othe	ers (besides the perso	n who hurt you) for	what happened			
	0	1	2	3	4		
	Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe		
11.	11. Having intense negative feelings like fear, horror, anger, guilt or shame						
	Not at all	I Once a week or	$\frac{2}{2}$ to 3 times a	3 4 to 5 times a	4 6 or more times a		
	Not at all	less/a little	week/somewhat	week/very much	week/severe		
12.	Losing interest or not pa	rticipating in activiti	es you used to do				
	0	1	2	3	4		
	Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe		
13.	Feeling distant or cut off	from others	2	2	4		
	0 Not at all	I Once a week or	2 2 to 3 times a	3 4 to 5 times a	4 6 or more times a		
	Not at all	less/a little	week/somewhat	week/very much	week/severe		
14.	Having difficulty experie	encing positive feeling	-				
	0	1	2	3	4		
	Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe		
15.	Acting more irritable or	aggressive with othe					
	0	1	2	3	4		
	Not at all	Once a week or	2 to 3 times a	4 to 5 times a	6 or more times a		
	less/a little week/somewhat week/very much week/severe						
16.	. Taking more risks or doing things that might cause you or others harm (for example, driving recklessly, taking drugs, having unprotected sex)						
	0	1	2	3	4		
	Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe		
17.	Being overly alert or on- your back to a door)	guard (for example, o	checking to see who	is around you, being	g uncomfortable with		
	your back to a door)	1	2	3	4		
	Not at all	Once a week or less/a little	2 to 3 times a week/somewhat	4 to 5 times a week/very much	6 or more times a week/severe		
		1055/ u 11th	week some what	weeks very much			

18.	18. Being jumpy or more easily startled (for example when someone walks up behind you)						
	0	1	2	3	4		
	Not at all	Once a week or	2 to 3 times a	4 to 5 times a	6 or more times a		
		less/a little	week/somewhat	week/very much	week/severe		
19.	Having trouble concentra	ting					
	0	1	2	3	4		
	Not at all	Once a week or	2 to 3 times a	4 to 5 times a	6 or more times a		
		less/a little	week/somewhat	week/very much	week/severe		
20.	Having trouble falling or	staying asleep					
	0	1	2	3	4		
	Not at all	Once a week or	2 to 3 times a	4 to 5 times a	6 or more times a		
		less/a little	week/somewhat	week/very much	week/severe		
DISTRESS AND INTERFERENCE							
21. How much have these difficulties been bothering you?							
	0	1	2	3	4		
	Not at all	Once a week or	2 to 3 times a	4 to 5 times a	6 or more times a		
		less/a little	week/somewhat	week/very much	week/severe		
22. How much have these difficulties been interfering with your everyday life (for example relationships, work, or other important activities)?							
	important activities)?	1	2	3	1		
	°	I Ones a vyselv on	$\frac{2}{2}$ to 3 times a	4 to 5 times a	6 or more times a		
	Not at all	Once a week or less/a little					
		iess/a intrie	week/somewhat	week/very much	week/severe		

## SYMPTOM ONSET AND DURATION

- 23. How long after the trauma did these difficulties begin? [circle one]
  - a. Less than 6 months
    - b. More than 6 months
- 24. How long have you had these trauma-related difficulties? [circle one]
  - a. Less than 1 month
  - b. More than 1 month