

U.S. TERRORISM RECOVERY PROJECT
SIMPLE SCREEN FOR DEPRESSION/PTSD

Harvard Program in Refugee Trauma
Massachusetts General Hospital

www.hpert-cambridge.org



I. General Health /Physical Functioning

1. In general, would you say your health is?

Excellent Very Good Good Fair Poor

2. Does your health limit you during the following activities?

		Yes, Limited a lot	Yes, limited a little	No, not limited at all
a.	Moderate activities, such as moving a table or carrying groceries?			
b.	Climbing several flights of stairs?			

II. Depression Symptoms

Hopkins Symptom Checklist-25 (HSCL-25)

Listed below are symptoms or problems that people sometimes have. Please read each one carefully and describe how much the symptoms bothered you or distressed you **in the last week, including today**. Place a check in the appropriate column.

NO	DEPRESSION SYMPTOMS	Not at all 1	A little 2	Quite a bit 3	Extremely 4
1.	Feeling low in energy, slowed down				
2.	Blaming yourself for things				
3.	Crying easily				
4.	Loss of sexual interest or pleasure				
5.	Poor appetite				
6.	Difficulty falling asleep, staying asleep				
7.	Feeling hopeless about future				
8.	Feeling blue				
9.	Feeling lonely				
10.	Thoughts of ending your life				
11.	Feeling of being trapped or caught				
12.	Worry too much about things				
13.	Feeling no interest in things				
14.	Feeling everything is an effort				
15.	Feeling of worthlessness				

Depression Score- HSCL-25: $\frac{\text{Sum of all items 1-15}}{15}$

15

Checklist positive for depression if score > 1.75

III. PTSD

1. Do you suffer from recurring nightmares? Yes No

2. If yes, how often?

Daily

Several times a week

Several times a month

Several times a year

If the answer is Yes, PTSD may be present.

Please proceed with the Harvard Trauma Questionnaire (HTQ).

Harvard Trauma Questionnaire (HTQ)

The following are symptoms that people sometimes have after experiencing hurtful or terrifying events in their lives. Please read each one carefully and decide how much the symptoms bothered you in the past week.

		(1) Not at all	(2) A little	(3) Quite a bit	(4) Extremely
1.	Recurrent thoughts or memories of the most hurtful or terrifying events				
2.	Feeling as though the event is happening again				
3.	Recurrent nightmares				
4.	Feeling detached or withdrawn from people				
5.	Unable to feel emotions				
6.	Feeling jumpy, easily startled				
7.	Difficulty concentrating				
8.	Trouble sleeping				

Harvard Trauma Questionnaire (HTQ) cont'd

		(1) Not at all	(2) A little	(3) Quite a bit	(4) Extremely
9.	Feeling on guard				
10.	Feeling irritable or having outbursts of anger				
11.	Avoiding activities that remind you of the traumatic or hurtful event				
12.	Inability to remember parts of the most hurtful or traumatic events				
13.	Less interest in daily activities				
14.	Feeling as if you don't have a future				
15.	Avoiding thoughts or feelings associated with the traumatic or hurtful events				
16.	Sudden emotional or physical reaction when reminded of the most hurtful or traumatic events				

PTSD Score- HTQ: $\frac{\text{Sum of all items 1-16}}{16}$

Individuals with total score >2.5 are considered Symptomatic for PTSD.