**Structured Interview for PTSD (SIP)**

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**Protocol Number**

**Age**

- married
- separated
- widowed
- never married
- divorced
- refused

**Gender**

- male
- female

**Race or Ethnic Origin**

- white, not Hispanic origin
- black, not Hispanic origin
- Hispanic
- Asian
- Native American or Alaskan native
- other
- unsure

The time period being rated will be the past week.

### Trauma

#### B1

Have you experienced painful images, thoughts or memories of the trauma which you could not get out of your mind, even though you may have wanted to? Have these been recurrent?

- 0 not at all
- 1 mild: rarely and/or not bothersome
- 2 moderate: at least once a week and/or produces some distress
- 3 severe: at least 4 times per week or moderately distressing
- 4 extremely severe: daily or produces so much distress that patient cannot work or function socially

#### B2

Dreams

I would like to ask you about your dreams. Have you had repeated dreams of violence, injury, danger, combat, death or other themes related to trauma? Were these of actual scenes you were involved in? Do you recognize people in the dream? Are these dreams of the event? How frequent are these dreams? Do you wake up sweating or shouting?

- 0 no problems
- 1 mild: infrequent or not disruptive
- 2 moderate: at least once a week/somewhat distressing
- 3 severe: at least 4 times a week/moderately distressing
- 4 extremely severe: daily or produces so much distress that patient cannot work or function socially

#### B3

Acting or feeling as if event was currently happening

At times, have you reacted to something as if you were back in the event? Has it seemed that the event was recurring, or that you were living through it again? Did you have hallucinations of the event?

- 0 not at all
- 1 rarely/once a week
- 2 sometimes/2-4 times a week
- 3 often/5-6 times a week
- 4 every day

#### B4

Psychological distress at exposure to reminders of event(s)

Do any of the symptoms occur or get worse if something reminds you of the stressful event?

(Ask about TV programs, weather conditions, news, Veterans’ Day, recent disaster involving loss of life, loss of good friends, being in places which remind person of the event.)

(Feel angry, sad, irritable, anxious, or frightened?)

- 0 not at all
- 1 a little bit: infrequent or of questionable significance
- 2 somewhat
- 3 significantly: several symptoms occur or one symptom with much distress
- 4 marked: very distressing, may have activated an episode of the illness, resulting in hospitalization, different treatment, etc.

#### B5

Does exposure to an event that reminds you of, or resembles, the event cause you to have any physical response?

(Sweating, trembling, heart racing, nausea, hyperventilating, dizziness, etc.)

- 0 not at all
- 1 a little bit: infrequent or questionable
- 2 somewhat: mildly distressing
- 3 significantly: causes much distress
- 4 very distressing, or has sought help from doctors because of the physical response (e.g., chest pain so severe that patient was sure he or she was having a heart attack)
C1 Have you tried to avoid thoughts or feelings about the trauma?
- 0 no avoidance
- 1 mild: of doubtful significance
- 2 moderate: definite effort is made, but is able to function at work and socially
- 3 severe: definite avoidance which affects life in some way**
- 4 very severe: dramatic effect on life

**keeps moving from place to place—cannot work—works excessively—or episodic substance abuse because of need to avoid thoughts or feelings

C2 Avoidance of activities that arouse recollection of the event
Have you avoided places, people, conversations or activities that remind you of the event?
- 0 no avoidance
- 1 mild: of doubtful significance
- 2 moderate: definite avoidance of situations
- 3 severe: very uncomfortable, and avoidance affects life in some way
- 4 extremely severe: house-bound, cannot go out to shops and restaurants, major functional restrictions

C3 Psychogenic amnesia
Is there an important part of the event that you cannot remember?
- 0 no problem: remembers everything
- 1 mild: remembers most details
- 2 moderate: some difficulty remembering significant details
- 3 severe: remembers only a few details
- 4 very severe: claims total amnesia for the trauma

C4 Loss of interest
Have you experienced less interest (pleasure) in things that you used to enjoy? In what things have you lost interest?
What do you still enjoy?
- 0 no loss of interest
- 1 one or two activities less pleasurable
- 2 several activities less pleasurable
- 3 most activities less pleasurable
- 4 almost all activities less pleasurable

C5 Detachment/estrangement
Do you have less to do with other people than you used to? Do you estranged from other people?
- 0 no problem
- 1 feels detached/estranged, but still has normal degree of contact with others
- 2 sometimes avoids contact in which participation would be normal
- 3 definitely and usually avoids people with whom would previously associate
- 4 absolutely refuses or actively avoids all social contact

C6 Restricted range of affect
Can you have warm feelings, or feel close to others? Do you feel numb?
- 0 no problem
- 1 mild: of questionable significance
- 2 moderate: some difficulty expressing feelings
- 3 severe: definite problems with expressing feelings
- 4 very severe: has no feelings, feels numb most of the time

C7 Foreshortened future
What do you see happening in your future? What do you visualize as you grow old?
What are your expectations of the future?
- 0 describes positive or realistic future
- 1 mild: describes pessimistic outlook at times, but varies from day to day depending on events
- 2 moderate: pessimistic much of the time
- 3 severe: constantly pessimistic
- 4 can see no future/views early death as likely (but without adequate medical basis)
D Increased arousal

D1 Sleep disturbance

We spoke earlier about nightmares. What about other aspects of sleeping? Have you had any trouble falling asleep?

Do you wake up in the middle of the night? Are you able to go back to sleep after waking?

- 0 no loss of sleep
- 1 mild: occasional difficulty, but no more than two nights/week
- 2 moderate: difficulty sleeping at least three nights/week
- 3 severe: difficulty sleeping every night
- 4 extremely severe: less than 3 hours sleep/night

D2 Have you been more irritable or more easily annoyed than usual? How did you show your feelings? Have you had angry outbursts?

- 0 not at all
- 1 mild: occasional feelings of annoyance or anger which may go unnoticed by others
- 2 moderate: increased feelings of annoyance, becomes snappy or argumentative*
- 3 severe: almost constantly irritable or angry/often loses temper or has significant impairment
- 4 very severe: preoccupied with anger or feelings of retaliation, overtly aggressive or

D3 Impairment in concentration

Have you noticed any trouble concentrating? Is it hard to keep your mind on things? Can you pay attention easily?

What about reading or watching TV?

- 0 no difficulty
- 1 patient acknowledges slight problem
- 2 patient describes difficulty
- 3 interferes with daily activities, job, etc.
- 4 constant problems; unable to do simple tasks

D4 Hypervigilance

Do you have to stay on guard? Are you watchful? Do you feel on edge? Do you have to sit with your back to the wall?

- 0 no problem
- 1 mild: occasional/not disruptive
- 2 moderate: causes discomfort/feels on edge or watchful in some situations
- 3 severe: causes discomfort/feels on edge or watchful in most situations
- 4 very severe: causes extreme discomfort and alters life (feels constantly on guard/must keep back to wall/socially impaired because of feeling on edge)

D5 Startle

Do you startle easily? Do you have a tendency to jump? Is this a problem after unexpected noise, or if you hear something that reminds you of the original trauma?

- 0 no problem
- 1 mild: occasional/not disruptive
- 2 moderate: causes definite discomfort or an exaggerated startle response at least every 2 weeks
- 3 severe: happens more than once a week
- 4 extremely severe: so bad that patient cannot function at work or socially

E How long has this condition lasted?

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

E1 Did the symptoms which you have described last for at least four weeks?  ○ yes  ○ no

E2 How many months after the first trauma did these symptoms first develop?

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

E3 Age at the time symptoms began:  [ ] [ ]

F In the interviewer’s judgment, and taking into account the subject responses, has the disturbance caused clinically significant distress or impairment in social, occupational, or other important areas of functioning?  ○ yes  ○ no