## Treatment Outcome PTSD Scale (TOP-8)

<table>
<thead>
<tr>
<th>initials</th>
<th>ID #</th>
<th>date</th>
<th>visit</th>
<th>age</th>
<th>marital status</th>
<th>gender</th>
<th>race or ethnic origin</th>
<th>protocol number</th>
</tr>
</thead>
</table>

**The interviewer should identify which traumatic event is the most bothersome, then rate how much each symptom has troubled the subject during the past week.**

### Event

1. Have you experienced painful images, thoughts or memories of the trauma which you couldn't get out of your mind, even though you may have wanted to? Have these been recurrent?
   - 0 not at all
   - 1 mild: rarely and 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

2. Does exposure to an event that reminds you of, or resembles, the trauma cause you to have any physical response (e.g., sweating, trembling, heart racing, nausea, hyperventilating, feeling frozen, etc.)?
   - 0 not at all
   - 1 a little bit: infrequent or questionable
   - 2 somewhat: mildly distressing
   - 3 significantly: causes much distress
   - 4 markedly: 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)

3. Have you persistently avoided places, people or occasions that remind you of the event, such as movies, TV shows, noisy places, veterans meetings, or funerals?
   - 0 no avoidance
   - 1 mild: of doubtful significance (uncomfortable, but doesn't avoid)
   - 2 moderate: definite avoidance of situations
   - 3 severe: very uncomfortable, and avoidance affects life in some way
   - 4 extremely severe: housebound; cannot go out to shops and restaurants

4. Have you experienced less interest (pleasure) in things that you used to 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

---

Copyright 1996, Jonathan R. T. Davidson
Do you startle easily? Do you have a tendency to jump? Is this a problem after unexpected noise, or if you hear or see something that reminds you of the trauma?

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

**total**