

Short Post-Traumatic Stress Disorder Rating Interview - Expanded (Sprint-E)

INTERVIEWER INSTRUCTIONS ARE IN CAPS AND ARE NOT READ TO THE CLIENT.

These questions are about the reactions you have experienced *in the past month*. By *reactions*, I mean feelings, emotions, or thoughts about what happened during the event or since.

READ RESPONSE OPTIONS FOR EACH QUESTION UNLESS IT'S CLEAR YOU DON'T NEED TO:

(1) Not at all (2) A little bit (3) Moderately (4) Quite a bit (5) Very Much

CIRCLE THE NUMBER THAT CORRESPONDS TO THE RESPONDENT'S ANSWER.

QUESTION TO BE READ	RESPONDENT'S ANSWER	
S1. How much have you been bothered by unwanted memories, nightmares, or reminders of what happened?	1 2 3	4 5
S2. How much effort have you made to avoid thinking or talking about what happened or doing things that remind you of what happened?	1 2 3	4 5
S3. To what extent have you lost enjoyment in things, kept your distance from people, or found it difficult to experience feelings because of what happened?	1 2 3	4 5
S4. How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability or feeling watchful around you because of what happened?	1 2 3	4 5
S5. How down or depressed have you been because of what happened?	1 2 3	4 5
S6. Has your ability to handle other stressful events or situations been harmed?	1 2 3	4 5
S7. Have your reactions interfered with how well you take care of your physical health? For example, are you eating poorly, not getting enough rest, smoking more, or finding that you have increased your use of alcohol or other substances?	1 2 3	4 5
S8. How distressed or bothered are you about your reactions?	1 2 3	4 5
S9. How much have your reactions interfered with your ability to work or carry out your daily activities, such as housework or schoolwork?	1 2 3	4 5
S10. How much have your reactions affected your relationships with your family or friends or interfered with your social, recreational, or community activities?	1 2 3	4 5
S11. How concerned have you been about your ability to overcome problems you may face without further assistance?	1 2 3	4 5
NUMBER OF ANSWERS CIRCLED IN LAST COLUMN (THIS IS RESPONDENT'S SCORE). WRITE NUMBER IN THE BOX TO THE RIGHT.		
S12. I also need to ask: Is there any possibility that you might hurt or kill yourself? IF YES, REFER FOR IMMEDIATE PSYCHIATRIC INTERVENTION.	0 1 NO YES	

Source: Norris, F. H., & Davidson, J. (2007). *Short Post-Traumatic Stress Disorder Rating Interview, Expanded Version (SPRINT-E)* [Unpublished instrument]. Dartmouth Medical School.