

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Excel File  
/Structure

CEN.International\_Trauma\_Questionnaire\_(ITQ).v1.xlsx

Editor  
Screensh  
ot

CEN.International\_Trauma\_Questionnaire\_(ITQ).v1

- ☐ Description
- ☐ Uses 0.Archetyp(e)s
- ☐ Definition
- ☒ ENTRY - International Trauma Questionnaire
  - ☒ ELEMENT -
    - ☒ ELEMENT - Brief description of the experience
    - ☒ ELEMENT - When did this experience occur?
  - ☒ CLUSTER - Below are a number of problems that people sometimes report in response to traumatic/stressful life events. Please read each item carefully and select the appropriate response to indicate how much you have been bothered by that problem in the past month
    - ☒ ELEMENT - P1: Having upsetting dreams that replay part of the experience or are clearly related to the experience?
    - ☒ ELEMENT - P2: Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?
    - ☒ ELEMENT - P3: Avoiding internal reminders of the experience (for example: thoughts, feelings or physical sensations)?
    - ☒ ELEMENT - P4: Avoiding external reminders of the experience (for example: people, places, conversations, objects, activities or situations)?
    - ☒ ELEMENT - P5: Being "super-alert", watchful or on guard?
    - ☒ ELEMENT - P6: Feeling jumpy or easily startled?
    - ☒ ELEMENT -
      - ☒ ELEMENT - P7: Affected your relationships or social life?
      - ☒ ELEMENT - P8: Affected your work or ability to work?
    - ☒ ELEMENT - P9: Affected any other important part of your life such as parenting, school, college, work, or other important activities?
  - ☒ CLUSTER - Below are problems that people who have had stressful or traumatic events sometimes experience. The questions refer to ways you typically feel, think, and relate to others. Answer the following thinking about how true each statement is of you
    - ☒ ELEMENT - C1: When I am upset, it takes me a long time to calm down
    - ☒ ELEMENT - C2: I feel numb or emotionally shut down
    - ☒ ELEMENT - C3: I feel like a failure
    - ☒ ELEMENT - C4: I feel worthless
    - ☒ ELEMENT - C5: I feel distant or cut off from people
    - ☒ ELEMENT - C6: I find it hard to stay emotionally close to people
    - ☒ ELEMENT -
      - ☒ ELEMENT - C7: Created concern or distress about your relationships or social life?
      - ☒ ELEMENT - C8: Affected your work or ability to work?
      - ☒ ELEMENT - C9: Affected any other important parts of your life such as parenting, school, college, work, or other important activities?
  - ☒ CLUSTER - System Generated Scoring
    - ☒ CLUSTER - Diagnostic scoring for PTSD and CPTSD
      - ☒ ELEMENT -
        - ☒ CLUSTER - Dimensional scoring for PTSD and CPTSD
          - ☒ ELEMENT - PTSD score
          - ☒ ELEMENT - DSD score
  - ☐ Ontology
  - ☐ Presentation