PTSS-14 Intensive Care Screen

This form should not take longer than about 5 minutes to complete. The form has two sections, Part A and Part B.

PART A

This consists of four statements about your memory of the time you spent on the Intensive Care Unit. Read each statement. If a statement is FALSE, tick the NO box. If the statement is TRUE, tick the YES box. Please answer ALL four questions. Tick only ONE box for each statement. If you make a mistake, simply cross out the wrong answer and tick the correct box.

PART B

This consists of 10 statements about how you have been feeling in the past few days. You need to decide HOW OFTEN you have been feeling this way in the past few days.

If you have NOT EVER felt or experienced what the statement says in the past few days, circle 1 (never).

If you have been feeling or experiencing it ALL THE TIME, circle 7 (always).

Otherwise, circle one of the numbers in between that best describes how much you have been feeling or experiencing what the statement says in the past few days.
Please circle only one number for each statement. If you make a mistake, simply cross it out and circle the correct number. PLEASE be sure to choose a number for ALL 14 statements.

A. When I think back to the time of my severe illness and the time I spent in the Intensive Care Unit (ICU), I remember:

Nightmares	No	☐	Yes	☐
Severe Anxiety or Panic	No	☐	Yes	☐
Severe Pain	No	☐	Yes	☐
Troubles to breath, feelings of suffocation	No	☐	Yes	☐

B. Presently (this means in the past few days) I suffer from:

1. ***sleep problems***

never						always
1	2	3	4	5	6	7

2. ***nightmares***

never						always
1	2	3	4	5	6	7

3. ***depression, I feel dejected/downtrodden***

never always

1 2 3 4 5 6 7

4. ***jumpiness, I am easily frightened by sudden sounds or sudden movements***

never always

1 2 3 4 5 6 7

5. ***the need to withdraw from others***

never always

1 2 3 4 5 6 7

6. ***irritability, that is, I am easily agitated/annoyed and angry***

never always

1 2 3 4 5 6 7

7. ***frequent mood swings***

never always

1 2 3 4 5 6 7

8. ***a bad conscience, blame myself, have guilt feelings***

never always

1 2 3 4 5 6 7

9. ***fear of places and situations, which remind me of the ICU***

never always

1 2 3 4 5 6 7

10. ***muscular tension***

never always

1 2 3 4 5 6 7

11. ***upsetting, unwanted thoughts or images of my time on the ICU***

never always

1 2 3 4 5 6 7

12. ***feeling numb (e.g. cannot cry, unable to have loving feelings)***

never always

1 2 3 4 5 6 7

13. ***avoid places, people or situations that remind me of the ICU***

never always

1 2 3 4 5 6 7

14. **feeling as if my plans or dreams for the future will not come true**

never always

1 2 3 4 5 6 7