

TALS-SR

Trauma and Loss Spectrum – Self Report

LIFETIME VERSION

The following questions are focused on losses and upsetting events that You may or may not have experienced in your life at any time, and your reactions to them, even if it was a long time ago. You're kindly asked to answer "yes" or "no".

The first questions are related to loss events that you may have experienced in your life.

DOMAIN I. LOSS EVENTS

Did any of the following things ever happen to you?

1.	...a change in homes, caregivers, schools, jobs, etc. that you didn't want or regretted?	Yes	No
2.	...separation from a close friend, romantic partner, or family member because of relocation, hospitalization, military service, or because of an argument or disagreement?	Yes	No
3.	...a painful break-up with a romantic partner or a close friend?	Yes	No
4.	...a divorce in your family?	Yes	No
5.	...the loss or death of a cherished pet?	Yes	No
6.	...being neglected or abandoned?	Yes	No
7.	...the death of a close friend or relative?	Yes	No
8.	...a miscarriage, stillbirth, or abortion? <i>Note to interviewer: can apply to male subjects as well as female.</i>	Yes	No

9.	Did you lose your sight, hearing, or have a serious disability?	Yes	No
10.	Did you have any other important losses, whether people, places or things that I haven't asked you about? What were they? <i>Record here:</i>	Yes	No

If You have not endorsed any losses up to this point, skip to Domain III (Traumatic Events).

DOMAIN II. GRIEF REACTIONS

Since you experienced these losses, have you ever had a period of time when...

11.	...you had a lot of trouble accepting the loss?	Yes	No
12.	...you constantly longed for the way things used to be?	Yes	No
13.	...you longed or searched for a loved one or a familiar place in a way that seemed excessive and/or uncontrollable?	Yes	No
14.	...you daydreamed a lot about the person or thing you lost?	Yes	No
15.	...you were bothered more than you expected by feelings of grief, or you had frequent intense pangs of grief?	Yes	No
16.	...you felt that your life had no purpose without the person or thing you lost?	Yes	No
17.	...grief interfered with your ability to function?	Yes	No
18.	...your family or friends told you that it was time to get over it?	Yes	No

Did you ever have a period of time when you...

19.	...had a great need to reminisce about the person, place or thing you lost?	Yes	No
20.	...spent a lot of time with objects that reminded you of the person, place or thing you lost, such as pictures, scrap books, mementos, etc.?	Yes	No
21.	...felt compelled to visit places that reminded you of the person, place or thing you lost?	Yes	No
22.	...had recurrent upsetting images of the person, place or thing you lost?	Yes	No
23.	...were extremely sad thinking about how special the person, place or thing was?	Yes	No
24.	...avoided going to the cemetery, going to the place where the person died, or any other place related to the death?	Yes	No
25.	...could not remember the things you loved, admired or enjoyed about the person you lost?	Yes	No
26.	...thought you saw, heard or talked with the person(s) you lost?	Yes	No
27.	...kept thinking you could have prevented the separation or death?	Yes	No
28.	...blamed yourself for doing something, or not doing something, that you think might have helped the person(s) you lost?	Yes	No
29.	...felt that if you stopped grieving you would lose the person(s) forever?	Yes	No
30.	...felt that it would be wrong if your grief were less intense, as though you were betraying the person(s) you lost?	Yes	No

**The following questions investigate how you are now.
Are you the type of person or have others told you that you...**

31.	...enjoy or find satisfaction in taking care of people?	Yes	No
32.	...feel the need to <u>always</u> have someone to take care of (or feel lost or aimless if there isn't someone to take care of)?	Yes	No
33.	...find it difficult to ask for help?	Yes	No
34.	...tend to think that people you are close to will always be there?	Yes	No
35.	...form very close attachments to people and things?	Yes	No
36.	...have the feeling that you can't live without the people close to you?	Yes	No
37.	...get very upset when you lose things that you are attached to?	Yes	No

DOMAIN III. POTENTIALLY TRAUMATIC EVENTS

The following questions are about some upsetting events that may have happened to You.

Did any of the following things ever happen to you?

38.	...repeated failure in school or at work?	Yes	No
39.	...repeated severe arguments in your family?	Yes	No
40.	...being repeatedly teased or harassed?	Yes	No
41.	...being beaten up or physically threatened?	Yes	No
42.	...unwanted sexual advances?	Yes	No
43.	...physical or sexual abuse?	Yes	No
44.	...rape?	Yes	No
45.	...being the object of a lawsuit or disciplinary action?	Yes	No
46.	...being arrested or indicted for a crime?	Yes	No
47.	...an event that seriously threatened your well-being, employment, professional status, social standing or financial security?	Yes	No
48.	...a serious medical illness, surgery, or other distressing medical procedure?	Yes	No
49.	...a serious accident or injury (for example, an automobile accident, or plane crash)?	Yes	No
50.	...a disaster (for example, a hurricane, flood, fire, tornado, earthquake, or explosion)?	Yes	No
51.	...being threatened by criminals or terrorists?	Yes	No
52.	...being a victim of a crime (for example, being robbed, assaulted, or mugged)?	Yes	No

53.	...being in a war zone?	Yes	No
54.	...being imprisoned, kidnapped, tortured, or held hostage?	Yes	No

55.	Are there any other upsetting events that happened to you that I haven't asked you about? What were they? <i>Record here:</i>	Yes	No
56.	Did you ever <u>witness</u> any upsetting events, like the ones we've been talking about, that happened to someone else?	Yes	No
57.	Did you ever hear about any upsetting events like these happening to someone else, so that you felt very affected by them?	Yes	No
58.	Are there periods of time in your life after the age of 5 about which you can remember absolutely nothing?	Yes	No

If You have answered "NO" to all question between 11 to 58, skip to Domain IX (Personal Characteristics).

DOMAIN IV. REACTION TO LOSSES OR UPSETTING EVENTS

Before proceeding, please make a note of the event that you consider the most distressing among the losses and events endorsed in Domain I and III. Please report the number of the corresponding item here:

Did this event or loss make you feel extremely...

59.	...afraid?	Yes	No
60.	...sad?	Yes	No
61.	...guilty or ashamed?	Yes	No
62.	...bitter or angry?	Yes	No
63.	...hopeless or helpless?	Yes	No
64.	...horrified or disgusted?	Yes	No
65.	...physically or emotionally numb or paralyzed?	Yes	No

At the time of the loss or event, did you have any of the following...

66.	...pounding heart, sweating, trembling, or shaking?	Yes	No
67.	...sensations of shortness of breath or choking?	Yes	No
68.	...chest discomfort or pain?	Yes	No
69.	...nausea or abdominal distress?	Yes	No
70.	...feeling dizzy, unsteady, lightheaded, or faint?	Yes	No

At the time of the loss or event, did you feel...

71.	...like the event wasn't real, or as if you were in a dream or like you were a spectator?	Yes	No
72.	...you were doing things automatically, without thinking about them?	Yes	No
73.	...your sense of time changed, for example, things seemed to be happening in slow motion?	Yes	No
74.	...confused or uncertain about where you were or what time it was?	Yes	No
75.	...that colors, sounds and smells were unusually vivid or unbearable?	Yes	No
76.	...exceptionally alert or clear-headed?	Yes	No

DOMAIN V. RE-EXPERIENCING

Since the loss or event, have you ever...

77.	...had recurrent bad dreams or nightmares about the loss or event, or awakened terrified?	Yes	No
78.	...suddenly gotten bad feelings when you were around certain places, odors, sounds or people?	Yes	No
79.	...felt or acted as if the events were happening again?	Yes	No
80.	...had distressing thoughts, feelings, or images related to the loss or event?	Yes	No
81.	...become more distressed at the time of year when the loss or event occurred?	Yes	No

82.	Did you notice that other people avoided talking about the loss or event because you got so upset?	Yes	No
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When thinking about the loss or event, did you ever...

83.	...feel upset or have waves of emotion or a sinking feeling in the pit of your stomach?	Yes	No
84.	...have other physical sensations, such as pain, palpitations, sweating, headache, etc.?	Yes	No
85.	...feel guilt or shame or blame yourself for what happened?	Yes	No

DOMAIN VI. AVOIDANCE & NUMBING

Did you ever avoid...

86.	...thinking or talking about the loss or event?	Yes	No
87.	...specific places, people, or social situations that reminded you of the loss or event?	Yes	No
88.	...reading the newspaper or watching certain TV programs or movies because they reminded you of the loss or event?	Yes	No
89.	...activities or things that evoked feelings of loneliness, crying or other distressing emotions related to the loss or event?	Yes	No

Since the loss or event, did you ever...

90.	...find that you were unable to remember things connected to the loss or event?	Yes	No
91.	...find that certain activities or things became pointless, meaningless or insignificant?	Yes	No
92.	...feel that you no longer had emotions you used to have, or that your feelings were dulled?	Yes	No
93.	...feel cut-off or detached, or like you were different from other people?	Yes	No
94.	...have difficulty trusting people, either strangers, people in your family, or your friends?	Yes	No
95.	...feel that you wouldn't live a long or satisfying life?	Yes	No
96.	...feel as if your life was changed forever and things would never be the same?	Yes	No
97.	...feel as if your personality changed?	Yes	No

DOMAIN VII. MALADAPTIVE COPING

Since the loss or event, did you ever...

98.	...stop taking care of yourself, for example, not getting enough rest or not eating right?	Yes	No
99.	...stop taking prescribed medications or fail to follow-up with medical recommendations, such as appointments, diagnostic tests, or a diet?	Yes	No
100.	... use alcohol or drugs or over-the-counter medications to calm yourself or to relieve emotional or physical pain?	Yes	No
101.	...engage in risk-taking behaviors, such as driving fast, promiscuous sex, hanging out in dangerous neighborhoods?	Yes	No
102.	...wish you hadn't survived?	Yes	No
103.	...think about ending your life?	Yes	No
104.	...intentionally scratch, cut, burn or hurt yourself?	Yes	No
105.	...attempt suicide?	Yes	No

DOMAIN VIII. AROUSAL

Since the loss or event, did you ever...

106.	...have trouble concentrating or paying attention, for example, following the story line of a TV program or book or remembering what you had read?	Yes	No
107.	...feel like you just couldn't relax or let your guard down?	Yes	No
108.	...startle easily at the sound of sudden noises, or when someone touched you, spoke to you, or approached you unexpectedly?	Yes	No
109.	...feel more irritable, have outbursts of anger or rage, or lose your temper over minor things?	Yes	No
110.	...have more difficulty falling asleep or staying asleep than before or need a light on to go to sleep?	Yes	No

DOMAIN IX. Personal Characteristics/Risk Factors

The following questions investigate how you are now.

Are you the type of person or have others told you that you...

111.	...are extremely sensitive to stress or loss?	Yes	No
112.	...are provocative?	Yes	No
113.	...like being the center of attention?	Yes	No
114.	...often follow your instinct without really thinking about what you are doing?	Yes	No
115.	...usually find exciting what others would find frightening?	Yes	No
116.	...often engage in reckless or dangerous activities?	Yes	No