

Burns Post-Traumatic Stress Disorder Scale*

Directions: Circle the number to indicate how much you have experienced each symptom in the past week, including today. Please answer all the items.

| | Not At All | Somewhat | Moderately | A Lot | Extremely |
|--|------------|----------|------------|-------|-----------|
| 1. Upsetting memories of a traumatic event that come into your mind over and over | 0 | 1 | 2 | 3 | 4 |
| 2. Avoiding things, places or upsetting thoughts associated with the trauma | 0 | 1 | 2 | 3 | 4 |
| 3. Feeling as if you are unreal or the world is unreal | 0 | 1 | 2 | 3 | 4 |
| 4. Feeling isolated or alienated from other people | 0 | 1 | 2 | 3 | 4 |
| 5. Flashbacks (feeling as if the past upsetting event is happening in the present) | 0 | 1 | 2 | 3 | 4 |
| 6. Always being on the lookout to make sure you don't experience the upsetting event again | 0 | 1 | 2 | 3 | 4 |
| 7. Feelings of guilt or distress about the traumatic event | 0 | 1 | 2 | 3 | 4 |
| 8. Strong physical sensations (increased heart rate, sweating, etc.) when you are reminded about the event | 0 | 1 | 2 | 3 | 4 |
| 9. Feelings of numbness | 0 | 1 | 2 | 3 | 4 |
| 10. Difficulties experiencing normal feelings of pleasure or happiness | 0 | 1 | 2 | 3 | 4 |

Total _____

Scoring Key

- 0 No symptoms of PTSD
- 1-5 Minimal anxiety possibly associated with a traumatic event
- 6-10 Mild symptoms of PTSD
- 11-20 Moderate symptoms of PTSD
- 21-30 Severe symptoms of PTSD
- 31-40 Extreme symptoms of PTSD