

ID number or initials

Date: .....

### Short PTSD Rating Interview (SPRINT)

Please identify the most distressing traumatic event:

.....

In the past week.....		Not at all	A little bit	Moderately	Quite a lot	Very much
		0	1	2	3	4
1	How much have you been bothered by unwanted memories, nightmares, or reminders of the event?					
2	How much effort have you made to avoid thinking or talking about the event, or doing things which remind you of what happened?					
3	To what extent have you lost enjoyment for things, kept your distance from people, or found it difficult to experience feelings?					
4	How much have you been bothered by poor sleep, poor concentration, jumpiness, irritability, or feeling watchful around you?					
5	How much have you been bothered by pain, aches, or tiredness?					
6	How much would you get upset when stressful events or setbacks happen to you?					
7	How much have the above symptoms interfered with your ability to work or carry out daily activities?					
8	How much have the above symptoms interfered with your relationships with family or friends?					

SUM of 1-8

9	How much better do you feel since beginning treatment? (As a percentage) (%)
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0%   
  10%   
  20%   
  30%   
  40%   
  50%   
  60%   
  70%   
  80%   
  90%   
  100%

10	How much have the above symptoms improved since starting treatment?
	<div style="display: flex; justify-content: space-around; width: 100%;"> <span>Worse</span> <span>No change</span> <span>Minimally</span> <span>Much</span> <span>Very much</span> </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 10px;"> <span>1</span> <span>2</span> <span>3</span> <span>4</span> <span>5</span> </div>

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