

International Trauma Questionnaire ITQ

INTERNATIONAL TRAUMA QUESTIONNAIRE ITQ

There are no right or wrong answers. Mark the response that best describes you over the period stated, and answer every item.

Name: _____ Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy Record / MRN number: _____

Answer each of the 10 items below. Choose the response that best describes the last two weeks unless you are told otherwise.

1. I understand what international trauma itq involves and why it has been recommended.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

2. I am confident managing presenting concerns and symptom severity day to day.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

3. Risk indicators and protective factors has been discussed with me.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

4. I know who to contact if something changes between appointments.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

5. I am able to follow the advice I have been given about agreed goals and between-session tasks.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

6. I have enough information to make decisions about my care.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

7. The symptoms I came in with have affected my daily activities.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

8. I have found it difficult to keep up with progress against baseline scores.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

9. I have had support from family, friends or carers with this.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

10. I am satisfied with the care I have received so far.

☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Anything else you would like the team to know

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Total score: _____ Interpretation: _____

Completed by: _____ Reviewed by / date: _____