Secondary Trauma Questionnaire:

Do not put your name on the page. Only you will see and score your results, this is for your personal use and will not be collected.

Rate your responses on a scale of 1-3, 1 being not true/no, 2 being neutral, 3 being true/yes

1. Do you find it hard to have hope and optimism?

1 2 3

1. Do you find it hard to like your work?

1 2 3

1. Do you feel like you have more to do than hours in the day?

1 2 3

1. Is it hard to take adequate breaks or a lunch break in the day?

1 2 3

1. Do you have angry outbursts?

1 2 3

1. Is there a specific client demographic that you dread working with?

1 2 3

1. Do you have life stressors that are extreme or unusual?

1 2 3

1. Do you find it hard to be proud of where you work?

1 2 3

1. Do you withdraw from people?

1 2 3

1. Do you have signs of stress in your body?

1 2 3

1. Do you think about work after you get home?

1 2 3

1. Is it hard for you to relax on your days off?

1 2 3

1. Do you use drugs, medication, food, alcohol or some other artificial substance to sooth yourself?

1 2 3

1. Do you have trouble sleeping?

1 2 3

1. Are you tired all the time?

1 2 3

1. Do you suffer from depression?

1 2 3

1. Do you find it hard to like yourself?

1 2 3

1. Do you find it hard to like your family?

1 2 3

1. Do you react to triggers from your clients’ experiences?

1 2 3

1. Are you numb or hypersensitive?

1 2 3

 21. Do you watch too much television (more than 3-4 hours per day)?

1 2 3

TOTAL:

If your score is 30 or above you might need help with secondary trauma.