

Basic Trauma Questionnaire 15 (BTQ-15)

It is common for helpers who are not clinically trained counselors to have questions about whether a person's experience is trauma related. The Basic Trauma Questionnaire (BTQ-15) is a tool you can use to recognize potential trauma indicators, and it may help you to determine whether professional care is a good next step.

Basic Trauma Questionnaire 15 (BTQ-15)

Created by Eliza Huie, LPC

(instructions for helpers)

The following assessment can help you consider whether trauma might be contributing to a person's challenges or distress. The instructions here are for the helper only and not to be included in the assessment. It is best to have the person fill out the assessment while meeting with you, and to allow time for discussion afterward.

One of the best ways to learn whether a person is experiencing traumatization is by getting to know them and building a trusting relationship. However, there may be times when you are called to help someone with whom you have not yet had the chance to establish that depth of relationship. Other times, you may feel the need to explore with someone whether trauma is negatively impacting their life, but you're unsure about how to do so. In these circumstances and others, an assessment may be valuable for both the helper and the one being helped. The BTQ-15 is a resource that seeks to evaluate a person's emotional well-being, relational stability, coping mechanisms, traumatic experiences, and daily functioning.

Please approach this assessment with sensitivity. The set of questions below should not be considered a diagnostic tool. This is not a substitute for a professional mental health evaluation. Rather, it is a means to help identify whether traumatization may be a factor in a person's experience.

Print the assessment portion only and ask the person to answer questions 1-14 based on the past 1-3 months. Question 15 should be answered based on the entirety of their life as best as they can recall. Any score of 1-4 on question 15 should be explored further in the context of a caring conversation.

After the assessment is completed, tally the final score and find the range below. Again, consider this assessment to be a means of gaining awareness of a person's situation so you can come alongside them with empathy and compassion. Keep in mind the scoring is subjective, and the results should be used with caution.

Scoring

- 0-20: Low concern
- 21-40: Moderate concern
- 41-60: High concern

A downloadable version is available at: [www.elizahuie.com/digital-resources]

No matter what the score, your care is an important part of a person's healing journey. However, if a person scores in the moderate- to high-concern range, it is wise to consider seeking professional help from a mental health expert or counselor to ensure appropriate care.

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1. How would you rate your overall emotional state?

- 0: Very positive
- 1: Positive
- 2: Neutral
- 3: Negative
- 4: Very negative

Score: ____

2. Have you experienced changes in mood or extreme emotions?

- 0: No changes in mood or emotions
- 1: Mild changes in mood or emotions
- 2: Occasional moderate changes in mood or emotions
- 3: Frequent changes in mood or emotions
- 4: Severe changes in mood or emotions

Score: ____

3. Are you experiencing negative physical symptoms, such as unexplained pain, headaches, upset stomach, sleep disruptions, etc.?

- 0: No physical symptoms
- 1: Mild physical symptoms

- 2: Moderate physical symptoms
- 3: Significant physical symptoms
- 4: Intense physical symptoms

Score: _____

4. Do you find yourself feeling irritable, on guard, or easily startled under normal circumstances?

- 0: Never feel this way
- 1: Rarely ever feel this way
- 2: Occasionally feel this way
- 3: Frequently feel this way
- 4: Very regularly feel this way

Score: _____

5. Do you avoid certain people, situations, or places that bring up unwanted memories, thoughts, or feelings?

- 0: Never find myself avoiding
- 1: Rarely find myself avoiding
- 2: Occasionally find myself avoiding
- 3: Frequently find myself avoiding
- 4: Very regularly find myself avoiding

Score: _____

6. Do you feel supported and understood by those around you?

- 0: Very supported and understood
- 1: Moderately supported and understood
- 2: Neutral
- 3: Not very supported or understood
- 4: Not supported or understood at all

Score: _____

7. In general, how trusting are you of the people in your life?

- 0: Very trusting
- 1: Mostly trusting
- 2: Mixed trust and distrust
- 3: Not very trusting
- 4: Distrusting of most or all

Score: _____

8. Do activities or hobbies bring you joy and relaxation?

- 0: Many activities bring joy and relaxation
- 1: Some activities bring joy and relaxation
- 2: Few activities bring joy and relaxation
- 3: Rarely find activities bring joy and relaxation
- 4: No joy and relaxation in activities

Score: _____

9. Do you feel emotionally numb to your life or detached from life?

- 0: Never feel numb or detached
- 1: Rarely ever numb or detached
- 2: Occasionally numb or detached
- 3: Frequently numb or detached
- 4: Very regularly numb or detached

Score: _____

10. Lately, have you noticed any changes in your ability to cope?

- 0: No changes
- 1: Positive changes
- 2: Mixed changes
- 3: Negative changes
- 4: Very negative changes

Score: _____

11. Do certain situations or memories trigger intense emotional reactions?

- 0: No triggers
- 1: Mild triggers
- 2: Moderate triggers
- 3: Strong triggers
- 4: Very strong triggers

Score: _____

12. Do you find it challenging to concentrate or make decisions?

- 0: No challenges
- 1: Mild challenges
- 2: Moderate challenges
- 3: Significant challenges
- 4: Severe challenges

Score: _____

13. How much do intrusive symptoms (such as intense emotional or physical reactions, negative thinking, unpredictable mood shifts, hopelessness, etc.) impact your everyday life?

- 0: No impact on my everyday life
- 1: Mild impact on my everyday life
- 2: Occasional impact on my everyday life
- 3: Significant impact on my everyday life
- 4: Severe impact on my everyday life

Score: _____

14. How often do you experience feelings of guilt or shame with regard to things that have happened in your life?

- 0: Never

- 1: Rarely
- 2: Occasionally
- 3: Frequently
- 4: Almost always

Score: _____

15. Do you believe you have experienced one or more traumatic events at any time in your life?

- 0: No traumatic events
- 1: One traumatic event
- 2: Two traumatic events
- 3: Several traumatic events
- 4: Many traumatic events

Score: _____

Add the scores from the questions above.

Total Score: _____