

Injured Trauma Survivor Screen (ITSS)

1 = Yes 0 = No

Before this injury	PTSD	DEP
1. Have you ever taken medication for, or been given a mental health diagnosis?		1 0
2. Has there ever been a time in your life you have been bothered by feeling down or hopeless or lost all interest in things you usually enjoyed for more than 2 weeks?		1 0
When you were injured or right afterward		
3. Did you think you were going to die?	1 0	1 0
4. Do you think this was done to you intentionally?	1 0	
Since your injury		
5. Have you felt emotionally detached from your loved ones?		1 0
6. Do you find yourself crying and are unsure why?		1 0
7. Have you felt more restless, tense or jumpy than usual?	1 0	
8. Have you found yourself unable to stop worrying?	1 0	
9. Do you find yourself thinking that the world is unsafe and that people are not to be trusted?	1 0	
≥ 2 is positive for PTSD risk		
≥ 2 is positive for Depression risk	SUM =	

Material S2. Injured Trauma Survivor Screen (ITSS). PTSD, posttraumatic stress disorder; DEP, depression.