Harvard Trauma Questionnaire

Clinician:

Patient Name:

Date:

Date of Birth:

Sex:

Arrival Date:

Part I: Trauma Events

Part 2: Personal Description

Part 3: Head Injury

Part 4: Trauma Symptoms

Part 5: Scoring Part 4 🡨 automatic scoring

Appendix: Torture History

Hopkins Symptom Checklist

Part I: Anxiety Symptoms

Part II: Depression Symptoms