

Significant Others' Responses to Trauma Scale (SORTS)

**TOTAL
SCORE:**

When selecting your answers to the questions below, think about your responses to your loved one, who has experienced a traumatic event.

During the **past month**, how often did you:

<p>1a. Avoid _____ because of his/her irritable or angry mood?</p> <p>0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost everyday N/A (____does not have irritable or angry mood)</p>	<p>1b. How much does your avoidance of _____ due to his/her irritable or angry mood bother you?</p> <p>0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely N/A (____does not have irritable or angry mood)</p>
<p>2a. Avoid being physically close with _____ because of his/her discomfort?</p> <p>0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost everyday</p>	<p>2b. How much does your avoidance of physical contact with _____ bother you?</p> <p>0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely</p>
<p>3a. Cancel or rearrange plans or social activities because _____ did not want to do them?</p> <p>0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost everyday</p>	<p>3b. How much does this cancelling or rearranging of plans or activities bother you?</p> <p>0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely</p>
<p>4a. Avoid doing things, going places, or seeing people with _____ that make him/her anxious or uncomfortable?</p> <p>0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost everyday</p>	<p>4b. How much does this avoidance bother you?</p> <p>0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely</p>
<p>5a. "Bite your tongue" or hold back from trying to discuss any relationship issues with _____?</p> <p>0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost everyday</p>	<p>5b. How much does this "biting your tongue" or holding back bother you?</p> <p>0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely</p>

<p>6a. Take over a task or chore for _____ that he/she is uncomfortable doing because of his/her traumatic event?</p> <p>0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost every day</p>	<p>6b. How much does this taking over tasks and chores bother you?</p> <p>0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely</p>
<p>7a. Help _____ with a task because he/she was having trouble concentrating?</p> <p>0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost every day N/A (_____ does not have trouble concentrating)</p>	<p>7b. How much does this helping bother you?</p> <p>0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely N/A (_____ does not have trouble concentrating)</p>
<p>8a. Make excuses to others for _____'s behavior or try to manage his/her relationships with other people?</p> <p>0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost every day</p>	<p>8b. How much does this making excuses or managing relationships bother you?</p> <p>0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely</p>
<p>9a. "Tiptoe" around _____ so as not to anger him/her?</p> <p>0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost every day</p>	<p>9b. How much does this "tiptoe-ing" around bother you?</p> <p>0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely</p>
<p>10a. Avoid discussing events related to _____'s traumatic event(s) in front of him/her to avoid his/her becoming upset?</p> <p>0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost every day</p>	<p>10b. How much does this avoidance bother you?</p> <p>0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely</p>
<p>11a. Not share your own feelings or concerns with _____ due to concerns that he/she would become upset?</p> <p>0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost every day</p>	<p>11b. How much does this not sharing bother you?</p> <p>0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely</p>

<p>12a. Change your routine due to _____'s difficulties?</p> <ol style="list-style-type: none"> 0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost everyday 	<p>12b. How much does this changing your routine bother you?</p> <ol style="list-style-type: none"> 0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely
<p>13a. How much have you modified your leisure activities due to _____'s difficulties?</p> <ol style="list-style-type: none"> 0. None 1. Somewhat 2. Moderately 3. Significantly 4. Completely 	<p>13b. How much does this bother you?</p> <ol style="list-style-type: none"> 0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely
<p>14a. Give up control to _____ because of his/her desire to be in charge?</p> <ol style="list-style-type: none"> 0. Never 1. 1 or 2 times/month 2. 1 or 2 times/week 3. Several times a week 4. Daily or almost everyday 	<p>14b. How much does this giving up control bother you?</p> <ol style="list-style-type: none"> 0. Not at all 1. Somewhat 2. Moderately 3. Significantly 4. Extremely

For clinician only:

Total score for all items _____

Note: items for which the respondent indicates "N/A" (not applicable) should be scored as 0.

Are there any other ways in which you have changed your behavior because of partner's traumatic events?