|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item:** | **Notes:** | | **Done** | **N/A** |
| 1. Introduce provider. |  | |  |  |
| 2. *Do you have health insurance?* | ☐ **Yes** *(if yes, what kind?:*\_\_\_\_\_\_\_\_\_  ☐ **No** *then move to 3a)* | |  |  |
| **If No:** | 2a.*Would you like to talk to Covering Wisconsin (CW)?*  ☐ **Yes**  ☐ **No** | |  |  |
|  | 2b.Make referral to CW, if appropriate  (date, result, etc.): | |  |  |
| 3. *Do you have a place to go for healthcare?* | ☐ **Yes** *(if yes, where?:*\_\_\_\_\_\_\_\_\_\_\_  ☐ **No** *then move to 4)* | |  |  |
| **If No:** | 3a.*Would you like a referral?*  ☐ **Yes**  ☐ **No** | |  |  |
|  | 3a. *Make a referral to Whole Health or another clinic, if appropriate.*  (date, result, etc.): | |  |  |
| 4. Introduce connections between stress, trauma, well-being, and job performance. |  | |  |  |
| 5. Ask for permission to implement T-SBIRT. |  | |  |  |
| 5a. Discuss limits of confidentiality. |  | |  |  |
| 6. Ask about specific stressors in client’s life. |  | |  |  |
| 7. Administer Trauma History Screen (Part I below) |  | |  |  |
| 8. Administer PC-PTSD symptom screen (Part II below) |  | |  |  |
| 9. Ask about positive coping. |  | |  |  |
| 10. Ask about coping that may have led to problems. |  | |  |  |
| 11. Highlight connections between traumatic stress and coping. |  | |  |  |
| 12. Gauge motivation for referral. | ☐ **Yes**  ☐ **Already seeing**  ☐ **No**  ☐ **Maybe** |  |  |  |
| 13. Make a referral if applicable. | Where:  How:  ☐ **Phone**  ☐ **Verbal**  ☐ **Other:\_\_\_\_\_\_\_\_\_\_\_** | |  |  |
| 14. *How much trouble do you think you’ll have getting to your first counseling appointment?*  **1 2 3 4**  Not at all Very much | What’s the trouble and what will help overcome this? | |  |  |
| 15. *How likely do you think it is that you will continue to participate in counseling services?*  **1 2 3 4**  Not at all Very much | What’s the barrier and what will help overcome this? | |  |  |
| 16. Offer trauma fact sheet. | ☐ **Accepted**  ☐ **Not Accepted** | |  |  |
| 17. Are you feeling **worse**, the **same**, or **better** after this conversation? | ☐ **Worse**  ☐ **Same**  ☐ **Better**  ☐ **Other:** | |  |  |
| b. **If worse,** offer this grounding exercise: | Containment exercise or breathing retraining (EBP):  -Inhale normal breath through nose  -Slowly exhale through nose while silently -repeating calming term  -Pause for count of 4 between breaths (can be less)  -Give instructions, model, then coach | |  |  |
| c. **If offered**, was exercise completed? |  | |  |  |
| 18. Please mark the line that applies:    Client completed the T-SBIRT protocol \_\_\_\_\_\_  -OR-  Client started the T-SBIRT protocol but did not complete it \_\_\_\_\_\_ | | | | |

1. **Ask about exposure to potential traumatic events (Trauma History Screen):**

A. A really bad car, boat, train, or airplane accident \_\_\_\_\_

B. A really bad accident at work or home \_\_\_\_\_

C. A hurricane, flood, earthquake, tornado, or fire \_\_\_\_\_

D. Hit or kicked hard enough to injure - as a child \_\_\_\_\_

E. Hit or kicked hard enough to injure - as an adult \_\_\_\_\_

F. Forced or made to have sexual contact - as a child \_\_\_\_\_

G. Forced or made to have sexual contact - as an adult \_\_\_\_\_

H. Attack with a gun, knife, or weapon \_\_\_\_\_

I. During military service - seeing something horrible or being badly scared \_\_\_\_\_

J. Sudden death of close family or friend \_\_\_\_\_

K. Seeing someone die suddenly or get badly hurt or killed \_\_\_\_\_

L. Some other sudden event that made you feel very scared, helpless or horrified \_\_\_\_\_

M. Sudden move or loss of home and possessions. \_\_\_\_\_

N. Suddenly abandoned by spouse, partner, parent, or family. \_\_\_\_\_

O. Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

1. **Ask about trauma symptoms. Please read the following verbatim (Primary Care Post Traumatic Stress Disorder Screen):**
2. In the past month, have you ever had nightmares about an upsetting event or thought about the event when you did not want to?

\_\_\_\_\_\_

1. In the past month, have you ever tried hard not to think about the upsetting event or went out of your way to avoid situations that reminded you of it?

\_\_\_\_\_\_

1. In the past month, did you ever feel like you were constantly on guard, watchful, or easily startled?

\_\_\_\_\_\_

1. In the past month, have you ever felt numb or detached from others, activities, or your surroundings?

\_\_\_\_\_\_

1. In the past month, have you felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

\_\_\_\_\_\_