|  |  |  |  |
| --- | --- | --- | --- |
| **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?

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