Table 2

Assessment post-trauma – features to consider	
Timing of presentation	How long since the PTE? Longitudinal – what is the trajectory? Why presenting now – anniversary, specific reminder, functional impairment?
Range of possible reactions	Do not think just PTSD, remember comorbidity Do not think only core criteria PTSD (e.g. survivor guilt, traumatic bereavement, suicidal thoughts)
Taking the history	Do not push too fast – may be dysregulating Reassure the patient that an exhaustive description is not needed Do not open up issues if you personally are not going to work on them with the patient Be aware that an absence of emotion is not an absence of response – consider numbing, dissociation, part of the survival response (e.g. freeze)
Clinical assessment	When, how and where did the PTE happen? Who was involved? How did the patient react/how did others react?
Patient's recall	Any gaps in memory? How does memory progress - freeze frame or DVD? All sensory modalities Confirm what the patient remembers and what others have told them Patients will commonly get timing and order of events wrong. Usually not intentional, may be part of fear response (e.g. attention freeze)
Spouse or partner	Corroboration Explain typical reactions How they can help Identify any ripple effect