DITS-SID FOLLOW-UP MEASUREMENT

DIAGNOSTIC INTERVIEW TRAUMA AND STRESSORS

Severe Intellectual Disability
Follow up measurement

EEMHART

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DITS-SID

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PUBLISHER: Eemhart

DESIGN: Bombay Ink

VERSION 1 (JUNE 2026)

This publication was partly supported by the *Zorgondersteuningsfonds* (a Dutch healthcare support fund).

DITS-SID FOLLOW UP MEASUREMENT

INSTRUCTIONS FOR THE INTERVIEWER

Use the most recent timeline in this follow up measurement

APPENDICES:

- Additional events DITS-SID Follow up measurement
- Interference thermometer *(separate document)*
- Scoring form *(separate document)*

Interview date ___ / ___ / ___

Interviewer name _____

Client name _____

Sex ☐ Male ☐ Female ☐ Other

Date of birth ___ / ___ / ___

Informant ☐ Relative, namely (father, mother, brother, sister, etc.):

_____

☐ Caregiver, namely (residential caregiver, caregiver daycare, etc.):

_____

☐ Other, namely:

_____

Informant's name _____

Has known the client for (in years): _____

Lives with client: ☐ Yes ☐ No

ADDITION OF EVENT(S) TO THE TIMELINE

The interviewer shows the most recent timeline and says: "Since the previous interview (*mention the date and/or indicate how many days, weeks, or months ago this was*), has anything very upsetting happened to (*name*), or something that caused him/her[1.] significant distress?"

☐ yes ☐ no ☐ other

If 'no': Proceed to the next page

If 'yes': What happened?

Add the event(s) to the timeline.

1. Where appropriate, 'they/them' pronouns may be used for all items.

PTSD SYMPTOMS

The interviewer says: "Now I will ask you the same questions as last time to find out which symptoms (*name*) is still experiencing as a result of these events."
Point to the timeline and lay it on the table where it is visible to the relative/caregiver for the rest of the interview.

[*If the interview is held online: share the window showing the timeline, and keep sharing it while asking about the symptoms.* The interviewer says: "I would now like to ask you some questions to understand whether these distressing incidents you can see on the timeline have led to any changes for (*name*)."]

REEXPERIENCING

34. If *(name)* is able to express this, does *(name)* often complain about having thoughts about one or more events that he/she does not want to have?

☐ Yes ☐ No Other _____

35. Does *(name)* often act out or imitate the events, or make drawings about it?

☐ Yes ☐ No Other _____

36. If *(name)* is able to express this, does *(name)* complain about hearing voices in his/her head related to the events?

☐ Yes ☐ No Other _____

37. Does *(name)* have nightmares or bad dreams about the events?

☐ Yes ☐ No Other _____

38. Does *(name)* have nightmares or bad dreams about other things or about topics unknown to you?

☐ Yes ☐ No Other _____

39. Do you think that *(name)* often pictures the events, and feels as though he/she is experiencing it all over again?

☐ Yes ☐ No Other _____

40. Does *(name)* become very upset when he/she is reminded of the events?

☐ Yes ☐ No Other _____

41. Does *(name)* act overly cheerful when he/she is reminded of the events?

☐ Yes ☐ No Other

42. When *(name)* is reminded of the events, does he/she experience distressing physical reactions such as palpitations, sweating or trembling?

☐ Yes ☐ No Other

43. If *(name)* is reminded of the events, does he/she get a stomachache or a headache?

☐ Yes ☐ No Other

AVOIDANCE AND NEGATIVE ALTERATIONS IN COGNITIONS AND MOOD

44. Does *(name)* try to avoid things that remind him/her of the events? For example, certain places, sounds, objects or smells?

☐ Yes ☐ No Other

45. Does *(name)* try to avoid certain people or situations?

☐ Yes ☐ No Other

46. If *(name)* can speak, does *(name)* do their best to avoid speaking about the events?

☐ Yes ☐ No Other

47. If *(name)* is able to express this, does *(name)* report being unable to remember certain important aspects about the events, as if these have disappeared from their memory?

☐ Yes ☐ No Other

48. Has *(name)* stopped doing things he/she used to enjoy since the events? Or does he/she no longer enjoy any of those things as much as before? For example, playing games, going out, or hobbies?

☐ Yes ☐ No Other

49. Have you noticed *(name)* making less contact with people who are important to them, or is he/she withdrawing from social situations?

☐ Yes ☐ No Other

50. Have you noticed *(name)* feeling lonely or isolated more often since the events?

☐ Yes ☐ No Other

51. Has it become more difficult for *(name)* to let others know how he/she is feeling since the events?

☐ Yes ☐ No Other

52. Has it become more difficult for *(name)* to trust people since the events?

☐ Yes ☐ No Other

53. If *(name)* is able to express this, have you noticed that *(name)* has negative thoughts about himself/herself more often since the events, such as believing they are a bad person and not worthwhile?

☐ Yes ☐ No Other

54. Have you noticed that *(name)* has been feeling bad more often since the events? For example, experiencing anxiety, disgust, confusion, sadness, guilt or shame?

☐ Yes ☐ No Other

55. Have you noticed that *(name)* tends to blame himself/herself or others for the events, when it is not really justified?

☐ Yes ☐ No Other

56. Have you noticed that *(name)* can no longer feel happy since the events?

☐ Yes ☐ No Other

57. Does it appear that *(name)* is no longer able to feel anything at all since the events?

☐ Yes ☐ No Other

58. Has *(name)* shown regression in previously acquired skills, such as language, continence or independence, since the events?

☐ Yes ☐ No Other

59. Have you noticed that *(name)* sometimes feels as if his/her body no longer feels like his/her body since the events?

☐ Yes ☐ No Other

60. Have you noticed that *(name)* suddenly no longer recognises familiar people or places since the events, for example at home, school or daycare?

☐ Yes ☐ No Other

CHANGES IN AROUSAL AND REACTIVITY

61. Has *(name)* had trouble sleeping since the events? For example difficulty falling asleep, staying asleep, or waking up too early?

☐ Yes ☐ No Other

62. Do you feel that *(name)* becomes angry quickly since the events?

☐ Yes ☐ No Other

63. Has *(name)* ever harmed other people since the events?

☐ Yes ☐ No Other

64. Has *(name)* been breaking things since the events?

☐ Yes ☐ No Other

65. Has *(name)* ever harmed himself/herself since the events?

☐ Yes ☐ No Other

66. Has *(name)* been having intense outbursts of anger or tantrums since the events?

☐ Yes ☐ No Other

67. Has *(name)* been struggling to stay focused on something since the events, does he/she struggle to concentrate?

☐ Yes ☐ No Other

68. Has *(name)* been constantly alert since the events, as if something bad might happen?

☐ Yes ☐ No Other

69. Does *(name)* startle easily when something unexpected or sudden happens since the events, for example a loud noise he/she did not expect, or an unexpected touch?

☐ Yes ☐ No Other

70. Has *(name)* become reckless since the events? Does he/she do very dangerous things?

☐ Yes ☐ No Other

OTHER SYMPTOMS

71. Have *(name's)* eating habits changed since the events? Does he/she eat too much or too little, for example?

☐ Yes, namelijk:

☐ No ☐ Other

72. Has *(name)* had difficulties taking care of himself/herself, for example with personal hygiene or getting dressed, since the events? Or have care routines with *(name)* become more difficult?

☐ Yes, namelijk:

☐ No ☐ Other

73. Has *(name)* become less able to cope with unexpected changes since the events, for example, when an appointment is cancelled or when he/she suddenly has to do something different from usual?

☐ Yes, namelijk:

☐ No ☐ Other

74. Has *(name)* been repeating certain things over and over again since the events, or always doing them in the same way? Or have there been stereotypical movements or an increase in these?

☐ Yes, namelijk:

☐ No Other

75. Interference

The interviewer says: "I would now like to ask how much you think *(name)* is affected by the events. By this, I mean how much it interferes with his/her social contacts, causes problems at school/ daycare/ work *[choose what applies]*, or at home, or how much it holds *(name)* back from doing the things he/she would like to do."

SHOW THE RELATIVE/CAREGIVER THE INTERFERENCE THERMOMETER.
"The highest level means that *(name)* is very much affected by it (point to 'very much' on the thermometer, level 8) and the lowest level means that *(name)* is not affected at all (point to 'not at all' on the thermometer, level 0). It can also score somewhere in between."

Write the corresponding number (0-8) indicated by the relative/caregiver in the box below.

76. Duration of symptoms

If the interference score is 4 or higher, the interviewer shows the timeline again and says: "And finally, I would like to know how long *(name)* has been affected by the events. How old was (name) when the symptoms began?"

years

•••• End of interview ••••

APPENDIX

ADDITIONAL EVENTS DITS-SID FOLLOW UP MEASUREMENT

What happened?

Place the event in the correct position on the timeline

What happened?

Place the event in the correct position on the timeline

Wat gebeurde er?

Place the event in the correct position on the timeline

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