

# Global Psychotrauma Screen (GPS)

## User guide

Feb 2024

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## The GPS in short

- The GPS is a transdiagnostic screener for stress and trauma related reactions in the past month.
- The GPS begins with questions about the stressful or traumatic event.
- The GPS provides indicators of:
  - *specific trauma related disorders or problems* (e.g., PTSD)
  - *overall symptom burden*
- The GPS also assesses *risk and protective factors* known to influence the development or course of symptoms
- The GPS can be used in a variety of settings such as in primary care, after disasters, or in clinical practice.
- The GPS is available in over 30 languages.
- The *GPS-app* provides the user with direct feedback on the scores.
- A 'positive' score may require more detailed follow-up assessments, e.g., with structured interviews for specific disorders.

## Development of the GPS

The GPS was developed by an international group of experts representing traumatic stress societies worldwide, called the Global Collaboration on Traumatic Stress (Olf et al., 2020; Schnyder et al., 2017). The aim was to address the need for a brief instrument that would assess the wide range of acute or long-term potential consequences of very stressful / potentially traumatic events. The instrument screens for more than posttraumatic stress disorder (PTSD; see GPS domains below). The GPS is intended for use in a variety of settings such as in primary care, after disasters, or for quick screening in clinical practice. For details on its development, see Olf et al. (2020).

## The GPS and its domains

The GPS consists of 17 symptom items, 5 risk/protective factor items, each answered in a yes/no format, and one functioning item assessed on a scale from 1 (poor) to 10 (excellent).

The English version is attached (Appendix 1). See website (<https://www.global-psychotrauma.net/gps>) for other languages.

### GPS and its domains

#### Symptom domains (17 items)

- PTSD
- Disturbances in Self-Organization (DSO) as part of Complex PTSD
- Anxiety
- Depression
- Sleep problems
- Self-harm
- Dissociation
- Other physical, emotional or social problems
- Substance abuse

#### Risk and protective factors (5 items)

- Other stressful events
- Childhood trauma
- History of mental illness
- Social support
- Psychological resilience

**Table 1.** GPS languages, availability through GPS app and pdf download

| <b>LANGUAGE</b>              | <b>TAKE GPS APP</b>          | <b>DOWNLOAD PDF</b>                                                   |
|------------------------------|------------------------------|-----------------------------------------------------------------------|
| <b>Afrikaans</b>             | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Amharic</b>               |                              | <a href="#">download pdf</a>                                          |
| <b>Arabic</b>                |                              | <a href="#">download pdf</a>                                          |
| <b>Armenian</b>              | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Bemba</b>                 |                              | <a href="#">download pdf</a>                                          |
| <b>Burmese</b>               |                              | <a href="#">download pdf</a>                                          |
| <b>Chinese</b>               | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Croatian</b>              | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Dutch</b>                 | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>English</b>               | <a href="#">take GPS app</a> | <a href="#">download pdf</a> or <a href="#">&lt;&lt;audio&gt;&gt;</a> |
| <b>Farsi/Persian</b>         |                              | <a href="#">download pdf</a>                                          |
| <b>French</b>                | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Georgian</b>              | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>German</b>                | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Greek</b>                 | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Haitian</b>               |                              | <a href="#">download pdf</a>                                          |
| <b>Hausa</b>                 |                              | <a href="#">download pdf</a>                                          |
| <b>Hebrew</b>                |                              | <a href="#">download pdf</a>                                          |
| <b>Indonesian</b>            | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Italian</b>               | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Japanese</b>              | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Norwegian</b>             | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Polish</b>                | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Portuguese (Europe)</b>   | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Portuguese (Brazil)</b>   | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Romanian</b>              |                              | <a href="#">download pdf</a>                                          |
| <b>Russian</b>               | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Slovak</b>                | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Spanish</b>               | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Spanish (Argentinian)</b> | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Swahili</b>               |                              | <a href="#">download pdf</a>                                          |
| <b>Turkish</b>               | <a href="#">take GPS app</a> | <a href="#">download pdf</a>                                          |
| <b>Ukrainian</b>             |                              | <a href="#">download pdf</a>                                          |
| <b>Xhosa</b>                 |                              | <a href="#">download pdf</a>                                          |
| <b>Yoruba</b>                |                              | <a href="#">download pdf</a>                                          |

## GPS languages

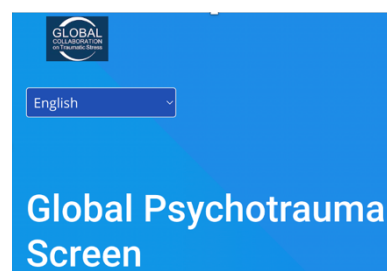
The GPS is currently available in over 30 languages (Table 1). For direct links: <https://www.global-psychotrauma.net/gps>

The English version has been translated into the languages listed above following the translation and cultural adaptation process described by Sousa and Rojjanasrirat (2011) or a similar process. Please note that some (African) languages are widely spoken across different countries and there might be instances when the terminology may suit one country better than another. Please contact us at [gc.traumaticstress@gmail.com](mailto:gc.traumaticstress@gmail.com) if a specific country version is required.

## The GPS app

The GPS is also available through the GPS webapp. The app allows users to easily fill out the GPS and to receive immediate feedback on scores.

For direct links: <https://www.global-psychotrauma.net/gps>



## Collecting GPS data for research or clinical use

Researchers and clinicians may get a private portal for access to GPS app data. Please contact us if you are interested.

## Scoring and interpretation

Respondents are asked to answer each of the 17 symptom items and each of the 5 risk and protective factors with 'Yes' or 'No'. Note that the resilience item must be recoded - in the Web-app data this item is already recoded.

The functioning item is scored on a 10-point scale, with 1 indicating poor functioning and 10 excellent functioning.

### GPS Scoring

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
| GPS items 1-21: | No=0 Yes=1                                                  |
| GPS Item 22:    | No=1 Yes=0 (In the <i>GPS-app</i> GPS22 is already recoded) |
| GPS item 23:    | 10-point scale 1 = poor 10 = excellent                      |

The demographic and event information fields are descriptive. The short textual descriptions of the stressful experience have been used in a text mining study as predictors of trauma-related symptoms (Marengo et al., 2022).

### Total and GPS domain scores

GPS total and domain scores can be calculated see *Tables 2 & 3*. See appendix 4 for a detailed SPSS Syntax.

### Cutoff scores

Cutoff scores (Table 2) are provided to detect specific disorders with optimal sensitivity relative to specificity<sup>1</sup>, based on the currently available published and unpublished studies (find them [here](#)). In situations where it is important to minimize false positives, a higher cutoff score might be considered.

It is advised that scoring above the total symptom cutoff or on certain domains is followed up with more detailed assessments, e.g., with structured interviews for specific disorders.

**Table 2.** Scoring of domains

| TRAUMA RELATED DISORDERS OR PROBLEMS (DOMAINS) | SCORING                        | CUTOFF WITH OPTIMAL SENSITIVITY FOR DETECTING SPECIFIC DISORDERS / PROBLEMS |
|------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------|
| <b>GPS PTSD</b>                                | Sum of items 1-5 (range 0-5)   | 3                                                                           |
| <b>GPS DSO</b>                                 | Sum of items 6-7 (range 0-2)   | 1                                                                           |
| <b>GPS COMPLEX PTSD</b>                        | Sum of items 1-7 (range 0-7)   | 4                                                                           |
| <b>GPS ANXIETY</b>                             | Sum of items 8-9 (range 0-2)   | 1                                                                           |
| <b>GPS DEPRESSION</b>                          | Sum of items 10-11 (range 0-2) | 1                                                                           |
| <b>GPS INSOMNIA</b>                            | Item 12 (range 0-1)            | 1                                                                           |
| <b>GPS SELF-HARM</b>                           | Item 13 (range 0-1)            | 1                                                                           |
| <b>GPS DISSOCIATION</b>                        | Sum of items 14-15 (range 0-2) | 1                                                                           |
| <b>GPS SUBSTANCE ABUSE</b>                     | Item 18 (range 0-1)            | 1                                                                           |
| <b>GPS OTHER PROBLEMS</b>                      | Item 16 (range 0-1)            | 1                                                                           |

**Table 3.** Scoring total scores

| TRANSDIAGNOSTIC OVERALL SYMPTOM BURDEN   | ITEMS                                | HOW TO USE                                                                                                                                                                                                                |
|------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>GPS Symptoms</b>                      | Sum of items 1-16 + 18 (range 0-17)  | Higher scores indicate higher overall burden. Cutoff with optimal sensitivity for detecting any disorder / problem and severity categories will be available in 2024. Mean scores per country are provided in Appendix 2. |
| <b>RISK &amp; PROTECTIVE FACTORS</b>     |                                      |                                                                                                                                                                                                                           |
| <b>GPS Risk &amp; Protective factors</b> | Sum of items 17 + 19-22r (range 0-5) | Higher scores indicate higher risk for (a negative course of) trauma related disorders or problems. Cutoff with optimal sensitivity for predicting any disorder / problem will be available in 2023.                      |

<sup>1</sup> Optimal sensitivity means we prioritize detecting persons with mental health problems potentially needing help or treatment (true positives), while the number of false negatives should be low. Specificity relates to correctly identifying trauma survivors without traumatic stress problems.

## **Psychometric properties and norm data**

Ongoing research suggests good internal reliability as well as concurrent validity of the GPS with instruments measuring a range of psychotrauma related symptom domains (Olf et al., 2020 & 2021, Oe et al., 2020; Rossi et al., 2020; Rossi et al., 2021; Frewen et al., 2021). Network analyses confirm the conceptualization of psychological responses to traumatic events (including COVID-19) as a network of highly interconnected symptoms and support the use of a transdiagnostic approach (Williamson et al., 2021).

Cross cultural norm data have been collected in a large global sample and data collection is ongoing. A paper based on over 7000 participants has been published (Olf et al., 2021). GPS total and domain scores per gender aggregated from countries with samples sizes >100 are listed in Appendix 2. Means and SDs for GPS symptom scores of male and female respondents in specific countries with sample sizes > 100 are listed in Appendix 3.

## **GPS existing data sets**

Please feel free to use existing data sets including the GPS to answer further research questions. These can be found [here](https://www.global-psychotrauma.net/data-sets) (<https://www.global-psychotrauma.net/data-sets>).

## **Ongoing research using the GPS**

An overview of ongoing studies can be found [here](#), raw data on the [FAIR data sets](#) page.

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## Contact details

If you have any questions regarding the GPS, please contact:

[gc.traumaticstress@gmail.com](mailto:gc.traumaticstress@gmail.com)

## Appendices

### Appendix 1. GPS English version

| Global Psychotrauma Screen (GPS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
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| Participant Identification Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| Gender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| Age (years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <table style="border-collapse: collapse; margin: 0 auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                 |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
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| <b>Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| <b>Briefly describe the event or experience that currently affects you the most:</b><br>.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| <b>This event happened:</b> <input type="checkbox"/> last month <input type="checkbox"/> last half year <input type="checkbox"/> last year <input type="checkbox"/> longer ago                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| <b>This event:</b><br><input type="checkbox"/> was a single event occurring, at age <table style="border-collapse: collapse; margin: 0 10px;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table><br><input type="checkbox"/> happened during a longer period / multiple times, between ages <table style="border-collapse: collapse; margin: 0 10px;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table> and <table style="border-collapse: collapse; margin: 0 10px;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| <b>Which of the below characterize the event (more answers possible):</b><br><br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Physical violence:</td> <td style="width: 20%;"><input type="checkbox"/> to yourself</td> <td style="width: 20%;"><input type="checkbox"/> happened to someone else</td> </tr> <tr> <td>Sexual violence:</td> <td><input type="checkbox"/> to yourself</td> <td><input type="checkbox"/> happened to someone else</td> </tr> <tr> <td>Emotional abuse:</td> <td><input type="checkbox"/> to yourself</td> <td><input type="checkbox"/> happened to someone else</td> </tr> <tr> <td>Serious injury:</td> <td><input type="checkbox"/> to yourself</td> <td><input type="checkbox"/> happened to someone else</td> </tr> <tr> <td>Life threatening:</td> <td><input type="checkbox"/> to yourself</td> <td><input type="checkbox"/> happened to someone else</td> </tr> </table><br><input type="checkbox"/> Sudden death of a loved one<br><input type="checkbox"/> You causing harm to someone else<br><input type="checkbox"/> Corona virus (COVID-19) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Physical violence:                                | <input type="checkbox"/> to yourself | <input type="checkbox"/> happened to someone else | Sexual violence: | <input type="checkbox"/> to yourself | <input type="checkbox"/> happened to someone else | Emotional abuse:                  | <input type="checkbox"/> to yourself | <input type="checkbox"/> happened to someone else | Serious injury: | <input type="checkbox"/> to yourself | <input type="checkbox"/> happened to someone else | Life threatening: | <input type="checkbox"/> to yourself | <input type="checkbox"/> happened to someone else |
| Physical violence:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> to yourself                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> happened to someone else |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| Sexual violence:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> to yourself                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> happened to someone else |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| Emotional abuse:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> to yourself                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> happened to someone else |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| Serious injury:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> to yourself                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> happened to someone else |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| Life threatening:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> to yourself                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> happened to someone else |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| <b>Considering the above event, <u>in the past month</u> have you....</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| 1. ... had nightmares about the past traumatic life event(s) you have experienced or thought about the event(s) when you did not want to?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| 2. ... tried hard not to think about past traumatic life event(s) or went out of your way to avoid situations that reminded you of the event(s)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| 3. ... been constantly on guard, watchful, or easily startled?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| 4. ... felt numb or detached from people, activities, or your surroundings?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| 5. ... felt guilty or unable to stop blaming yourself or others for past traumatic life event(s) or any problems the event(s) caused?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| 6. ... tended to feel worthless?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |
| 7. ... experienced angry outbursts that you could not control?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                                      |                                                   |                  |                                      |                                                   |                                   |                                      |                                                   |                 |                                      |                                                   |                   |                                      |                                                   |

|     |                                                                                                                                                                                                                                                               |                             |                              |   |   |   |   |   |   |   |    |           |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|---|---|---|---|---|---|---|----|-----------|
| 8.  | ... been feeling nervous, anxious, or on edge?                                                                                                                                                                                                                | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 9.  | ... been unable to stop or control worrying?                                                                                                                                                                                                                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 10. | ... been feeling down, depressed, or hopeless?                                                                                                                                                                                                                | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 11. | ... been experiencing little interest or pleasure in doing things?                                                                                                                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 12. | ... had any problems falling or staying asleep?                                                                                                                                                                                                               | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 13. | ... tried to intentionally hurt yourself?                                                                                                                                                                                                                     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 14. | ... perceived or experienced the world or other people differently, so that things seem dreamlike, strange or unreal?                                                                                                                                         | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 15. | ... felt detached or separated from your body (for example, feeling like you are looking down on yourself from above, or like you are an outside observer of your own body)?                                                                                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 16. | ... had any other physical, emotional or social problems that bothered you?                                                                                                                                                                                   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 17. | ... experienced other stressful events (such as financial problems, changing jobs, moving to another house, relational crisis in work or private life)?                                                                                                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 18. | ... tried to reduce tensions by using alcohol, tobacco, drugs or medication?                                                                                                                                                                                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 19. | ... missed supportive people near you that you could readily count on for help in times of difficulty (such as emotional support, watch over children or pets, give rides to hospital or store, help when you are sick)?                                      | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
|     |                                                                                                                                                                                                                                                               |                             |                              |   |   |   |   |   |   |   |    |           |
| 20. | During <b><i>your childhood</i></b> (0-18 years), did you experience any traumatic life events (e.g., a serious accident or fire, physical or sexual assault or abuse, a disaster, seeing someone be killed or seriously injured, or having a loved one die)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 21. | Have you <b><i>ever</i></b> received a psychiatric diagnosis or have you ever been treated for psychological problems (for example, depression, anxiety or a personality disorder)?                                                                           | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
| 22. | Do you <b><i>generally</i></b> consider yourself to be a resilient person?                                                                                                                                                                                    | <input type="checkbox"/> No | <input type="checkbox"/> Yes |   |   |   |   |   |   |   |    |           |
|     |                                                                                                                                                                                                                                                               |                             |                              |   |   |   |   |   |   |   |    |           |
| 23. | How would you rate your present functioning (at work/home)?                                                                                                                                                                                                   |                             |                              |   |   |   |   |   |   |   |    |           |
|     | Poor                                                                                                                                                                                                                                                          | 1                           | 2                            | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Excellent |

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**Appendix 2.** GPS symptoms and domain scores (16 Feb 2024)

|                    | <b>Female (n=7715)</b><br><b>M (SD)</b> | <b>Male (n=2424)</b><br><b>M (SD)</b> | <b>Other gender</b><br><b>(n=160)</b><br><b>M (SD)</b> | <b>Total</b><br><b>(n=10299)</b><br><b>M (SD)</b> |
|--------------------|-----------------------------------------|---------------------------------------|--------------------------------------------------------|---------------------------------------------------|
| GPS_Symptoms       | 8.80 (4.65)                             | 6.78 (4.83)                           | 11.99 (4.03)                                           | 8.38 (4.78)                                       |
| GPS_PTSD           | 0.57 (0.34)                             | 0.43 (0.34)                           | 0.74 (0.29)                                            | 0.54 (0.34)                                       |
| GPS_DSO            | 0.48 (0.40)                             | 0.37 (0.40)                           | 0.65 (0.34)                                            | 0.45 (0.40)                                       |
| GPS_CPTSD          | 0.55 (0.32)                             | 0.41 (0.32)                           | 0.72 (0.26)                                            | 0.52 (0.32)                                       |
| GPS_Anxiety        | 0.70 (0.39)                             | 0.55 (0.42)                           | 0.82 (0.33)                                            | 0.66 (0.40)                                       |
| GPS_Depression     | 0.64 (0.41)                             | 0.50 (0.43)                           | 0.82 (0.33)                                            | 0.61 (0.42)                                       |
| GPS_Insomnia       | 0.62 (0.48)                             | 0.50 (0.50)                           | 0.79 (0.41)                                            | 0.60 (0.49)                                       |
| GPS_Self-harm      | 0.12 (0.33)                             | 0.08 (0.27)                           | 0.38 (0.49)                                            | 0.12 (0.38)                                       |
| GPS_Dissociation   | 0.29 (0.38)                             | 0.21 (0.35)                           | 0.59 (0.44)                                            | 0.28 (0.38)                                       |
| GPS_SubstanceAbuse | 0.36 (0.48)                             | 0.32 (0.47)                           | 0.51 (0.50)                                            | 0.35 (0.48)                                       |
| GPS_OtherProblems  | 0.62 (0.49)                             | 0.46 (0.50)                           | 0.83 (0.38)                                            | 0.59 (0.49)                                       |
| GPS_RiskProtect    | 3.31 (1.45)                             | 2.85 (1.71)                           | 4.14 (0.91)                                            | 3.22 (1.53)                                       |

### Appendix 3. GPS symptoms scores per country (16 Feb 2024)

*Means and SDs for GPS symptom score of males and females for countries with sample sizes > 100*

| Country   | Gender | Number of respondents | GPS symptom score (mean) | Standard deviation |
|-----------|--------|-----------------------|--------------------------|--------------------|
| Armenia   | Male   | 91                    | 7.57                     | 4.21               |
|           | Female | 251                   | 8.71                     | 3.53               |
|           | Total  | 343                   | 8.41                     | 3.74               |
| Australia | Male   | 58                    | 8.16                     | 5.19               |
|           | Female | 199                   | 9.58                     | 4.83               |
|           | Total  | 261                   | 9.31                     | 4.93               |
| Austria   | Male   | 49                    | 4.16                     | 4.05               |
|           | Female | 127                   | 6.22                     | 4.29               |
|           | Total  | 178                   | 5.68                     | 4.34               |
| Belgium   | Male   | 77                    | 5.62                     | 4.56               |
|           | Female | 200                   | 7.58                     | 4.51               |
|           | Total  | 277                   | 7.04                     | 4.60               |
| Brazil    | Male   | 155                   | 6.37                     | 4.75               |
|           | Female | 561                   | 8.02                     | 4.32               |
|           | Total  | 716                   | 7.67                     | 4.46               |
| Canada    | Male   | 41                    | 8.56                     | 5.02               |
|           | Female | 306                   | 10.30                    | 4.23               |
|           | Total  | 360                   | 10.19                    | 4.33               |
| Chile     | Male   | 49                    | 8.14                     | 4.05               |
|           | Female | 116                   | 10.09                    | 4.10               |
|           | Total  | 165                   | 9.52                     | 4.17               |
| China     | Male   | 169                   | 7.40                     | 4.74               |
|           | Female | 329                   | 6.84                     | 4.83               |
|           | Total  | 498                   | 7.03                     | 4.80               |
| Croatia   | Male   | 32                    | 6.56                     | 4.51               |
|           | Female | 245                   | 7.53                     | 4.00               |
|           | Total  | 277                   | 7.42                     | 4.07               |
| Cyprus    | Male   | 33                    | 5.82                     | 4.15               |
|           | Female | 97                    | 6.75                     | 4.66               |
|           | Total  | 130                   | 6.52                     | 4.54               |
| France    | Male   | 63                    | 8.52                     | 4.67               |
|           | Female | 315                   | 9.38                     | 4.69               |
|           | Total  | 381                   | 9.28                     | 4.69               |
| Georgia   | Male   | 48                    | 7.08                     | 4.08               |
|           | Female | 65                    | 7.38                     | 4.06               |
|           | Total  | 113                   | 7.26                     | 4.06               |
| Germany   | Male   | 34                    | 7.82                     | 5.59               |
|           | Female | 227                   | 10.46                    | 4.82               |
|           | Total  | 265                   | 10.15                    | 4.98               |
| Greece    | Male   | 69                    | 5.22                     | 3.92               |
|           | Female | 193                   | 6.07                     | 3.83               |

| Country                                              | Gender | Number of respondents | GPS symptom score (mean) | Standard deviation |
|------------------------------------------------------|--------|-----------------------|--------------------------|--------------------|
|                                                      | Total  | 262                   | 5.85                     | 3.86               |
| India                                                | Male   | 69                    | 6.09                     | 4.29               |
|                                                      | Female | 136                   | 7.76                     | 4.67               |
|                                                      | Total  | 207                   | 7.29                     | 4.67               |
| Indonesia                                            | Male   | 138                   | 7.01                     | 4.50               |
|                                                      | Female | 456                   | 8.18                     | 4.53               |
|                                                      | Total  | 598                   | 7.93                     | 4.55               |
| Italy                                                | Male   | 29                    | 6.72                     | 4.33               |
|                                                      | Female | 104                   | 7.02                     | 4.07               |
|                                                      | Total  | 133                   | 6.95                     | 4.11               |
| Japan                                                | Male   | 41                    | 4.61                     | 3.85               |
|                                                      | Female | 94                    | 5.55                     | 4.36               |
|                                                      | Total  | 135                   | 5.27                     | 4.22               |
| Netherlands                                          | Male   | 86                    | 6.35                     | 4.46               |
|                                                      | Female | 180                   | 7.21                     | 4.78               |
|                                                      | Total  | 271                   | 7.04                     | 4.77               |
| Norway                                               | Male   | 15                    | 8.33                     | 4.42               |
|                                                      | Female | 167                   | 8.40                     | 4.95               |
|                                                      | Total  | 182                   | 8.39                     | 4.90               |
| Poland                                               | Male   | 32                    | 9.28                     | 5.34               |
|                                                      | Female | 266                   | 10.60                    | 4.15               |
|                                                      | Total  | 315                   | 10.54                    | 4.31               |
| Portugal                                             | Male   | 152                   | 5.48                     | 4.82               |
|                                                      | Female | 143                   | 6.47                     | 4.46               |
|                                                      | Total  | 295                   | 5.96                     | 4.67               |
| Russian Federation                                   | Male   | 222                   | 2.75                     | 3.66               |
|                                                      | Female | 226                   | 5.09                     | 4.05               |
|                                                      | Total  | 448                   | 3.93                     | 4.03               |
| South Africa                                         | Male   | 31                    | 6.55                     | 4.03               |
|                                                      | Female | 195                   | 9.58                     | 4.61               |
|                                                      | Total  | 227                   | 9.17                     | 4.64               |
| Turkey                                               | Male   | 31                    | 8.06                     | 4.84               |
|                                                      | Female | 113                   | 8.27                     | 3.94               |
|                                                      | Total  | 145                   | 8.21                     | 4.12               |
| Ukraine                                              | Male   | 17                    | 8.47                     | 3.08               |
|                                                      | Female | 107                   | 8.72                     | 3.84               |
|                                                      | Total  | 127                   | 8.80                     | 3.76               |
| United Kingdom of Great Britain and Northern Ireland | Male   | 32                    | 7.50                     | 4.49               |
|                                                      | Female | 116                   | 9.78                     | 4.47               |
|                                                      | Total  | 152                   | 9.40                     | 4.56               |
| United States of America                             | Male   | 333                   | 9.58                     | 4.46               |
|                                                      | Female | 1642                  | 10.86                    | 4.14               |
|                                                      | Total  | 2051                  | 10.70                    | 4.21               |

## Appendix 4. SPSS Syntax

### SPSS Syntax for calculating GPS symptom and domain scores

#### \*GPS domain mean scores.

```

COMPUTE GPS_PTSD=SUM(GPS1,GPS2,GPS3,GPS4,GPS5)/5.
EXECUTE.
COMPUTE GPS_DSO=SUM(GPS6,GPS7)/2.
EXECUTE.
COMPUTE GPS_CPTSD= SUM(GPS1,GPS2,GPS3,GPS4,GPS5,GPS6,GPS7)/7.
EXECUTE.
COMPUTE GPS_Anx=SUM(GPS8,GPS9)/2.
EXECUTE.
COMPUTE GPS_Depr=SUM(GPS10,GPS11)/2.
EXECUTE.
COMPUTE GPS_Insomnia=SUM(GPS12).
EXECUTE.
COMPUTE GPS_Selfharm=SUM(GPS13).
EXECUTE.
COMPUTE GPS_Dissoc=SUM(GPS14, GPS15)/2.
EXECUTE.
COMPUTE GPS_Substance=GPS18.
EXECUTE.
COMPUTE GPS_Otherproblems=GPS16.
EXECUTE.

```

```

VARIABLE LABELS GPS_PTSD 'GPS PTSD'.
VARIABLE LABELS GPS_Anx 'GPS Anxiety'.
VARIABLE LABELS GPS_Depr 'GPS Depression'.
VARIABLE LABELS GPS_DSO 'GPS PTSD DSO'.
VARIABLE LABELS GPS_CPTSD 'GPS CPTSD'.
VARIABLE LABELS GPS_Insomnia 'GPS Insomnia'.
VARIABLE LABELS GPS_Selfharm 'GPS Self harm'.
VARIABLE LABELS GPS_Dissoc 'GPS Dissociation'.
VARIABLE LABELS GPS_Otherproblems 'GPS Other problems'.
EXECUTE.

```

#### \*GPS symptom scores.

```

COMPUTE GPS_Sym = sum(gps1 to gps16 ) + gps18.
EXECUTE.
VARIABLE LEVEL GPS_Sym(SCALE).

```

#### \*GPS Risk-protective factors.

\*\* Note that when using the GPS app data the GPS22 (resilience item) has already been recoded, for hand coding see scoring instructions above).

```

COMPUTE RiskNrFactors = GPS17 + GPS19 + GPS20 + GPS21 + GPS22.
EXECUTE.

```