

PTSD Screening

1. Nightmares more than once per week	_____
2. Intrusive memories more than once per week	_____
3. Irritability	_____
4. Difficulty concentrating	_____
5. Anger/Hostility	_____
6. Fear and/or avoidance of similar situations	_____
7. Avoidance of people/things that remind you of critical incident	_____
8. Stress related physical complaints	_____
9. Flashbacks	_____
10. Withdrawal from usual activities	_____
11. Feeling numb or detached	_____
12. Depressed Mood	_____
13. Feeling guilty	_____
14. Feeling anxious	_____
15. Feeling as though the world no longer “makes sense”	_____
16. Questioning religious values	_____
17. Hyper vigilance	_____
18. Exaggerated startle response	_____
19. Difficulty sleeping	_____
20. Difficulty remembering the critical incident	_____
21. Feeling estranged from your body	_____
22. Feeling estranged from your surroundings	_____

If you are experiencing approximately 10 or more of these above symptoms on a regular basis, it is likely that you are experiencing PTSD. However, an official assessment conducted by a licensed mental health professional is required in order to determine a possible diagnosis. This questionnaire is not an official diagnostic tool, and is for informational purposes only. If any of the above symptoms present, please seek therapy right away. You may contact our office for help, information, diagnosis determination, and treatment.