

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 of 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.