

Post-Traumatic Stress Disorder Assessment – PTSD Assessment

Do you experience any of the following?

Copy and print this assessment, then place an "X" on the line that you believe are true for you.

- 1. Inability to concentrate.
- 2. Worrying about what you should have done.
- 3. Feeling anxious, depressed or panic.
- 4. Feeling guilty that maybe you didn't protect yourself or someone else enough.
- 5. Avoiding reminders of losses in your life.
- 6. Feeling emotionally numb or detached about painful events you have experienced in your life.
- 7. Repeated unpleasant thoughts or threats that won't leave your mind.
- 8. Feeling annoyed, angry or having a temper outburst.
- 9. Inability to control thinking about a painful event or loss in your life and replaying it in your mind.
- 10. Constant stream of negative thoughts about yourself.
- 11. Dreaming about the trauma or of something bad happening.

- ___ 12. Suddenly having waves of strong feelings about the event.
- ___ 13. Being fearful, hyper vigilant, jumpy and suspicious.
- ___ 14. Emotionally having a lot of ups and downs; on the verge of tears frequently or crying.
- ___ 15. Feeling confused and unable to think as well as usual.
- ___ 16. Having sleep disturbances.
- ___ 17. Increased reactiveness or more phobias than usual.
- ___ 18. Increase in addictive behaviors.
- ___ 19. Experiencing compulsive thoughts or behaviors.
- ___ 20. Impulsive behaviors such as spending or stealing.
- ___ 21. Periods of lost memory.
- ___ 22. Feeling that if you did everything right or perfect you would not be abused, hurt or you would now be safe and protected. Perfectionism
- ___ 23. Problems with food: laxatives, bingeing, diet pills, anorexia or excessive exercise.
- ___ 24. Sexual problems: preoccupation, indifference or fear.
- ___ 25. Inner belief that causes you to view self as bad unworthy or defective.

___ 26. Experiencing difficulty looking in mirrors.

___ 27. Have a negative body image.

___ 28. A constant inner feeling of emptiness.

_____ Total number of checks you have above.

If you have placed an "X" next to three to 10, you may be experiencing mild symptoms of post-traumatic stress. If you have placed an "X" next 11 or more, then you are in the severe range and it is certain that these symptoms affect your attitudes, emotional reactivity, health, mental abilities, productivity, happiness and success.

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