

Post-Traumatic Stress Disorder Questionnaire

Do you experience flashbacks of your traumatic event?

Do you experience nightmares?

Do you have obsessive thoughts? (can see, hear, smell, taste things that seem real)

Do you have episodes of insomnia or trouble sleeping?

Do you intrusive unwanted thoughts? (Disturbing or uncomfortable themes)

Do you have concentration issues?

Do you deal depression?

Do you feelings of estrangement from others?

Do you feel or want to be alone?

Are you Hypervigilant? (always on alert; always ready to fight or do battle)

Are you suddenly startled easily?

Do you exist emotions of irritability, anger or panic?

Do you experience increased level anxiety in general?