

## PTSD Questionnaire

If you suspect that you might suffer from PTSD, complete the following questionnaire clicking the "yes" or "no" boxes next to each question. If you have experienced trauma and have answered "yes" to some of these questions, then you may qualify for PTSD.

Are you troubled by the following?

- Yes  No You have experienced or witnessed a life-threatening event that caused intense fear, helplessness, or horror.

Do you re-experience the event in at least one of the following ways?

- Yes  No Repeated, distressing memories, or dreams  
 Yes  No Acting or feeling as if the event were happening again (flashbacks or a sense of reliving it)  
 Yes  No Intense physical and/or emotional distress when you are exposed to things that remind you of the event

Do reminders of the event affect you in at least three of the following ways?

- Yes  No Avoiding thoughts, feelings, or conversations about it  
 Yes  No Avoiding activities and places or people who remind you of it  
 Yes  No Blanking on important parts of it  
 Yes  No Losing interest in significant activities of your life  
 Yes  No Feeling detached from other people  
 Yes  No Feeling your range of emotions is restricted  
 Yes  No Sensing that your future has shrunk (for example, you don't expect to have a career, marriage, children, or normal life span)

Are you troubled by at least two of the following?

- Yes  No Problems sleeping  
 Yes  No Irritability or outbursts of anger  
 Yes  No Problems concentrating  
 Yes  No Feeling "on guard"  
 Yes  No An exaggerated startle response

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Depression and substance abuse are among the conditions that occasionally complicate PTSD and other anxiety disorders.

- Yes  No Have you experienced changes in sleeping or eating habits?

More days than not, do you feel...

- Yes  No sad or depressed?  
 Yes  No disinterested in life?  
 Yes  No worthless or guilty?

During the last year, has the use of alcohol or drugs...

- Yes  No resulted in your failure to fulfill responsibilities with work, school, or family?  
 Yes  No placed you in a dangerous situation, such as driving a car under the influence?  
 Yes  No gotten you arrested?  
 Yes  No continued despite causing problems for you or your loved ones?

### Reference:

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.