

PTSD Screener

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- seeing or experiencing physical or emotional violence
- sexual assault or abuse
- racism or discrimination
- having a loved one die by homicide or suicide
- serious accident or fire
- natural disaster
- war
- homelessness or chronic hunger
- neglect
- critical illness or other major health event

Have you ever experienced this kind of event?	NO	YES
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If YES, please answer the questions below.

In the past month, have you...		
Had nightmares about the event(s) or thought about the event(s) when you did not want to?	NO	YES
Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	NO	YES
Been constantly on guard, watchful, or easily startled?	NO	YES
Felt numb or detached from people, activities, or your surroundings?	NO	YES
Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the events may have caused?	NO	YES
TOTAL NUMBER OF "YES" ANSWERS		

If total is 4 or 5, please complete page 2.

PTSD Symptom Checklist

In the past month , how much have you been bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
Suddenly acting or feeling as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
Having strong physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience?	0	1	2	3	4
Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
Avoiding external reminders of the stressful experience (e.g., people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
Trouble remembering important parts of the stressful experience?	0	1	2	3	4
Having strong negative beliefs about yourself, other people, or the world (e.g., having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous?)	0	1	2	3	4
Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
Loss of interest in activities that you used to enjoy?	0	1	2	3	4
Feeling distant or cut off from other people?	0	1	2	3	4
Trouble experiencing positive feelings (e.g., being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
Being "superalert" or watchful or on guard?	0	1	2	3	4
Feeling jumpy or easily startled?	0	1	2	3	4
Having difficulty concentrating?	0	1	2	3	4
Trouble falling asleep or staying asleep?	0	1	2	3	4

Total score: _____ + _____ + _____ + _____
= _____