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## Self assessment for Post Traumatic Stress Disorder

Has trauma affected your life? Check how many of these symptoms you experience:

- A. You were:
  - exposed to a frightening or traumatic event where you were at severe risk, or you witnessed a traumatic event happen to others.
  - terrified or helpless.
- B. Even if the event happened long ago, you are still troubled by:
  - □ Recurring intrusive thoughts or memories
  - □ Recurring nightmares or night terrors (frightening experiences at night, without dream images)
  - $\Box$  Flashbacks, like you are back in the traumatic situation
  - Extreme emotional reactions when you are triggered by small things
  - Extreme physical reactions (often feels like a 'panic attack') when you are triggered by small things
- C. You are unable to be fully present
  - □You avoid feeling, talking, or thinking about traumatic events you have experienced
  - □You avoid people, places, or activities that remind you of the traumatic event(s)
  - Lack of memory about significant traumatic parts of your life
  - □Loss of interest or participation in significant activities
  - □Feeling disconnected from other people
  - □ You can't feel or express a full range of normal emotions
  - □You are physically numb or distanced from your own body
  - □You don't believe you'll have a long or full lifespan
- D. You are frequently "on edge"
  - $\Box$  You have trouble falling asleep or sleeping through the night
  - □You are irritable, or have angry outbursts
  - □ You have difficulty concentrating
  - ☐ You are always alert for trouble, looking over your shoulder, making sure you can see anyone approaching
  - □ You startle very easily

How to score: If you have any of these symptoms, you can benefit from some healing work. You may have post traumatic stress disorder (PTSD) if you checked both items under item A, <u>and</u> you have at least one symptom from group B, three from group C, and two from group D.