



(1)

Screening for Posttraumatic Stress Disorder (PTSD)

If you suspect that you might suffer from PTSD, answer the questions below, print out the results and share them with your health care professional.

To locate a specialist who treats PTSD, visit the ADAA [Find a Therapist](http://treatment.adaa.org/). (<http://treatment.adaa.org/>)



[\(http://treatment.adaa.org/\)](http://treatment.adaa.org/)

Are you troubled by the following?

| | |
|---|---|
| Yes <input checked="" type="radio"/> No <input type="radio"/> | 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 <input checked="" type="radio"/> No <input type="radio"/> | Repeated, distressing memories, or dreams |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | Acting or feeling as if the event were happening again (flashbacks or a sense of reliving it) |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | 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 <input checked="" type="radio"/> No <input type="radio"/> | Avoiding thoughts, feelings, or conversations about it |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | Avoiding activities and places or people who remind you of it |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | Blanking on important parts of it |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | Losing interest in significant activities of your life |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | Feeling detached from other people |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | Feeling your range of emotions is restricted |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | 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 <input checked="" type="radio"/> No <input type="radio"/> | Problems sleeping |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | Irritability or outbursts of anger |
| Yes <input type="radio"/> No <input checked="" type="radio"/> | Problems concentrating |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | Feeling "on guard" |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | 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 <input type="radio"/> No <input checked="" type="radio"/> | Have you experienced changes in sleeping or eating habits? |
|---|--|

More days than not, do you feel...

| | |
|---|------------------------|
| Yes <input checked="" type="radio"/> No <input type="radio"/> | sad or depressed? |
| Yes <input checked="" type="radio"/> No <input type="radio"/> | disinterested in life? |
| | |

| | |
|---|----------------------|
| Yes <input checked="" type="radio"/> No <input type="radio"/> | worthless or guilty? |
|---|----------------------|

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

| | |
|---|--|
| Yes <input type="radio"/> No <input checked="" type="radio"/> | resulted in your failure to fulfill responsibilities with work, school, or family? |
| Yes <input type="radio"/> No <input checked="" type="radio"/> | placed you in a dangerous situation, such as driving a car under the influence? |
| Yes <input type="radio"/> No <input checked="" type="radio"/> | gotten you arrested? |
| Yes <input type="radio"/> No <input checked="" type="radio"/> | 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.

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[What causes anxiety disorders? \(/living-with-anxiety/ask-and-learn/faqs#n17\)](/living-with-anxiety/ask-and-learn/faqs#n17)

[How do I find the right health professional? \(/living-with-anxiety/ask-and-learn/faqs#n20\)](/living-with-anxiety/ask-and-learn/faqs#n20)

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