

## POST-TRAUMATIC STRESS DISORDER SELF-TEST

If you suspect that you might suffer from post-traumatic stress disorder, print and complete the following test then show the results to your health care professional.

### HOW CAN I TELL IF IT'S PTSD?

Yes or No?

Yes  No  Have you 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 and/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 you avoid reminders of the event and feel numb, compared to the way you felt before, in three or more of the following ways:

Yes  No  Avoiding thoughts, feelings, or conversations about it?

Yes  No  Avoiding activities, 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 a normal life span)?

Are you troubled by two or more 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 diagnosis and treat the different conditions. Illnesses that sometimes complicate an anxiety disorder such as posttraumatic stress disorder include depression and substance abuse. With this in mind, please take a minute to answer the following questions:

**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 and/or your loved ones?

**Reference:**

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