

# Trauma Self tests



## PTSD Test (Post Traumatic Stress Disorder Test)

Score one point for each yes answer

- 1 ) Have you experienced or been exposed to a traumatic event? **Yes / No**
- 2 ) During the traumatic event, did you experience or witness serious injury or death, or the threat of injury or death? **Yes / No**
- 3 ) During the traumatic event did you feel intense fear, helplessness, and/or horror? **Yes / No**
- 4 ) Do you regularly experience intrusive thoughts or images about the traumatic event? **Yes / No**
- 5 ) Do you sometimes feel like you are re-living the event or that it is happening all over again? **Yes / No**
- 6 ) Do you have recurrent nightmares or distressing dreams about the traumatic event? **Yes / No**
- 7 ) Do you feel intense distress when something reminds you of the traumatic event, whether it's something you think about or something in you see? **Yes / No**
- 8 ) Do you try to avoid thoughts, feelings, or conversations that remind you of the traumatic event? **Yes / No**
- 9 ) Do you try to avoid activities, people, or places that remind you of the traumatic event? **Yes / No**
- 10 ) Are you unable to remember something important about the traumatic event? **Yes / No**
- 11 ) Since the trauma took place, do you feel less interested in activities or hobbies that you once enjoyed?  
**Yes / No**
- 12 ) Since the trauma took place, do you feel distant from other people or have difficulty trusting them?  
**Yes / No**

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- 13 ) Since the trauma took place, do you have difficulty experiencing or showing emotions? **Yes / No**
- 14 ) Do you feel that your future will not be "normal" -- that you won't have a career, marriage, children, or a normal life span? **Yes / No**
- 15 ) Since the traumatic event, have you had difficulty falling or staying asleep? **Yes / No**
- 16 ) Have you felt irritable or have you had outbursts of anger? **Yes / No**
- 17 ) Have you had difficulty concentrating, since the trauma? **Yes / No**
- 18 ) Do you feel guilty because others died or were hurt during the traumatic event but you survived it?  
**Yes / No**
- 19 ) Do you often feel jumpy or startle easily? **Yes / No**
- 20 ) Do you often feel hypervigilant, that is, are you constantly feeling and acting ready for any kind of threat?  
**Yes / No**
- 21 ) Have you been experiencing symptoms for more than one month? **Yes / No**
- 22 ) Do your symptoms interfere with normal routines, work or school, or social activities? **Yes / No**

**Scoring:**

- 1-3: (few symptoms of PTSD)
- 4-9: (PTSD likely)
- 10+: (You display many symptoms of PTSD)

Remember, **this is NOT a diagnosis**. Only a doctor or qualified mental health professional can make a diagnosis of PTSD and recommend treatments. And no matter what you scored on this self-test, if you are concerned with your mental health or health, discuss those concerns with a doctor or mental health professional.

*This PTSD test is based upon the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 4th Ed.) criteria for PTSD. 2004. All rights reserved.*

