PTSD Screening Scale

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

0 – Not at All
1 – A little bit
2 – Moderately
3 - Extremely

During the past month:	**0**	**1**	**2**	**3**
1. I had repeated, disturbing thoughts or images of a past stressful event.	O	O	O	O
2. I had repeated, disturbing dreams of a past stressful event.	O	O	O	O
3. I suddenly acted or felt as if a stressful event were happening again.	O	O	O	O
4. I felt very upset when something reminded me of a past stressful event.	O	O	O	O
5. I had physical reactions (heart pounding, trouble breathing, sweating) when something reminded me of a past stressful event.	O	O	O	O
6. I avoided thinking about or talking about a past stressful event.	O	O	O	O
7. I avoided activities or situations because they reminded me of a stressful event.	O	O	O	O
8. I had trouble remembering important parts of a past stressful event.	O	O	O	O
9. I had a loss of interest in things I used to enjoy.	O	O	O	O
10. I felt distant or cut off from other people.	O	O	O	O
11. I felt emotionally numb or was unable to have loving feelings.	O	O	O	O
12. I felt as if my future will somehow become cut short.	O	O	O	O
13. I had trouble falling or staying asleep.	O	O	O	O
14. I felt irritable or had angry outbursts.	O	O	O	O
15. I had difficulty concentrating.	O	O	O	O
16. I felt "super-alert" or watchful or on guard.	O	O	O	O
17. I felt jumpy or easily startled.				

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Client Name Date

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