

Date: \_\_\_\_\_

Name: \_\_\_\_\_

For each of the following symptoms, please circle a number 0-5 for the difficulty you are having with each symptom, with 0 being no difficulty, 1 being little and 5 being severe difficulty. Please answer every question.

- |  |             |  |             |
|--|-------------|--|-------------|
| 1. Briefly describe traumatic event or events:<br>_____<br>_____<br>_____<br>_____ |             | 21. Feeling defeated, inadequate, can't do anything                      | 0 1 2 3 4 5 |
|  |             | 22. Feeling confused or fragmented                                       | 0 1 2 3 4 5 |
|  |             | 23. Too much energy (hyperactivity)                                      | 0 1 2 3 4 5 |
|  |             | 24. Impulses to run away   | 0 1 2 3 4 5 |
|  |             | 25. Unable to feel weight of body  | 0 1 2 3 4 5 |
| Date of Event(s) _____   |             | 26. Feeling physically heavy-like dead weight                            | 0 1 2 3 4 5 |
| 2. Feelings of helplessness and/or powerlessness                                   | 0 1 2 3 4 5 | 27. Constricted range of motion  | 0 1 2 3 4 5 |
| 3. Lack of focus   | 0 1 2 3 4 5 | 28. Feeling disconnected, lost, "not here"                               | 0 1 2 3 4 5 |
| 4. Gaps in memory  | 0 1 2 3 4 5 | 29. Trouble orienting time   | 0 1 2 3 4 5 |
| 5. Disorientation  | 0 1 2 3 4 5 | 30. Trouble orienting space  | 0 1 2 3 4 5 |
| 6. Accident proneness  | 0 1 2 3 4 5 | 31. Avoidance of triggers or associations with events                    | 0 1 2 3 4 5 |
| 7. Feeling out of control  | 0 1 2 3 4 5 | 32. Panic attacks  | 0 1 2 3 4 5 |
| 8. Feeling frozen or paralyzed   | 0 1 2 3 4 5 | 33. Free-floating anxiety  | 0 1 2 3 4 5 |
| 9. Recurring dreams related to traumatic event                                     | 0 1 2 3 4 5 | 34. Nausea or vomiting   | 0 1 2 3 4 5 |
| 10. Intrusive imagery related to traumatic event                                   | 0 1 2 3 4 5 | 35. Shame  | 0 1 2 3 4 5 |
| 11. Flashbacks   | 0 1 2 3 4 5 | 36. Self judgment/blaming self   | 0 1 2 3 4 5 |
| 12. Disrupted sleeping patterns<br>Circle one: insomnia oversleeping both          | 0 1 2 3 4 5 | 37. Electric or overcharged feeling in body                              | 0 1 2 3 4 5 |
| 13. Lethargy, exhaustion, chronic fatigue  | 0 1 2 3 4 5 | 38. Obsessive review of incident   | 0 1 2 3 4 5 |
| 14. Night terrors or abrupt awakening with intense fear                            | 0 1 2 3 4 5 | 39. Disrupted eating pattern<br>Circle one: overeating under-eating both | 0 1 2 3 4 5 |
| 15. Extreme emotional shifts   | 0 1 2 3 4 5 | 40. Recurring tension patterns in body                                   | 0 1 2 3 4 5 |
| 16. Rage   | 0 1 2 3 4 5 | 41. Chronic pain   | 0 1 2 3 4 5 |
| 17. Over-cautiousness  | 0 1 2 3 4 5 | 42. Hyper-vigilance  | 0 1 2 3 4 5 |
| 18. Fear of being watched/followed   | 0 1 2 3 4 5 | 43. Inability to cope  | 0 1 2 3 4 5 |
| 19. Heightened startle response  | 0 1 2 3 4 5 | 44. Isolation  | 0 1 2 3 4 5 |
| 20. Feeling Overwhelmed  | 0 1 2 3 4 5 | 45. Constriction, suppression, shutdown                                  | 0 1 2 3 4 5 |
| 46. Distrust   | 0 1 2 3 4 5 | 48. Disinterest in life  | 0 1 2 3 4 5 |
| 47. Little or no awareness of choices  | 0 1 2 3 4 5 |  |             |

49. Generalized fear or anger (for example, believing <i>all</i> men, or <i>all</i> women are threatening, or (for example, believing <i>all</i> men, or <i>all</i> women are threatening, or <i>all</i> drivers are unsafe)	0 1 2 3 4 5	71. Apathy, no energy for life	0 1 2 3 4 5
50. Excessive worrying	0 1 2 3 4 5	72. Feeling dead or in "no man's Land"	0 1 2 3 4 5
51. Disrupted relationships	0 1 2 3 4 5	73. Feeling blocked about finishing what you start	0 1 2 3 4 5
52. Alienation, believing no one can understand	0 1 2 3 4 5	74. Starting many projects and not completing them	0 1 2 3 4 5
53. Bonding with others through trauma	0 1 2 3 4 5	75. Hypersensitivity to sound or light	0 1 2 3 4 5
54. Sudden fearfulness for no apparent reason	0 1 2 3 4 5	76. Get feelings hurt easily	0 1 2 3 4 5
55. Fearlessness or dangerous situations	0 1 2 3 4 5	77. Irritability, overreacting to things	0 1 2 3 4 5
56. Temper or outbursts	0 1 2 3 4 5	78. Checking everything you do	0 1 2 3 4 5
57. Desire to hurt self or others	0 1 2 3 4 5	79. Circle those that apply: Shouting, throwing objects, hitting or kicking, desire to have tantrum or scream	0 1 2 3 4 5
58. Loss of sexual interest	0 1 2 3 4 5	80. Everything seems too much trouble	0 1 2 3 4 5
59. Dizziness	0 1 2 3 4 5	81. Feeling wear in body, collapsed joints	0 1 2 3 4 5
60. Idea that someone can control your thoughts	0 1 2 3 4 5	82. Feeling doomed or as if something bad is going to happen	0 1 2 3 4 5
61. Fear of being alone	0 1 2 3 4 5	83. Restlessness	0 1 2 3 4 5
62. Fear of being with others	0 1 2 3 4 5	84. Heart pounding	0 1 2 3 4 5
63. Crying easily	0 1 2 3 4 5	85. Not remembering aspects of a traumatic event	0 1 2 3 4 5
64. Inability to cry	0 1 2 3 4 5	86. Difficulty connecting or feeling close to others	0 1 2 3 4 5
65. Fear of leaving home or familiar surroundings	0 1 2 3 4 5	87. Difficulty making decisions	0 1 2 3 4 5
66. Adamant "everything fine" stance	0 1 2 3 4 5	88. Guilt	0 1 2 3 4 5
67. No sense of future	0 1 2 3 4 5	89. Numbing	0 1 2 3 4 5
68. Loss of creativity	0 1 2 3 4 5	90. Going blank	0 1 2 3 4 5
69. Depression	0 1 2 3 4 5	91. Feelings of worthlessness	0 1 2 3 4 5
70. Shakiness	0 1 2 3 4 5	92. Feeling your life was threatened during the traumatic event(s)	0 1 2 3 4 5
		93. Feeling your life is in danger Since the traumatic event(s)	0 1 2 3 4 5