PC-PTSD-5

| Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example: | | | |
|--|--|--|--|
| Have you ever experienced this kind of event? | | | |
| | YES | NO | |
| If n | o, screen total = 0. Please stop here. | | |
| If yes, please answer the questions below. | | | |
| In the past month, have you | | | |
| 1. | nad nightmares about the event(s) or thought about the event(s) when you did not want to? | | |
| | YES | NO | |
| 2. | tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you event(s)? | | |
| | YES | NO | |
| 3. | been constantly on guard, watchful, or easily startled? | | |
| | YES | NO | |
| 4. | felt numb or detached from people, activities, or your surroundings? | | |
| | YES | NO | |
| 5. | felt guilty or unable to stop blaming you caused? | guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have used? | |
| | YES | NO | |
| | | | |
| | | | |

If you answered "Yes" to three or more of these questions (items 1-5), it is likely that you may have PTSD. Make an appointment to discuss your symptoms with a mental health care provider.