

PTSD CHECKLIST

This PTSD checklist is not made for diagnostic purposes. The checklist can be used to see whether or not you or your friend may meet the criteria for post-traumatic stress disorder. This quiz is anonymous and takes only 3 minutes of your time.



1. Have you experienced or witnessed a life-threatening event that caused intense fear, helplessness or horror?

☐ Yes

☐ No

2. Do you re-experience the event in at least one of the following ways?

☐ Repeated, distressing memories, thoughts, fantasies and/or dreams?

☐ Acting or feeling as if the event were happening again (flashbacks or a sense of reliving it)?

☐ Intense physical and/or emotional distress when you are exposed to things that remind you of the event?

3. Do you avoid reminders of the event and feel numb, compared to the way you felt before, in 3 or more of the following ways?

☐ Avoiding thoughts, feelings, or conversations about it?

☐ Avoiding activities, places, or people who remind you of it?

☐ Blanking on important parts of it?

☐ Losing interest in significant activities of your life?

- ☐ Feeling detached from other people?
- ☐ Feeling your range of emotions is restricted?
- ☐ Sensing that your future has shrunk (for example, you don't expect to have a career, marriage, children, or a normal life span)?

4. Are you troubled by two or more of the following:

- ☐ Problems sleeping?
- ☐ Irritability or outbursts of anger?
- ☐ Problems concentrating?
- ☐ Feeling "on guard"?
- ☐ An exaggerated startle response?

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