



SYMPTOM CHECKLIST

Date _____ Name _____ Age _____

Address _____

Please rate the level of difficulty you are experiencing for each of the following symptoms. Please answer all questions.

Rating Scale:

0 = None 1 = Little 2 = Some 3 = More 4 = Large 5 = Severe

1 Briefly describe the traumatic event(s):

Date(s) of event(s) _____

EMOTIONAL SYMPTOMS (FEELINGS)

- 2 Helplessness, powerlessness 0 1 2 3 4 5
- 3 Disorientation 0 1 2 3 4 5
- 4 Feeling out of control 0 1 2 3 4 5
- 5 Frozen, paralyzed 0 1 2 3 4 5
- 6 Extreme emotional shifts 0 1 2 3 4 5
- 7 Rage 0 1 2 3 4 5
- 8 Over-cautiousness 0 1 2 3 4 5
- 9 Fear of being watched and/or followed 0 1 2 3 4 5
- 10 Heightened startle response 0 1 2 3 4 5
- 11 Overwhelmed 0 1 2 3 4 5
- 12 Defeated, inadequate, can't do anything 0 1 2 3 4 5
- 13 Confused, fragmented 0 1 2 3 4 5
- 14 Impulses to run away 0 1 2 3 4 5
- 15 Trouble orienting in time 0 1 2 3 4 5
- 16 Trouble orienting in space 0 1 2 3 4 5
- 17 Shame 0 1 2 3 4 5
- 18 Self judgment/blaming self 0 1 2 3 4 5

- 19 Obsessive review of incident 0 1 2 3 4 5
- 20 Hyper-vigilance 0 1 2 3 4 5
- 21 Inability to cope 0 1 2 3 4 5
- 22 Isolation 0 1 2 3 4 5
- 23 Constriction, suppression, shut down 0 1 2 3 4 5
- 24 Distrust 0 1 2 3 4 5
- 25 Disinterest in life 0 1 2 3 4 5
- 26 Excessive worrying 0 1 2 3 4 5
- 27 Sudden fearfulness for no apparent reason 0 1 2 3 4 5
- 28 Temper or outbursts 0 1 2 3 4 5
- 29 Crying easily 0 1 2 3 4 5
- 30 Inability to cry 0 1 2 3 4 5
- 31 Adamant "everything's fine" stance 0 1 2 3 4 5
- 32 Feeling dead or in "no man's land" 0 1 2 3 4 5
- 33 Irritability, overreacting 0 1 2 3 4 5
- 34 Feeling doomed, something bad is imminent 0 1 2 3 4 5
- 35 Restlessness 0 1 2 3 4 5
- 36 Guilt 0 1 2 3 4 5
- 37 Worthlessness 0 1 2 3 4 5

RELATIONAL SYMPTOMS

- 38 Disconnected, lost, "not here" 0 1 2 3 4 5
- 39 Disrupted relationships 0 1 2 3 4 5
- 40 Alienation, believing no one can understand 0 1 2 3 4 5



41	Fear of being alone	0	1	2	3	4	5
42	Fear of being with others	0	1	2	3	4	5
43	Getting feelings hurt easily	0	1	2	3	4	5
44	Difficulty connecting or feeling close to others	0	1	2	3	4	5

MENTAL & FOCUS SYMPTOMS

45	Lacking focus	0	1	2	3	4	5
46	Gaps in memory	0	1	2	3	4	5
47	Accident proneness	0	1	2	3	4	5
48	Recurring dreams of event(s)	0	1	2	3	4	5
49	Intrusive imagery of event(s)	0	1	2	3	4	5
50	Flashbacks	0	1	2	3	4	5
51	Night terrors or abrupt awakening with intense fear	0	1	2	3	4	5
52	Avoiding triggers, associations with event(s)	0	1	2	3	4	5
53	Little, no awareness of choices	0	1	2	3	4	5
54	Generalizing fear or anger (<i>i.e.</i> , believing all men or all women are threatening, or all drivers are unsafe)	0	1	2	3	4	5

TRAUMA-RELATED SYMPTOMS

55	Bonding with others through trauma	0	1	2	3	4	5
56	Fearlessness of dangerous situations	0	1	2	3	4	5
57	Desire to hurt self or others	0	1	2	3	4	5
58	Idea that someone controls your thoughts	0	1	2	3	4	5
59	Fear of leaving home or familiar surroundings	0	1	2	3	4	5
60	No sense of future	0	1	2	3	4	5
61	Loss of creativity	0	1	2	3	4	5
62	Feeling blocked about finishing what you start	0	1	2	3	4	5
63	Starting projects and not completing them	0	1	2	3	4	5
64	Checking everything you do	0	1	2	3	4	5
65	Everything seems too much trouble	0	1	2	3	4	5
66	Memory loss of event(s)	0	1	2	3	4	5
67	Difficulty making decisions	0	1	2	3	4	5
68	Going blank	0	1	2	3	4	5
69	Feeling life was threatened during event(s)	0	1	2	3	4	5

70	Feeling life is in danger since event(s)	0	1	2	3	4	5
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PHYSICAL SYMPTOMS

71	Disrupting sleeping patterns Circle one: Insomnia – Oversleeping – Both	0	1	2	3	4	5
72	Lethargy, exhaustion, chronic fatigue	0	1	2	3	4	5
73	Excess energy (hyperactivity)	0	1	2	3	4	5
74	Inability to feel weight of body	0	1	2	3	4	5
75	Feeling physically heavy, “dead weight”	0	1	2	3	4	5
76	Constricted range of motion	0	1	2	3	4	5
77	Panic attacks	0	1	2	3	4	5
78	Free-floating anxiety	0	1	2	3	4	5
79	Nausea or vomiting	0	1	2	3	4	5
80	Electric, overcharged feeling in body	0	1	2	3	4	5
81	Disrupting eating patterns Circle one: Overeating – Under-eating – Both	0	1	2	3	4	5
82	Recurring tension patterns in body	0	1	2	3	4	5
83	Chronic pain	0	1	2	3	4	5
84	Loss of sexual interest	0	1	2	3	4	5
85	Dizziness	0	1	2	3	4	5
86	Depression	0	1	2	3	4	5
87	Shakiness	0	1	2	3	4	5
88	Apathy, no energy for life	0	1	2	3	4	5
89	Sound or light hypersensitivity	0	1	2	3	4	5
90	Circle those that apply: shouting – throwing objects – hitting/kicking – throwing tantrums – screaming	0	1	2	3	4	5
91	Weak in body, collapsing joints	0	1	2	3	4	5
92	Heart pounding	0	1	2	3	4	5
93	Numbing	0	1	2	3	4	5