

### PTSD Checklist– Civilian Version for DSM-IV

**INSTRUCTIONS:** *Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully. Check the response that indicates how much you have been bothered by that problem in the past month.*

PTSD\_DONE      FMT\_YES\_NO

1. Repeated, disturbing *memories, thoughts, or images* of a stressful experience?

- 1. *Not at all* PTSD01      FMT\_PTSD
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

2. Repeated, disturbing *dreams* of a stressful experience?

- 1. *Not at all* PTSD02      FMT\_PTSD
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

3. Suddenly *acting or feeling* as if a stressful experience *were happening again* (as if you were reliving it)?

- 1. *Not at all* PTSD03      FMT\_PTSD
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

4. Feeling *very upset* when *something reminded you* of a stressful experience?

- 1. *Not at all* PTSD04      FMT\_PTSD
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

5. Having *physical reactions* (e.g., heart pounding, trouble breathing, sweating) when *something reminded you* of a stressful experience?

- |   |               |                 |
|---|---------------|-----------------|
| <input type="checkbox"/> 1. <i>Not at all</i>   | <b>PTSD05</b> | <b>FMT_PTSD</b> |
| <input type="checkbox"/> 2. <i>A little bit</i> |               |                 |
| <input type="checkbox"/> 3. <i>Moderately</i>   |               |                 |
| <input type="checkbox"/> 4. <i>Quite a bit</i>  |               |                 |
| <input type="checkbox"/> 5. <i>Extremely</i>    |               |                 |

6. Avoiding *thinking about* or *talking about* a stressful experience or avoiding *having feelings* related to it?

- |   |               |                 |
|---|---------------|-----------------|
| <input type="checkbox"/> 1. <i>Not at all</i>   | <b>PTSD06</b> | <b>FMT_PTSD</b> |
| <input type="checkbox"/> 2. <i>A little bit</i> |               |                 |
| <input type="checkbox"/> 3. <i>Moderately</i>   |               |                 |
| <input type="checkbox"/> 4. <i>Quite a bit</i>  |               |                 |
| <input type="checkbox"/> 5. <i>Extremely</i>    |               |                 |

7. Avoiding *activities* or *situations* because *they reminded you* of a stressful experience?

- |   |               |                 |
|---|---------------|-----------------|
| <input type="checkbox"/> 1. <i>Not at all</i>   | <b>PTSD07</b> | <b>FMT_PTSD</b> |
| <input type="checkbox"/> 2. <i>A little bit</i> |               |                 |
| <input type="checkbox"/> 3. <i>Moderately</i>   |               |                 |
| <input type="checkbox"/> 4. <i>Quite a bit</i>  |               |                 |
| <input type="checkbox"/> 5. <i>Extremely</i>    |               |                 |

8. Trouble *remembering important parts* of a stressful experience?

- |   |               |                 |
|---|---------------|-----------------|
| <input type="checkbox"/> 1. <i>Not at all</i>   | <b>PTSD08</b> | <b>FMT_PTSD</b> |
| <input type="checkbox"/> 2. <i>A little bit</i> |               |                 |
| <input type="checkbox"/> 3. <i>Moderately</i>   |               |                 |
| <input type="checkbox"/> 4. <i>Quite a bit</i>  |               |                 |
| <input type="checkbox"/> 5. <i>Extremely</i>    |               |                 |

9. Loss of interest in activities that you used to enjoy?

- |   |               |                 |
|---|---------------|-----------------|
| <input type="checkbox"/> 1. <i>Not at all</i>   | <b>PTSD09</b> | <b>FMT_PTSD</b> |
| <input type="checkbox"/> 2. <i>A little bit</i> |               |                 |
| <input type="checkbox"/> 3. <i>Moderately</i>   |               |                 |
| <input type="checkbox"/> 4. <i>Quite a bit</i>  |               |                 |

5. *Extremely*

10. Feeling *distant* or *cut off* from other people?

1. *Not at all*

PTSD10

FMT\_PTSD

2. *A little bit*

3. *Moderately*

4. *Quite a bit*

5. *Extremely*

11. Feeling *emotionally numb* or being unable to have loving feelings for those close to you?

1. *Not at all*

PTSD11

FMT\_PTSD

2. *A little bit*

3. *Moderately*

4. *Quite a bit*

5. *Extremely*

12. Feeling as if your *future* will somehow be *cut short*?

1. *Not at all*

PTSD12

FMT\_PTSD

2. *A little bit*

3. *Moderately*

4. *Quite a bit*

5. *Extremely*

13. Trouble *falling* or *staying asleep*?

1. *Not at all*

PTSD13

FMT\_PTSD

2. *A little bit*

3. *Moderately*

4. *Quite a bit*

5. *Extremely*

14. Feeling *irritable* or having *angry outbursts*?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

PTSD14

FMT\_PTSD

15. Having *difficulty concentrating*?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

PTSD15

FMT\_PTSD

16. Being "*super-alert*" or watchful or on guard?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

PTSD16

FMT\_PTSD

17. Feeling *jumpy* or easily startled?

- 1. *Not at all*
- 2. *A little bit*
- 3. *Moderately*
- 4. *Quite a bit*
- 5. *Extremely*

PTSD17

FMT\_PTSD

PTSD\_NOTE

FMT\_CHAR

SHOW 2010      DATE \_\_\_\_\_      SPID \_\_\_\_\_      INITIALS \_\_\_\_\_

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