



## PTSD Assessment

**Instructions:** Read the following descriptive statements. Mark the answer that best fits how you respond:

**(N) almost never, (R) rarely, (S) sometimes, (F) frequently, or (A) almost always.**

A self-scoring on-line version of this evaluation can be found at: [bradhambrick.com/ptsd](http://bradhambrick.com/ptsd).

1. I put more effort into making sure my surroundings are predictable since my trauma.	N	R	S	F	A
2. I have a harder time concentrating on conversations or tasks than I did before my trauma.	N	R	S	F	A
3. I consistently scan my surroundings looking for things that could go wrong or be dangerous.	N	R	S	F	A
4. Rest does not come natural to me. It is harder to enjoy "down time" after my trauma.	N	R	S	F	A
5. I am more sensitive to changes in light, sound, and touch than I was before my trauma.	N	R	S	F	A
6. Small problems and annoyances seem much more threatening after my trauma.	N	R	S	F	A
7. It is harder to calm myself after I get upset since I experienced my trauma.	N	R	S	F	A
8. My decision making has become more impulsive and reactionary since my trauma.	N	R	S	F	A
9. Not being in control is much more unsettling than it was before my trauma.	N	R	S	F	A
10. I get upset more quickly, more intensely, and about more things since my trauma.	N	R	S	F	A
11. There are experiences related to my trauma that create a heightened response.	N	R	S	F	A
12. I lose considerable control of my emotions around things that remind me of my trauma.	N	R	S	F	A
13. I don't understand why I respond to certain things more strongly than I used to.	N	R	S	F	A
14. Certain sounds, smells, and sensations come with strong memories of my trauma.	N	R	S	F	A
15. Themes in movies or television related to my trauma now create a heightened response.	N	R	S	F	A
16. My memories of the trauma can feel more like "reliving" than "recalling" the experience.	N	R	S	F	A
17. I lose my sense of space and time (feeling disoriented) with greater frequency.	N	R	S	F	A
18. The sounds, smells, and depictions of my trauma memories are very strong and real.	N	R	S	F	A
19. My trauma memories are so real I have to remind myself of what is past and present.	N	R	S	F	A
20. My memories of the trauma can seem "more real" than the physical world around me.	N	R	S	F	A
21. I dread going to sleep because of how powerless and vulnerable it makes me feel.	N	R	S	F	A
22. I have dreams that replay aspects of the trauma I experienced.	N	R	S	F	A
23. I have dreams different from my trauma, but with themes of powerlessness and despair.	N	R	S	F	A
24. I sometimes wake up frightened but with no recollection of what I had been dreaming.	N	R	S	F	A
25. I move a lot and give signs of franticness when I am asleep.	N	R	S	F	A
26. I am withdrawing from people at times I would have been social before my trauma.	N	R	S	F	A
27. I am avoiding activities I would have engaged before my trauma.	N	R	S	F	A
28. I can tell there are changes in my personality that are adverse to social settings.	N	R	S	F	A
29. Large groups of people make me much more unsettled than they did before my trauma.	N	R	S	F	A
30. I avoid forms of entertainment or recreation that I previously enjoyed.	N	R	S	F	A
31. I often cannot feel emotions as strongly as I did before my trauma.	N	R	S	F	A
32. My ability to enjoy life feels muted or impeded.	N	R	S	F	A
33. I do not feel capable of "feeling" the love I have for my family and friends.	N	R	S	F	A
34. There are times a situation calls for a particular emotional response and I feel frozen.	N	R	S	F	A
35. I find myself frequently "stuck" wondering what I should be feeling.	N	R	S	F	A
36. I sometimes feel separated from my own experience, as if I am watching myself.	N	R	S	F	A
37. I feel detached from my own reactions to things, wondering what I'll do next.	N	R	S	F	A
38. I sometimes hurt myself to create a sense of being separate from my own experience.	N	R	S	F	A
39. I sometimes escalate an argument or engage in dangerous behavior for the relief it provides.	N	R	S	F	A
40. When life is really stressful I sometimes "black out" and forget blocks of time.	N	R	S	F	A
41. I feel like my trauma has changed me in a way that makes me "less than" others.	N	R	S	F	A
42. I often feel like people know what's happened to me and judge me because of it.	N	R	S	F	A
43. I feel like if I share what happened, I will burden or "contaminate" others.	N	R	S	F	A
44. I daydream about who "I would have been" if this never happened.	N	R	S	F	A
45. When I feel rejected, I wonder if it's because of something related to my trauma.	N	R	S	F	A
46. The way I tell stories often leaves out important events that would change the whole story.	N	R	S	F	A
47. People say I'm manipulative because of how I "frame" many of the things I say.	N	R	S	F	A



48. I overlook really important factors that I know are true because they don't fit how I feel.    **N   R   S   F   A**  
49. Living as if my trauma never happened made me good at living as if many things didn't happen. **N   R   S   F   A**  
50. I am good at pretending the world is as I want it to be and trying to get others to live in it.    **N   R   S   F   A**

**Key to Survey Scoring:** Give yourself one point for an “S” response, two points for an “F” response, and three points for an “A” response. If your total score matches the total number of questions in a given subset, that is an area of concern. If your total score comes close to doubling the total number of questions, it is a significant concern. If your total score more than doubles the total number of questions, it should be considered a life-dominating struggle.

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The classic definition of post-traumatic stress involves three symptom clusters: (1) symptoms of hyperarousal, (2) symptoms of intrusion, and (3) symptoms of constriction. This assessment looks at several symptoms in each cluster and then adds two additional areas of assessment – sense of shame and fragmentation.

All of these symptoms are not present in every experience of post-traumatic stress. Your goal in this material is to identify the experiences that accompany your experience of trauma, and to be able to verbalize them without a sense that “you’re doing something wrong” or are “exhibiting weakness” by having these experiences.

**Symptoms of Hyperarousal:** Trauma elicits fear and fear activates the flight-fight response. In post-traumatic stress the flight-fight response remains activated as a means for bracing against being surprised by another trauma. This results in all the changes one would expect if your adrenal system was perpetually left on high. One goal for re-establishing a sense of safety and learning how to intentionally relax (future section) is to be able to turn off this flight-fight response during times when it is not needed.

- Questions 1-5:                    ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes the hyperarousal response of **hypervigilance**. “Hyper” means elevated. “Vigilance” means watchfulness. Hypervigilance is an elevated sense of watchfulness and accounts for the generalized anxiety that often accompanies post-traumatic stress. After a trauma, it is normal to want to ensure you are not surprised by another crisis. But this watchfulness can begin to negatively impact your ability to rest – physically, mentally, or emotionally; and it can create a sense of suspicion that impacts how you interpret the people and events around you.

- Questions 6-10:                    ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes the hyperarousal response of **agitation**. Being “on guard” is one step away from being aggressive. When you live as if you are perpetually on the brink of a significant threat, it becomes natural to be more hostile or forceful to the undesirable aspects of your surroundings. When we are bracing for a threat, we are prone to interpret relatively small irritants or disappointments as being larger than they really are.

**Symptoms of Intrusion:** Memories are intrusive when they enter our mind against our will and do not leave our mind when we want them to. Most memories we can pick up and put down as we wish. Traumatic memories imprint in our brains in a manner that makes this process much more difficult (more on this in step three). Not being able to control our own thoughts can make us feel “crazy” and out of control. For this reason, for many people, intrusive symptoms are the most disturbing aspect of post-traumatic stress.

- Questions 11-15:                    ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes the intrusive response of **trigger responses**. Human memory is highly dependent upon associations. Seeing a familiar face “triggers” the memory of a name. Smelling a familiar ingredient “triggers” the memory of a meal. The more association an event has the more we remember it. Post-traumatic stress hijacks this basic human tendency to recall the trauma frequently. Hypervigilance results in an individual noticing more triggers in their environment and associating more things with the trauma “just to be sure” they are not surprised again.

- Questions 16-20:                    ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes the intrusive response of **flashbacks**. Flashbacks are past memories experienced as present realities. The senses (i.e., sight, smell, sound, sensation) are activated by the memory as if the memory was



being relived. This is not something that an individual does intentionally, but is the by-product of how traumatic memories imprint in the brain. The stronger your experience of flashbacks the more important it is to do relaxation work while experiencing the memory to re-establish a sense of “chronological distance” from your memories.

- Questions 21-25: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes the intrusive response of **sleep disturbances**. Our cognitive activity while we sleep may be one of the least understood aspects of common human experience. No one understands why we dream, much less what dreams mean or how to change our dreaming experience. What we do know is that it is common for those who have experienced trauma to have sleep disturbances: sleeplessness, restless sleep, and nightmares. We also know that these experience decrease, but are not always eliminated, as someone processes their trauma well.

**Symptoms of Constriction:** Intense experiences can make common experiences feel muted. Jumping on a trampoline makes jumping on the ground feel like you have concrete in your shoes. Attending a rock concert makes normal conversations feel like people are whispering. These parallel the way that the spike experience of trauma changes our experience of day-to-day events and emotions.

“As intrusive symptoms diminish, numbing or constrictive symptoms come to predominate. The traumatized person may no longer seem frightened or may resume the outward forms of her previous life. But the severing of events from their ordinary meanings and the distortion in the sense of reality persist. She may complain that she is just going through the motions of living, as if she were observing the events of daily life from a great distance (p. 48).” Judith Hermann in *Trauma and Recovery*

- Questions 26-30: (Total: \_\_\_\_\_ in 5 questions)

This set of questions describes the constriction response of **avoidance and isolation**. This is the most volitional of the post-traumatic responses in this assessment. When we don’t feel safe it is natural to limit the number of things that can add to our feeling unsafe. If we do not believe we can handle what we’re currently experiencing, we do not want to add anything to that experience. The natural, though unhealthy, response is often to withdraw and isolate.

- Questions 31-35: (Total: \_\_\_\_\_ in 5 questions)

This set of questions describes the constriction response of **numbing**. Intense experiences make us less sensitive to less intense experiences. This creates a trap. We fear intense experiences, but we have a hard time experiencing things in the “normal range.” Some people respond by isolating (see above) to feel safe. Other people respond to this numbing by engaging in dangerous or painful activities to “at least feel something.” It is possible to re-acclimate to human experience in the normal range, but it requires exposing yourself to these events and relationship (steps seven to nine) after having healthily processed and disempowered the memory of the trauma (steps four to six).

“The psychological distress symptoms of traumatized people simultaneously call attention to the existence of an unspeakable secret and deflect attention from it. This is most apparent in the way traumatized people alternate between feeling numb and reliving the event (p. 1).” Judith Hermann in *Trauma and Recovery*

- Questions 36-40: (Total: \_\_\_\_\_ in 5 questions)

This set of questions describes the constriction response of **dissociation**. Dissociation can be hard to describe because it is to experience our own experiences in an atypical fashion (from without instead of within). A common experience is “dissociative dream,” those dreams where you watch yourself acting instead of experiencing the dream “from behind your own eyes.” Dissociation is an adaptive response God provided for times when people cannot physically escape pain. However, after trauma, this dissociative reflex can become activated at times when it is not warranted and become maladaptive.

“While numbness or dissociation at the time of the trauma can provide immediate emotional protection, over the long term it comes at a high price. One abuse expert wisely observes, ‘Dissociation does not take the abuse away, it takes the person away’ (p. 100).” Steven R. Tracy in *Mending the Soul*



**Other Post-Traumatic Responses:** There are other common responses to trauma that do not fit the three symptom clusters above. In this assessment we examine two of them: shame and fragmentation.

- Questions 41-45: (Total: \_\_\_\_\_ in 5 questions)

This set of questions describes the post-traumatic response of **shame**. Trauma leaves us with many of the experiences of shame: worthless, inferior, rejected, weak, humiliated, exposed, defiled, etc... Because of the frequency of memories related to trauma, these experiences of shame have a strong tendency to become part of our identity; instead of a passing emotional experience. It is important to understand this link between trauma and a shame-based identity in order to avoid a defeatist or reactive tendency that a shame-based identity brings.

- Questions 46-50: (Total: \_\_\_\_\_ in 5 questions)

This set of questions describes the post-traumatic response of **fragmentation**. Telling one's own story well is difficult after a trauma. Discerning what to take responsibility for and what to blame on the trauma is hard. Explaining your reactions when you don't want to (or it isn't wise to) tell the story of your trauma to someone new. Wishing your life was different and allowing yourself to think-speak as if certain things were not true. All of these understandable challenges contribute to relating to others and understanding your own story in a way that is "fragmented" – the pieces are not connected to the accurate and cohesive whole.

Does alcohol, drug, steroid, or prescription medicine usage ever affect the frequency, intensity, or type of your post-traumatic stress; even for "self-medicating" purposes?

\_\_\_\_ Yes \_\_\_\_ No

These are mind-mood altering substances that both directly and indirectly exacerbate the experience of post-traumatic stress. If you have a substance abuse problem, then this struggle will have to be overcome before you will find consistent relief from PTSD. Regardless, consuming a depressant, stimulant, or other mind-mood altering substance while trying to gain emotional regulation is counter-productive and inadvisable.