

ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

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Screening for Posttraumatic Stress Disorder (PTSD)

If you suspect that you might suffer from PTSD, answer the questions below, print out the results and share them with your health care professional.

To locate a specialist who treats PTSD, visit the ADAA Find a Therapist.





Are you troubled by the following?

Yes O No O

You have experienced or witnessed a life-threatening event that caused intense fear, helplessness, or horror.

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

Yes O No

Repeated, distressing memories, or dreams

Yes No

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

Yes O No

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

Sensing that your future has shrunk (for example, you don't expect

to have a career, marriage, children, or normal life span)

Do reminders of the event affect you in at least three of the following ways?

Avoiding thoughts, feelings, or conversations about it No() Avoiding activities and places or people who remind you of it No() Blanking on important parts of it No() Yes (Losing interest in significant activities of your life Yes (No() Feeling detached from other people No() Yes (Feeling your range of emotions is restricted No() Yes (

Are you troubled by at least two of the following?

No() Yes ()

No()

Problems sleeping

Yes (

No()

Irritability or outbursts of anger

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Generalized Anxiety Disorder (GAD)

Obsessive-Compulsive Disorder (OCD)

Panic Disorder & Agoraphobia

Posttraumatic Stress Disorder (PTSD)

Social Anxiety Disorder

Specific Phobias

Depression

Yes 🔾	No 🔾	Problems concentrating
Yes 🔘	No 🔾	Feeling "on guard"
Yes 🔾	No 🔾	An exaggerated startle response
Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Depression and substance abuse are among the conditions that occasionally complicate PTSD and other anxiety disorders.		
Yes	No 🔾	Have you experienced changes in sleeping or eating habits?
More days than not, do you feel		
Yes 🔘	No 🔾	sad or depressed?
Yes 🔘	No 🔾	disinterested in life?
Yes 🔾	No 🔾	worthless or guilty?
During the last year, has the use of alcohol or drugs		
Yes	No 🔾	resulted in your failure to fulfill responsibilities with work, school, or family?
Yes 🔾	No 🔾	placed you in a dangerous situation, such as driving a car under the influence?
Yes 🔾	No 🔾	gotten you arrested?
Yes 🔾	No 🔾	continued despite causing problems for you or your loved ones?
Reference: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.		
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(Print this form)

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FAQ

Do I have an anxiety disorder?

What causes anxiety disorders?

What treatment options are available? more FAQs

Contact ADAA

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Contact ADAA

Request Publications



ADAA is a national nonprofit organization dedicated to the prevention, treatment, and cure of anxiety and mood disorders, OCD, and PTSD and to improving the lives of all people who suffer from them through education, practice, and research.









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