



The Centre For Cognitive · Behavioural Therapy

Professional, Confidential Counselling



Post Traumatic Stress Disorder Questionnaire

Look at the list of the following symptoms answer yes/no to the symptoms list.

1	Are you having difficulty sleeping?	Yes/No
2	Do you get headaches?	Yes/No
3	Do you have trouble concentrating?	Yes/No
4	Do you have poor digestion?	Yes/No
5	Is your appetite poor?	Yes/No
6	Do you cry more often?	Yes/No
7	Are you having trouble working?	Yes/No
8	Are you sad?	Yes/No
9	Have you a loss of pleasure in activities?	Yes/No
10	Is your decision making affected?	Yes/No
11	Have you lost interest in people?	Yes/No
12	Do you feel a loss of self-worth?	Yes/No
13	Are you constantly tired?	Yes/No
14	Are you shaky/scared?	Yes/No
15	Are you worried, nervous?	Yes/No
16	Are you unable to relax?	Yes/No
17	Are you more irritable now?	Yes/No
18	Do you have nightmares about the traumatic event?	Yes/No
19	Do you have unwanted thoughts about the traumatic event?	Yes/No
20	Do you have flashbacks about the traumatic event?	Yes/No
21	Do you feel that life is not worth living?	Yes/No
22	Do you contemplate ending your life?	Yes/No
23	Do you feel hopeless about the future?	Yes/No