



PTSD Symptom Self-Check and Screening

Purpose: A short, trauma-sensitive screening to help you notice common PTSD symptoms and choose a compassionate, practical next step. This is not a diagnosis; a positive screen suggests a clinical assessment with a qualified mental health professional may be helpful.

How to use: Answer each item for the past month with Yes / Sometimes / No. Tally scores (Yes = 2, Sometimes = 1, No = 0). Total potential score = 20. If your score suggests notable symptoms, consider follow-up with a clinician who can provide a formal assessment and support.

Questions

1. I have upsetting memories, images, or flashbacks of a frightening or traumatic event that come to mind unexpectedly.
2. I have repeated distressing dreams or nightmares about the event.
3. I try to avoid thoughts, feelings, people, places, or activities that remind me of the event.
4. I feel emotionally numb, detached from others, or find it hard to experience positive feelings.
5. I notice increased irritability, angry outbursts, or aggressive behavior that feels out of proportion.
6. I feel constantly on guard, jumpy, or overly easily startled.
7. I have trouble concentrating or completing tasks because my mind wanders to distressing memories.
8. I avoid talking about the event or feel unable to recall important parts of what happened.
9. I experience physical reactions (sweating, racing heart, dizziness) when reminded of the event.
10. I feel persistent guilt, shame, or blame related to the event even when facts suggest otherwise.

Scoring Guide

- Add your points (Yes = 2, Sometimes = 1, No = 0).
- 0–7 = Few or Minimal PTSD-Type Symptoms
- 8–13 = Moderate PTSD-Type Symptoms — consider a clinical screen
- 14–20 = High PTSD-Type Symptoms — recommend professional assessment



Results and Sensitive Next Steps

Few or Minimal Symptoms (0–7). You report few current symptoms commonly associated with PTSD. Continue regular self-care and monitor changes; use grounding and regulation tools when intrusive memories surface. Practice a daily sixty-second grounding routine and note any pattern of increasing symptoms.

Moderate Symptoms (8–13). You experience several PTSD-type symptoms that may affect daily life; a structured clinical screening (e.g., with a primary care clinician or trauma-informed therapist) can clarify diagnosis and treatment options. Book a brief consultation with a trauma-aware clinician and try a paced 2-week regulation plan (daily grounding + one short check-in with a trusted person).

High Symptoms (14–20). Your responses indicate many PTSD symptoms that are affecting wellbeing and functioning; clinical assessment and support are strongly recommended. Contact a licensed mental health professional experienced in trauma for assessment and discuss evidence-based options such as trauma-focused therapy. If symptoms include panic, dissociation, severe sleep disturbance, or functional impairment, seek help promptly.

Short Trauma-Sensitive Practices (2–5 minutes)

- Grounding 5-4-3-2-1 (90 seconds): Name 5 things you see, 4 you can touch, 3 you hear, 2 you smell, 1 you taste or feel physically to anchor to the present.
- Safe-Place Visual (2 minutes): Close eyes, imagine a small safe scene in detail (sights, sounds, textures); open eyes slowly and notice one steadying sensation.
- One-Minute Regulation Breath: Gentle abdominal breathing for 60 seconds, slow inhale through nose for 4, gentle exhale for 6 ; repeat twice.

Safety, Limits, and When to Get Immediate Help

If you have thoughts of harming yourself or others, are unable to keep yourself safe, or feel unable to function day to day, seek immediate professional help. If you are unsure where to turn, contact local crisis services or a healthcare provider and request urgent mental health support.

This quiz is for educational and self-reflective purposes only. It is not a substitute for professional diagnosis or treatment.