

SCREENING FOR PTSD

(Prins et al., 2004, Primary Care Psychiatry)

In your life have you ever had any experience that was so frightening, horrible or upsetting, that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?

YES/NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

YES/NO

3. Were constantly on guard, watchful or easily startled?

YES/NO

4. Felt numb or detached from others, activities, or your surroundings?

YES/NO

If 2 or more are answered with "yes", a diagnosis of PTSD is probable.