

# *Life Script Counseling Services*

*"Helping YOU Reclaim Your Life"*

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Thank you for your interest and concern about whether or not you have PTSD (Post Traumatic Stress Disorder) and downloading this form.

To Score this form:

1. Download it and print it out.
2. Add up the numbers in each column
3. Add up the column totals. This will give you an idea of if you have any, how much you have and how serious it might be.

You might also want to visit [www.cestudy.org](http://www.cestudy.org)

Sincerely,

*Tom Porpiglia MS, LMHC  
D.CEP, EFT-ADV, V.V.*

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## **Post Traumatic Stress Disorder Check List**

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Use the below scoring to indicate how much you have been bothered by the experience.

**1 = Not at all      2 = A little bit      3 = Moderately      4 = Quite a bit      5 = Extremely**

- |     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 1.  | Repeated, disturbing memories, thoughts or images of a stressful life experience.  | 1 | 2 | 3 | 4 | 5 |
| 2.  | Repeated, disturbing dreams of a stressful life experience.  | 1 | 2 | 3 | 4 | 5 |
| 3.  | Suddenly acting or feeling as if a stressful life experience were happening again, as if you were reliving it.                           | 1 | 2 | 3 | 4 | 5 |
| 4.  | Feeling very upset when something reminded you of a stressful life experience  | 1 | 2 | 3 | 4 | 5 |
| 5.  | Having physical reactions (e.g: heart pounding, trouble breathing, sweating) when something reminded you of a stressful life experience. | 1 | 2 | 3 | 4 | 5 |
| 6.  | Avoiding thinking about or talking about a stressful life experience or avoiding having feelings related to it.                          | 1 | 2 | 3 | 4 | 5 |
| 7.  | Avoiding activities or situations because they remind you of a stressful life experience   | 1 | 2 | 3 | 4 | 5 |
| 8.  | Trouble remembering important parts of a stressful life experience.  | 1 | 2 | 3 | 4 | 5 |
| 9.  | Loss of interest in activities that you used enjoy.  | 1 | 2 | 3 | 4 | 5 |
| 10. | Feeling distant or cut off from other people.  | 1 | 2 | 3 | 4 | 5 |
| 11. | Feeling emotionally numb or being unable to have loving feelings towards those close to you.   | 1 | 2 | 3 | 4 | 5 |
| 12. | Feeling as if your future will somehow be cut short  | 1 | 2 | 3 | 4 | 5 |
| 13. | Trouble falling or staying asleep  | 1 | 2 | 3 | 4 | 5 |
| 14. | Feeling irritable or having angry outbursts  | 1 | 2 | 3 | 4 | 5 |
| 15. | Having difficulty concentrating  | 1 | 2 | 3 | 4 | 5 |
| 16. | Being "super-alert" or watchful or on guard  | 1 | 2 | 3 | 4 | 5 |
| 17. | Feeling jumpy ore easily startled  | 1 | 2 | 3 | 4 | 5 |

Sub Totals by column


17-None; 18 - 34 Mild; 35 - 51 Moderate; 52 - Sever; Over 69 Very Sever