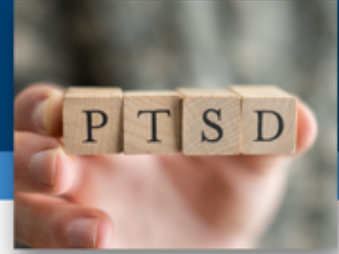


# PTSD Self-Screen



IF YES:

In the PAST MONTH, have you:

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?

YES

NO

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

YES

NO

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

YES

NO

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

YES

NO

5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

YES

NO

IF 0, 1, OR 2 YES RESPONSES:

You scored 2 or less on the PC-PTSD-5 (Primary Care PTSD Screen for DSM-5).

**Your answers suggest you may not have PTSD.**

If you notice your symptoms aren't improving or are getting worse, you may want to talk to a health care provider. If you have symptoms that last, treatment can help—whether or not you have PTSD.

Visit [www.ptsd.va.gov](http://www.ptsd.va.gov) for more information