



Post-Traumatic Stress Disorder (PTSD) Assessment Report

Demographic Information

Name Nathan K. White
Age 44
Gender Male
Assessment date May 25, 2024

Report summary

PTSD impact Moderate
Test score 36

Assessment Findings

Question	Response					
<input type="radio"/> Any reminder brought back feelings about the event/s	<input type="radio"/> Not at all	<input checked="" type="radio"/> A little bit	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I had trouble staying asleep	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input checked="" type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> Other things kept making me think about it	<input checked="" type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I felt irritable and angry	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input checked="" type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I avoided letting myself get upset when I thought about it or was reminded of it	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Moderately	<input checked="" type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I thought about the event when I didn't mean to	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input checked="" type="radio"/> Extremely	
<input type="radio"/> I felt as if the event hadn't happened or it wasn't real	<input checked="" type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I have stayed away from reminders about the situation	<input type="radio"/> Not at all	<input checked="" type="radio"/> A little bit	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> Images and pictures of the event pop into my mind	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input checked="" type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I have been jumpy and easily startled	<input checked="" type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I have tried not to think about the situation	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input checked="" type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I am aware I have a lot of feelings about what happened but I haven't dealt with them	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Moderately	<input checked="" type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I feel quite 'numb' about the situation	<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input checked="" type="radio"/> Extremely	
<input type="radio"/> I have found myself acting/feeling like I am back at the time of the event	<input checked="" type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I have had trouble falling asleep	<input type="radio"/> Not at all	<input checked="" type="radio"/> A little bit	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I experience waves of strong feelings about the situation	<input checked="" type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	
<input type="radio"/> I have tried to remove the situation from my memory	<input checked="" type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Moderately	<input type="radio"/> Quite a bit	<input type="radio"/> Extremely	

- ☐ I have trouble concentrating on things I am supposed to do ☒ **Not at all** ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely
- ☐ Reminders of the event cause me to have physical reactions such as sweating, palpitations, panic attacks ☒ **Not at all** ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely
- ☐ I have dreams about the situation ☐ Not at all ☐ A little bit ☐ Moderately ☒ **Quite a bit** ☐ Extremely
- ☐ I feel on-guard and struggle to relax ☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☒ **Extremely**
- ☐ I try not to talk about the situation ☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☒ **Extremely**

Recommendations

It is recommended that the patient be referred to a mental health professional for further assessment and appropriate treatment. Treatment options may include therapy, medication, and coping strategies to manage PTSD symptoms effectively.

Severity of Symptoms

Not at all	8
A little bit	3
Moderately	4
Quite a bit	3
Extremely	4