

## Baseline PTSD Checklist

*Instructions:* This questionnaire asks about problems you may have had after a very stressful experience involving *actual or threatened death, serious injury, or sexual violence*. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. Some examples are a *serious accident; fire; disaster, such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; homicide; or suicide*.

First, please answer a few questions about your *worst event* (the index event that causes the most PTSD symptoms), which for this questionnaire means the event that currently bothers you the most. This could be one of the examples above or some other very stressful experience.

Briefly identify the worst event: \_\_\_\_\_  
\_\_\_\_\_

How long ago did it happen? \_\_\_\_\_

Did it involve actual or threatened death, serious injury, or sexual violence?

☐ Yes

☐ No

How did you experience it?

☐ It happened to me directly.

☐ I witnessed it.

☐ I learned about it happening to a close family member or close friend.

☐ I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder).

☐ Other (please describe): \_\_\_\_\_

If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?

☐ Accident or violence

☐ Natural causes

☐ Not applicable (the event did not involve the death of a close family member or close friend)

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## Baseline PTSD Checklist (page 2 of 2)

**Instructions:** Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully, and then circle one of the numbers to the right to indicate how much you have been bothered by that problem *in the past month*.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again ( <i>as if you were actually back there reliving it</i> )?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience ( <i>for example, heart pounding, trouble breathing, sweating</i> )?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience ( <i>for example, people, places, conversations, activities, objects, or situations</i> )?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience (not due to head injury or substances)?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world ( <i>for example, having thoughts such as I am bad, There is something seriously wrong with me, No one can be trusted, or The world is completely dangerous</i> )?	0	1	2	3	4
10. Blaming yourself or someone else (who didn't intend the outcome) for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings, such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings ( <i>for example, being unable to feel happiness or have loving feelings for people close to you</i> )?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "super alert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Add up the total and write it here: \_\_\_\_\_

(The possible range of scores is 0–80.)

## Impact Statement

Please write at least one page on *why* you think your worst traumatic event occurred. You are *not* being asked to write specifics about the traumatic event. Write about what you have been thinking about the *cause* of the worst event.

**Here are some questions that might be helpful to consider as you write about the cause of the event:**

- Who have you been thinking is to blame for this event?
- Have you been thinking of things you should have done differently? If so, what?
- Have you been thinking of things other people should have done differently? If so, what?
- Have you been thinking the event could have been prevented? If so, how?
- Why do you think this event happened to you (versus to someone else)?
- What does it mean about you that this event happened?
- If the event happened to someone else, why do you think it happened to them (versus to another person)?

Also, consider the *effects* this traumatic event has had on your beliefs about yourself, others, and the world in the following areas: safety, trust, power/control, esteem, and intimacy. You can write your responses to the questions about why the event happened and the effects of the trauma in the space below.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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