## **Trauma Symptoms Checklist**

Assess your trauma symptoms

## 0 = no difficulty or no negative impact 5 = extreme difficulty and a high level of interference in your life

	Trauma Symptoms Checklist						
1	Feelings of helplessness and / or powerlessness	0	1	2	3	4	5
2	Lack of focus or concentration	0	1	2	3	4	5
3	Memory gaps, especially related to traumatic events	0	1	2	3	4	5
4	Disorientation—confused about time, space, direction	0	1	2	3	4	5
5	Prone to accident	0	1	2	3	4	5
6	Feeling out of control	0	1	2	3	4	5
7	Feeling frozen, paralyzed, immobile	0	1	2	3	4	5
8	Recurring nightmares	0	1	2	3	4	5
9	Intrusive imagery related the trauma	0	1	2	3	4	5
10	Flashbacks as if you were reliving the event	0	1	2	3	4	5
11	Disrupted sleep patterns: insomnia I oversleeping I both (choose one)	0	1	2	3	4	5
12	Lethargy, exhaustion, chronic fatigue	0	1	2	3	4	5
13	Night terrors or abrupt awakening with intense fear	0	1	2	3	4	5
14	Extreme emotional shifts	0	1	2	3	4	5
15	Rage or anger outbursts	0	1	2	3	4	5
16	Overcautiousness	0	1	2	3	4	5
17	Fear of being watched or followed	0	1	2	3	4	5
18	Startle easily or "jumpy"	0	1	2	3	4	5
19	Feeling overwhelmed	0	1	2	3	4	5
20	Feeling defeated, inadequate, can't do anything	0	1	2	3	4	5
21	Feeling confused or fragmented	0	1	2	3	4	5
22	Too much energy—hyperactivity	0	1	2	3	4	5
23	Impulse to run away or escape fantasies	0	1	2	3	4	5

	Trauma Symptoms Checklist						
24	Unable to feel body weight, feeling outside yourself	0	1	2	3	4	5
25	Feeling physically heavy, leaden	0	1	2	3	4	5
26	Losing or misplacing personal items such as keys, glasses, etc.	0	1	2	3	4	5
27	Feeling disconnected, lost, "not here"	0	1	2	3	4	5
28	Trouble keeping track of time, late for appointments	0	1	2	3	4	5
29	Trouble orienting in space, bumping into things	0	1	2	3	4	5
30	Avoidance of triggers or associations with the traumatic event	0	1	2	3	4	5
31	Panic attacks	0	1	2	3	4	5
32	Feeling anxious	0	1	2	3	4	5
33	Nausea or vomiting	0	1	2	3	4	5
34	Shame	0	1	2	3	4	5
35	Self-judgement or self-blaming	0	1	2	3	4	5
36	Electric or overcharged feeling in body	0	1	2	3	4	5
37	Obsessive review or constant retelling of trauma story	0	1	2	3	4	5
38	Disrupted eating: overeating I undereating I both (choose one)	0	1	2	3	4	5
39	Easily distracted	0	1	2	3	4	5
40	Chronic pain	0	1	2	3	4	5
41	Hypervigilance or feeling "on guard"	0	1	2	3	4	5
42	Inability to cope with normal stresses	0	1	2	3	4	5
43	Isolation from people	0	1	2	3	4	5
44	Constriction, feeling shut down	0	1	2	3	4	5
45	Distrust	0	1	2	3	4	5
46	Little or no awareness of choices	0	1	2	3	4	5
47	Disinterest in life	0	1	2	3	4	5
48	Generalized fear or anger	0	1	2	3	4	5
49	Excessive worrying	0	1	2	3	4	5

	Trauma Symptoms Checklist						
50	Disrupted relationships	0	1	2	3	4	5
51	Alienation, believing no one can understand	0	1	2	3	4	5
52	Bonding with others through trauma	0	1	2	3	4	5
53	Sudden fearfulness for no apparent reason	0	1	2	3	4	5
54	Fearlessness of dangerous situations	0	1	2	3	4	5
55	Uncontrolled temper	0	1	2	3	4	5
56	Desire to hurt self or others	0	1	2	3	4	5
57	Loss of sexual interest	0	1	2	3	4	5
58	Dizziness	0	1	2	3	4	5
59	Idea that someone can control your thoughts	0	1	2	3	4	5
60	Fear of being alone	0	1	2	3	4	5
61	Fear of being with others	0	1	2	3	4	5
62	Crying easily	0	1	2	3	4	5
63	Inability to cry	0	1	2	3	4	5
64	Fear of leaving home or familiar surroundings	0	1	2	3	4	5
65	Acting as if everything is fine	0	1	2	3	4	5
66	No sense of future	0	1	2	3	4	5
67	Loss of creativity	0	1	2	3	4	5
68	Depression	0	1	2	3	4	5
69	Shakiness	0	1	2	3	4	5
70	Apathy, no energy for life	0	1	2	3	4	5
71	Feeling deadened or numb	0	1	2	3	4	5
72	Difficulty with starting projects	0	1	2	3	4	5
73	Starting many projects and not completing them	0	1	2	3	4	5
74	Hypersensitivity to sound or light	0	1	2	3	4	5
75	Get feelings hurt easily	0	1	2	3	4	5

	Trauma Symptoms Checklist						
76	Irritability, overreacting to situations	0	1	2	3	4	5
77	Compulsively rechecking everything you do	0	1	2	3	4	5
78	Acting out / throwing objects / screaming / hitting or kicking / shouting (choose all that apply)	0	1	2	3	4	5
79	Everything seems burdensome or daunting	0	1	2	3	4	5
80	Feeling weak in body, collapsed in joints	0	1	2	3	4	5
81	Feeling dread, as if something bad is going to happen	0	1	2	3	4	5
82	Restlessness, can't settle	0	1	2	3	4	5
83	Heart pounding, racing, or irregular	0	1	2	3	4	5
84	Not remembering aspects of traumatic event	0	1	2	3	4	5
85	Difficulty connecting or feeling close to others	0	1	2	3	4	5
86	Difficulty making decisions	0	1	2	3	4	5
87	Guilt, regret, shame	0	1	2	3	4	5
88	Numbing, deadening of feeling or sensation	0	1	2	3	4	5
89	Stomach problems, upset, tied in knots, nausea	0	1	2	3	4	5
90	Feelings of worthlessness, inadequacy	0	1	2	3	4	5
91	Feeling your life is still threatened	0	1	2	3	4	5
92	Increased urinary frequency	0	1	2	3	4	5
93	Temperature shifts—chills or hot flashes	0	1	2	3	4	5
94	Waiting for the other shoe to drop	0	1	2	3	4	5
95	Feeling violated or unsafe	0	1	2	3	4	5
96	Emotional flooding, unable to control emotions	0	1	2	3	4	5
97	Feeling heightened sense of urgency	0	1	2	3	4	5
98	Obsessive thinking about the traumatic event	0	1	2	3	4	5
99	Difficulty sensing body	0	1	2	3	4	5
100	Continued sense of threat since the traumatic event(s)	0	1	2	3	4	5