

## **SCREENING FOR PTSD**

*(Prins et al., 2004, Primary Care Psychiatry)*

In your life have you ever had any experience that was so frightening, horrible or upsetting, that, in the past month, you:

1. Have had nightmares about it or thought about it when you did not want to?

YES/NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

YES/NO

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

YES/NO

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

YES/NO

If 2 or more are answered with "yes", a diagnosis of PTSD is probable.