

Veterans PTSD Assessment

Part I

Understanding Your Self Assessment

The combat self assessment is constructed to help you understand what effect your war zone experience has had on you. The purpose of the assessment is to help you to recognize what specific areas you need to work on.

Effected By War Zone Experiences?

Check "YES or "NO"	YES	NO
Do you have difficulty concentrating on daily tasks?		
Do you hear sounds or noises from combat experiences in your head?		
Do you find yourself worrying about the safety of family, friends, self and the future?		
Are you easily startled by daily sound or noises that remind you of your combat experiences?		
Do you become easily frustrated, angry or have temper outbursts which you cannot control?		
Do you feel ashamed and judgmental toward yourself about how you perform in combat missions?		
Have you been feeling depressed a lot?		
Does the future look hopeless?		
Do you feel worthless or think of yourself as a failure?		
Do you easily feel overwhelmed?		
Have you lost interest in your career, hobbies, relationships, family or friends?		
Have you lost your appetite or restrict your eating?		
Do you isolate from your family or friends?		
Do you judge yourself about how you have been performing in relationships, job or socially?		
Do you feel guilty that maybe you didn't protect yourself or brothers-in-arms enough?		
Do you find it hard to sleep through the night?		
Have you lost interest in sex?		
Do you have thoughts that life is not worth living because a brother-in-arms died?		
Do you feel that you did not complete the combat mission you were trained for?		
Do you feel hatred toward anyone, any culture or yourself?		

Have you experienced emotional numbness or detachment from thoughts painful events you have experienced in combat?		
Are you having repeated thoughts of threats made, overtly or covertly, to your life in combat?		
Are you constantly dreaming about combat experiences?		
Are you constantly fearful, jumpy and suspicious?		
Are you turning to addictive behaviors?		
Are you consciously avoiding reminders of losses in your life?		
Are you experiencing sexual problems, such a preoccupation, indifference or fear of?		
Do you have constant inner feelings of emptiness?		

Effected By War Zone Experiences Key:

The goal in taking this assessment is to have no checks in the “yes” column. If you checked 4 or less “yes” boxes then you are experiencing a low level of effect, but you need to address each area. Five to fourteen “yes” boxes, then your war experiences are significant level of affect on your daily life. If you checked 15 or higher, then your experiences are severely effecting your daily functioning and should seek professional help.

If you need assistance with your PTSD contact

Dr. Bill at 239-349-2209

Part II

Memory

Do you have repeated unpleasant thoughts of combat that won't leave your mind?		
Do you have repeated thoughts of threats made to you that will not leave your mind?		
Do you have disturbing combat images that flash in your mind?		
Do you experience the inability to stop or control combat memories which replays often in your mind?		
Do you dream of past combat experiences?		
Do you experience periods of lost time.		
Do you dream about something bad happening in the future?		

Memory Checklist Key:

The goal of this checklist is to assist you to recognizing that you have unclosed combat issues. If you have checked even one "yes" box, you are carrying unclosed material. If these issues are not addressed, you will experience more intrusiveness and have greater difficulty functioning in civilian life.

To get help for memory problems visit

http://www.DrBillTollefson.com/enhanced_rrt.html