How to Know If You Should Talk to Your Healthcare Provider

Have You Experienced Trauma?

Some examples may include:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

If yes, please answer the questions below.

In the Past Month Have You...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?  
   YES/NO

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?  
   YES/NO

3. Been constantly on guard, watchful, or easily startled?  
   YES/NO

4. Felt numb or detached from people, activities, or your surroundings?  
   YES/NO

5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?  
   YES/NO

If you answered "yes" to 3 or more of these questions, please speak with your primary care provider about PTSD.

*Please note that this is not a diagnostic tool for PTSD. ADAA does not provide psychiatric, psychological, or medical advice, diagnosis, or treatment.

Visit www.adaaa.org for more information.