

1. Repeated, disturbing memories, thoughts, or images of a stressful line of duty experience? Yes ___ No___
2. Repeated, disturbing dreams of a stressful line of duty experience? Yes ___ No___
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)? Yes ___ No___
4. Feeling very upset when something reminded you of a stressful work experience? Yes ___ No___
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful work experience? Yes ___ No___
6. Avoid thinking about or talking about a stressful work experience or avoid having feelings related to it? Yes ___ No___
7. Avoid activities or talking about a stressful work experience or avoid having feelings related to it? Yes ___ No___
8. Trouble remembering important parts of a stressful work experience? Yes ___ No___
9. Loss of interest in things that you used to enjoy? Yes ___ No___
10. Feeling distant or cut off from other people? Yes ___ No___
11. Feeling emotionally numb or being unable to have loving feelings for those close to you? Yes ___ No___
12. Feeling as if your future will somehow be cut short? Yes ___ No___
13. Trouble falling or staying asleep? Yes ___ No___
14. Feeling irritable or having angry outbursts? Yes ___ No___
15. Having difficulty concentrating? Yes ___ No___
16. Being “super alert” or watchful on guard (hyper-vigilance)? Yes ___ No___
17. Feeling jumpy or easily startled? Yes ___ No___
18. Has anyone indicated that you’ve changed since the stressful work experience? Yes ___ No___
19. Feeling disconnected or like things are unreal? Yes ___ No___
20. Other symptoms? _____ Yes ___ No___

Modified from: <http://www.policeptsd.com/ptsd-checklist/>

Date: _____