**PTSD Symptom Tracker & Self Assessment**

**Introduction**

Welcome to the PTSD Symptom Tracker & Self-Assessment—a dedicated tool inspired by the PCL-5, designed to help you identify, understand, and monitor symptoms related to post-traumatic stress. Traumatic experiences can leave lasting imprints, often manifesting as flashbacks, hypervigilance, or intrusive thoughts. This worksheet offers a structured way to reflect on these experiences over the past month, providing you with insights into how these symptoms might be affecting your daily life. By engaging with this self-assessment, you are taking an important step toward recognizing your unique journey and building a path toward healing and resilience.

This tool is intended to serve as a reflective resource for self-awareness and to facilitate meaningful discussions with mental health professionals if you choose to seek further support. As you work through the questions, allow yourself the space to note both the intensity and frequency of your experiences. Whether you’re noticing subtle signs or more pronounced reactions, this worksheet is here to help you map out your personal experience with trauma in a compassionate and supportive way.

Please remember that this self-assessment is for informational purposes only and is not a diagnostic tool. Its aim is to support your understanding of PTSD-related symptoms and to guide you in exploring further resources that can aid your recovery. As you reflect on your responses, consider journaling additional thoughts and observations, which can serve as valuable insights for your mental health journey.

**Instructions**

Over the past month, please review each statement and indicate how much you have been bothered by the corresponding symptom. Use the following scale to respond to each item:

* **0** – Not at all
* **1** – A little bit
* **2** – Moderately
* **3** – Quite a bit
* **4** – Extremely

Take your time with each question. If you feel that additional notes would help you understand your experiences better, use the space provided after each section for reflections.

**Questions**

1. **Repeated, disturbing memories of the traumatic event(s).**  
   ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  
   *Reflection:* Consider how frequently these memories intrude upon your thoughts and any triggers you have identified.
2. **Repeated, disturbing dreams of the traumatic event(s).**  
   ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  
   *Reflection:* Reflect on the impact these dreams have on your sleep and overall mood.
3. **Feeling or acting as if the traumatic event(s) were recurring (flashbacks).**  
   ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  
   *Reflection:* Document any instances of flashbacks and the circumstances under which they occur.
4. **Feeling very upset when something reminded you of the traumatic event(s).**  
   ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  
   *Reflection:* Note what types of reminders tend to provoke strong reactions and how you cope with these emotions.
5. **Avoiding thinking about or talking about the traumatic event(s).**  
   ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  
   *Reflection:* Explore the ways in which avoidance impacts your personal relationships and daily functioning.
6. **Trouble remembering important parts of the traumatic event(s).**  
   ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  
   *Reflection:* Reflect on how memory gaps may be affecting your understanding of the event and your recovery process.
7. **Feeling distant or cut off from other people.**  
   ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  
   *Reflection:* Consider the social aspects of your experience and any feelings of isolation you might be facing.
8. **Feeling emotionally numb or unable to experience positive emotions.**  
   ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  
   *Reflection:* Reflect on how emotional numbness affects your day-to-day life and relationships.
9. **Being easily startled or feeling on edge (hypervigilance).**  
   ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  
   *Reflection:* Note any situations where you feel heightened alertness and the impact it has on your sense of safety.
10. **Difficulty concentrating.**  
    ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  
    *Reflection:* Consider how concentration difficulties affect your work, studies, or personal projects.
11. **Trouble sleeping (insomnia or restless sleep).**  
    ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  
    *Reflection:* Reflect on your sleep patterns and the quality of your rest, noting any disruptions or disturbances.

**Scoring Your Assessment**

Add up your scores from each question to obtain your total score. Higher scores indicate a greater intensity of PTSD-related symptoms over the past month. While there isn’t a strict cutoff provided here, a higher cumulative score may suggest that your symptoms are having a significant impact on your daily life. If you find that your symptoms are persistent or worsening, consider seeking further support from a mental health professional.

**Reflection:**  
Review your total score and the reflective notes you have made throughout this assessment. Consider what your responses reveal about your current emotional state and whether there are specific areas where you might benefit from additional support or therapeutic intervention.

**Next Steps and Further Resources**

Your journey toward understanding and healing from trauma is a vital part of your overall well-being. This PTSD Symptom Tracker & Self-Assessment is one component of a broader set of resources designed to support mental, emotional, and spiritual health. We invite you to explore the full spectrum of our resources page, where you can find additional self-assessment tools, therapeutic worksheets, guided practices, and educational materials. Whether you are interested in further exploring anxiety, depression, or building resilience and strength in your personal life, our comprehensive resources are here to guide and support you.

We encourage you to take the next step by reviewing related tools such as our Depression Self-Assessment Worksheet, Anxiety Self-Assessment Worksheet, Emotional Regulation and Self-Control Assessment, and Stress and Coping Inventory. These resources provide a holistic approach to understanding your mental health and offer practical strategies for managing symptoms and fostering resilience. Additionally, our curated reading lists and educational videos offer deeper insights into trauma recovery, personal growth, and ways to rebuild a sense of safety and connection.

Remember, this self-assessment is meant to empower you on your journey. It is a starting point for self-awareness, self-care, and, if needed, seeking professional help. Your path to healing is unique, and every step you take toward understanding your experiences is a powerful stride toward recovery.

**Disclaimer:**  
This worksheet is intended for self-assessment and informational purposes only. It is not a substitute for professional evaluation, diagnosis, or treatment. If you are experiencing severe distress or feel unsafe, please contact a mental health professional or crisis service immediately.

Take your time with these questions, and honor your journey with kindness and patience. Every reflection is a step toward a more secure, hopeful, and resilient future.