

# DSM-5 Criteria for PTSD

**CIRCLE THE CHOICES** that you identify with under each CRITERION below.

**Criterion A (one required):** The person was exposed to:

- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma (e.g., first responders, medics)

**Criterion B (one required):** The traumatic event is re-experienced, in the following way(s):

- Intrusive thoughts
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

**Criterion C (one required):** If you could would you avoid these thoughts feelings or reminders:

- Avoid trauma-related thoughts or feelings
- Trauma-related reminders

**Criterion D (two required):** Negative thoughts or feelings that **began or worsened** after the trauma, in the following way(s):

- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect- just not as happy.
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect: difficulty feeling happy.

**Criterion E (two required):** Trauma-related arousal and reactivity that **began or worsened** after the trauma, in the following way(s):

- Irritability
- Aggression
- Risky or destructive behavior
- HyperVigilance: Being on guard.
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping

**Criterion F (required):** Did this event happen more than 1 month ago? Yes/No

**Criterion G (required):** Do these symptoms create distress to you? Yes/No

**Criterion H (required):**

These symptoms are due to the event, and not due to medication, substance use, or other illness.

CORRECT? Yes/No

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_