



# WHAT IS PTSD & MY SYMPTOMS



Understanding My Experience. Taking Steps Toward Healing.

This worksheet will help you learn about Post-Traumatic Stress Disorder (PTSD) and identify symptoms you may be experiencing. You are not alone. Help and healing are possible.

## 1. WHAT IS PTSD?

PTSD (Post-Traumatic Stress Disorder) is a mental health condition that some people develop after experiencing or witnessing a traumatic event.

Trauma can be:

- Experiencing a serious accident or injury
- Physical or sexual assault
- Abuse or neglect
- Natural disasters
- War, violence, or threats to your life
- Other very scary or overwhelming events




It's important to know: Having PTSD is not your fault. It is a normal reaction to an abnormal event.


## 2. HOW DOES PTSD AFFECT ME?

After trauma, your brain and body may stay in "survival mode." This can make it hard to feel safe, calm, or connected.

PTSD can affect:

 **Thoughts**  
(what I think about myself and the world)

 **Emotions**  
(how I feel inside)

 **Body**  
(physical sensations and health)





 **Relationships**  
(how I connect with others)

 **Daily Life**  
(school, work, and routines)

Everyone experiences PTSD differently. You are allowed to take things one step at a time.

## 3. MY SYMPTOMS CHECKLIST

Check the symptoms you have noticed in yourself over the past month. There are no right or wrong answers.

 <b>INTRUSION SYMPTOMS</b> (Reliving the trauma)	 <b>AVOIDANCE SYMPTOMS</b> (Avoiding reminders)	 <b>NEGATIVE CHANGES IN THOUGHTS &amp; MOOD</b>	 <b>CHANGES IN AROUSAL &amp; REACTIONS (HYPERAROUSAL)</b>
<input type="checkbox"/> Flashbacks <input type="checkbox"/> Bad dreams or nightmares <input type="checkbox"/> Upsetting thoughts or memories that won't go away <input type="checkbox"/> Feeling like the trauma is happening again <input type="checkbox"/> Strong emotional or physical reactions to reminders Other: _____	<input type="checkbox"/> Avoid thinking or talking about the trauma <input type="checkbox"/> Avoid places, people, or activities that remind me <input type="checkbox"/> Trouble remembering parts of the trauma <input type="checkbox"/> Feeling disconnected or numb Other: _____	<input type="checkbox"/> Feeling sad, empty, or hopeless <input type="checkbox"/> Loss of interest in things I used to enjoy <input type="checkbox"/> Feeling guilt, shame, or self-blame <input type="checkbox"/> Trouble trusting others <input type="checkbox"/> Feeling like nothing good will ever happen Other: _____	<input type="checkbox"/> Feeling on edge or "always alert" <input type="checkbox"/> Easily startled or jumpy <input type="checkbox"/> Irritable, angry, or having outbursts <input type="checkbox"/> Trouble concentrating <input type="checkbox"/> Trouble sleeping <input type="checkbox"/> Physical symptoms (headaches, stomachaches, tense muscles) Other: _____

➡ Which symptoms feel most difficult for you right now? \_\_\_\_\_

➡ When do your symptoms usually get worse? \_\_\_\_\_

## 4. HOW MY SYMPTOMS AFFECT MY LIFE

How do your symptoms impact your daily life? (Examples: school, work, relationships, self-care, hobbies)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



It's okay if everyday tasks feel hard. You are doing the best you can.

## 5. WHAT HELPS ME (OR COULD HELP ME)

Check what has been helpful or might be helpful for you.

- |  |   |
|--|---|
| <input type="checkbox"/> Talking about my feelings   | <input type="checkbox"/> Talking to supportive people |
| <input type="checkbox"/> Therapy / counseling        | <input type="checkbox"/> Listening to music           |
| <input type="checkbox"/> Deep breathing / relaxation | <input type="checkbox"/> Mindfulness / meditation     |
| <input type="checkbox"/> Exercise or movement        | <input type="checkbox"/> Pets or animals              |
| <input type="checkbox"/> Journaling                  | <input type="checkbox"/> Faith / spirituality         |
| <input type="checkbox"/> Spending time in nature     | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Creative activities         | <input type="checkbox"/> Not sure yet                 |

What is one small thing you could try this week to take care of yourself? \_\_\_\_\_

## 6. MY NEXT STEPS

What are some things you want to work on or hope to feel in the future?

- I want to \_\_\_\_\_
- I want to \_\_\_\_\_
- I want to \_\_\_\_\_

One step I can take today is: \_\_\_\_\_



## YOU ARE NOT ALONE

Healing takes time. You are strong. Support is available, and you deserve to feel better.

### Crisis & Support Resources

- 988 Suicide & Crisis Lifeline: Call or text 988
- Crisis Text Line: Text HOME to 741741
- Find local resources: \_\_\_\_\_



My symptoms are real. My healing is possible. I am worth the support and care I need.

