

- Pain, for example, in back, neck, or pelvic area
- Headaches
- Skin rashes and other skin problems
- Lack of energy; feel tired all the time
- Alcohol, drug, or other substance use problems
- Depression or feeling down
- Anxiety or worry
- Panic attacks

Other symptoms such as:

---



---



---



---

### Summing it up

If you checked off some of the symptoms above, it is important for you to let your health care provider know. This information helps providers plan your medical treatment. It can also help them connect you with services you may need.

If you think you may have PTSD, print this checklist, fill it out, and take it to a health care provider, or someone you trust.

May be used for personal use or therapeutic use without written permission if printed in its entirety.

### STATEMENT OF FAITH

Psalm 147:3 He heals the brokenhearted and binds up their wounds.

### MISSION

The mission of Hope Recovery is to provide Christian-based compassion in the lives of trauma survivors by assisting them in recovery, providing support, resources, committed volunteers, and standards of excellence.

### VISION

Hope Recovery aspires to work with professional mental health staff to assist in the supportive facilitation of trauma survivors in achieving their recovery goals.

**Donations are welcome to  
keep support services free  
for trauma survivors.**

*Hope Recovery*

PO Box 91  
Shepardsville, IN 47880

E-mail: [recovery@hope4christianrecovery.org](mailto:recovery@hope4christianrecovery.org)  
Phone: (765) 505-8908

[www.hope4christianrecovery.org](http://www.hope4christianrecovery.org)

*Hope Recovery*

## Brief List of Trauma Symptoms



{ *You Are Not Alone!* }



## Brief Checklist of Trauma Symptoms

Circle the symptoms below that you experience. Include symptoms you have even if you are not sure they are related to a traumatic event.

I experienced or witnessed a traumatic event during which I felt extreme fear, helplessness, or horror. The event happened on (day/month/year) \_\_\_\_\_.

Circle the symptoms below that you experience. Include symptoms you have even if you are not sure they are related to a traumatic event.

I experienced or witnessed a traumatic event during which I felt extreme fear, helplessness, or horror. The event happened on (day/month/year) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I have symptoms of re-experiencing or reliving the traumatic event:
  - Have bad dreams or nightmares about the event or something similar to it

- Behave or feel as if the event were happening all over again (this is known as having flashbacks)
- Have a lot of strong or intense feelings when I am reminded of the event
- Have a lot of physical sensations when I am reminded of the event (for example, my heart races or pounds, I sweat, find it hard to breathe, feel faint, feel like I'm going to lose control)

2. I have symptoms of avoiding reminders of the traumatic event:

- Avoid thoughts, feelings, or talking about things that remind me of the event
- Avoid people, places, or activities that remind me of the event
- Have trouble remembering some important part of the event

3. I have noticed these symptoms since the event happened:

- Have lost interest in, or just don't do, things that used to be important to me

- Feel detached from people; find it hard to trust people
  - Feel emotionally "numb" or find it hard to have loving feelings even toward those who are emotionally close to me
  - Have a hard time falling or staying asleep
  - Am irritable and have problems with my anger
  - Have a hard time focusing or concentrating
  - Think I may not live very long and feel there's no point in planning for the future
  - Am jumpy and get startled or surprised easily
  - Am always "on guard"
4. I experience these medical or emotional problems:
- Stomach problems
  - Intestinal (bowel) problems
  - Gynecological (female) problems
  - Weight gain or loss