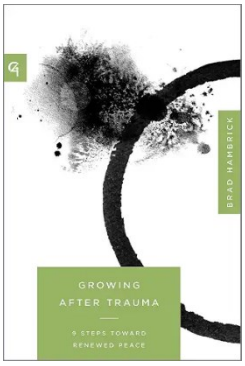
Post-Traumatic Symptom Assessment



This assessment will help you name and understand common responses to trauma. It will help you put into words things you've experienced. It will also help you realize that you are not the only one who experiences these things. These experiences are unfortunately common. That's why we can begin to name them with a tool like this one.

Note: This assessment tool is not a scientific or diagnostic instrument. It is only a descriptive tool. If professional counseling is beneficial in addition to G4 group, this tool should help you communicate more clearly with your counselor.

Instructions: Read the following descriptive statements.
Mark the answer that best fits your response.

(N) almost never, (R) rarely, (S) sometimes, (F) frequently, or (A) almost always

1. After my trauma, I put more effort into making sure my surroundings are predictable.	**N**	**R**	**S**	**F**	**A**
2. After my trauma, I have a harder time concentrating on conversations or tasks.	**N**	**R**	**S**	**F**	**A**
3. I consistently scan my surroundings looking for things that could go wrong or be dangerous.	**N**	**R**	**S**	**F**	**A**
4. It is harder to rest or enjoy downtime after my trauma.	**N**	**R**	**S**	**F**	**A**
5. I am more sensitive to changes in light, sound, and touch than I was before my trauma.	**N**	**R**	**S**	**F**	**A**
6. Small problems and annoyances seem much more threatening after my trauma.	**N**	**R**	**S**	**F**	**A**
7. It is harder to calm myself after I get upset since I experienced my trauma.	**N**	**R**	**S**	**F**	**A**
8. Decision-making has become more impulsive and reactionary since my trauma.	**N**	**R**	**S**	**F**	**A**
9. Not being in control is much more unsettling than it was before my trauma.	**N**	**R**	**S**	**F**	**A**
10. I get upset more quickly, more intensely, and about more things since my trauma.	**N**	**R**	**S**	**F**	**A**
11. Experiences similar to my trauma now create a heightened response.	**N**	**R**	**S**	**F**	**A**
12. It is harder to regulate my emotions when something reminds me of my trauma.	**N**	**R**	**S**	**F**	**A**
13. I don't understand why I respond so intensely to certain things after my trauma.	**N**	**R**	**S**	**F**	**A**
14. Particular sounds, smells, and sensations come with unwanted memories of my trauma.	**N**	**R**	**S**	**F**	**A**
15. Themes in movies or television related to my trauma now create a heightened response.	**N**	**R**	**S**	**F**	**A**
16. My memories of the trauma can feel more like "reliving" than "recalling" the experience.	**N**	**R**	**S**	**F**	**A**
17. Since my trauma, I sometimes lose my sense of space and time (feeling disoriented).	**N**	**R**	**S**	**F**	**A**
18. The sounds, smells, and depictions of my trauma memories are very strong and real.	**N**	**R**	**S**	**F**	**A**
19. My trauma memories are so real that I have a hard time deciphering what is past or present.	**N**	**R**	**S**	**F**	**A**
20. My memories of the trauma can seem more real than the physical world around me.	**N**	**R**	**S**	**F**	**A**
21. I dread going to sleep because sleep makes me feel powerless and vulnerable.	**N**	**R**	**S**	**F**	**A**
22. I have dreams that replay aspects of the trauma I experienced.	**N**	**R**	**S**	**F**	**A**
23. I have dreams that differ from my trauma, but with themes of powerlessness and despair.	**N**	**R**	**S**	**F**	**A**
24. I sometimes wake up frightened but with no recollection of a dream.	**N**	**R**	**S**	**F**	**A**
25. I move a lot in my sleep and often show signs of restlessness.	**N**	**R**	**S**	**F**	**A**
26. I withdraw from people at times when I would have been social before my trauma.	**N**	**R**	**S**	**F**	**A**
27. I avoid activities that I would have engaged before my trauma.	**N**	**R**	**S**	**F**	**A**
28. I feel more inhibited or unsettled in social settings than I did before my trauma.	**N**	**R**	**S**	**F**	**A**
29. I feel much more unsettled in large groups of people than I did before my trauma.	**N**	**R**	**S**	**F**	**A**
30. I avoid forms of entertainment or recreation that I previously enjoyed.	**N**	**R**	**S**	**F**	**A**

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31. I often cannot feel emotions as strongly as I did before my trauma.	**N**	**R**	**S**	**F**	**A**
32. My ability to enjoy life feels muted or impeded.	**N**	**R**	**S**	**F**	**A**
33. I don't feel capable of fully "feeling" the love I have for my family and friends.	**N**	**R**	**S**	**F**	**A**
34. There are times when a situation calls for a particular emotional response, and I feel frozen.	**N**	**R**	**S**	**F**	**A**
35. I find myself frequently "stuck," wondering what I should be feeling.	**N**	**R**	**S**	**F**	**A**
36. I sometimes feel detached from my own experience, as if I am watching myself.	**N**	**R**	**S**	**F**	**A**
37. I feel detached from my own reactions to things, wondering what I'll do next.	**N**	**R**	**S**	**F**	**A**
38. I sometimes hurt myself to create a sense of being separate from my own experience.	**N**	**R**	**S**	**F**	**A**
39. I sometimes escalate an argument or engage in dangerous behavior for the relief it provides.	**N**	**R**	**S**	**F**	**A**
40. When life is really stressful, I sometimes "black out" and forget blocks of time.	**N**	**R**	**S**	**F**	**A**
41. I feel like my trauma has changed me in a way that makes me "less than" others.	**N**	**R**	**S**	**F**	**A**
42. I often feel like people know what's happened to me and judge me because of it.	**N**	**R**	**S**	**F**	**A**
43. I feel like if I share what happened, I will burden or contaminate others.	**N**	**R**	**S**	**F**	**A**
44. I daydream about who I might have been if this had never happened.	**N**	**R**	**S**	**F**	**A**
45. When I feel rejected, I wonder if it's because of something related to my trauma.	**N**	**R**	**S**	**F**	**A**
46. The way I tell stories often leaves out important events that would change the whole story.	**N**	**R**	**S**	**F**	**A**
47. People say I'm manipulative because of how I frame many of the things I say.	**N**	**R**	**S**	**F**	**A**
48. I overlook really important factors that I know are true because they don't fit how I feel.	**N**	**R**	**S**	**F**	**A**
49. Living as if trauma never happened made me good at living as if many things didn't happen.	**N**	**R**	**S**	**F**	**A**
50. I am good at pretending the world is as I want it to be and trying to get others to live in it.	**N**	**R**	**S**	**F**	**A**

Scoring Key: Each criterion should be scored as indicated below:

"N" and "R" response = 0 points
"S" response = 1 point
"F" response = 2 points
"A" response = 3 points

If your total score is 5 to 9, trauma presents a significant concern.
If your total score is 10 or higher, trauma presents a life-dominating struggle.

The classic definition of post-traumatic stress involves three symptom clusters: (1) hyperarousal, (2) intrusion, and (3) constriction. This assessment looks at several symptoms in each cluster and then adds two additional areas of assessment—a sense of shame and fragmentation.

Every symptom may not be present in each person's post-traumatic experience. Each person's experience is unique. Remember, our goal with this tool is descriptive, not diagnostic. Your goal is simply to find words for your experience.

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Symptoms of hyperarousal: Trauma elicits intense fear, and fear activates our fight–flight–freeze response. After a traumatic experience, the fight–flight–freeze response can remain chronically "on"—that is, the fight–flight–freeze response doesn't stop when the threatening situation abates. This results in all the changes you would expect if your adrenal system was perpetually activated. One goal for reestablishing a sense of safety is learning to relax intentionally when the fight–flight–freeze response is unnecessary. After trauma, we sometimes need to learn how to relax deliberately because our body struggles to adjust to a safe environment.

- Questions 1–5: (Total: _____ in 5 questions)

  This set of questions describes the hyperarousal response of **hypervigilance**. *Hyper* means "elevated." *Vigilance* means "watchfulness." Hypervigilance is an elevated sense of watchfulness and accounts for the generalized anxiety that often accompanies post-traumatic stress. After trauma, it is normal to try to ensure that you are never surprised by another crisis. But this watchfulness can begin to negatively impact your ability to rest physically, mentally, or emotionally, and it fosters a sense of suspicion that colors how you interpret the people and events around you.

- Questions 6–10: (Total: _____ in 5 questions)

  This set of questions describes the hyperarousal response of **agitation**. Being "on guard" is one step away from being agitated. When we live bracing for the next significant threat, it becomes natural to be more forceful toward the undesirable aspects of our surroundings. When we are bracing for a threat, we are prone to interpret comparably minor irritants or disappointments as being larger than they really are.

Symptoms of intrusion: Memories are intrusive when they enter our mind against our will and become "sticky" so that it is hard to avert our attention to something else. With most memories, we can pick them up and put them down as we wish. Traumatic memories are imprinted in our brains in a way that makes this more difficult. Not being able to control our own thoughts can make us feel crazy and out of control. For this reason, intrusive symptoms are often the most distressing aspect of a person's post-traumatic experience.

- Questions 11–15: (Total: _____ in 5 questions)

  This set of questions describes the intrusive aspects of **trigger responses**. Human memory is highly dependent upon associations. Seeing a familiar face triggers the memory of a name. Smelling a familiar fragrance triggers the memory of a meal. The more associations an event has, the more often and more clearly we remember it. Traumatic experiences tend to be high-sensory experiences. For this reason, trauma seizes on the associative nature of memory, causing us to recall our trauma frequently and intensely.

- Questions 16–20: (Total: _____ in 5 questions)

  This set of questions describes the intrusive response of **flashbacks**. Flashbacks are past memories experienced as present realities. Our senses (i.e., sight, smell, sound, taste, touch) are activated by the memory as if the memory was being relived rather than remembered. This is not something that an individual does intentionally but is the by-product of the way traumatic memories imprint in the brain. Flashbacks are an indication that working with a professional counselor would be a wise step in addition to participating in a G4 group.

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- Questions 21–25: (Total: _____ in 5 questions)

  This set of questions describes the intrusive response of **sleep disturbances**. Our cognitive activity while we sleep may be one of the least understood aspects of the human experience. No one understands why we dream, much less what dreams mean or how to change our dream experience. What we do know is that it is common for those who have experienced trauma to have sleep disturbances: sleeplessness, restless sleep, and night terrors. We also know that these experiences decrease, but are not always eliminated, as someone processes the trauma they experienced.

Symptoms of constriction: Intense experiences can make common experiences feel muted. Jumping on a trampoline makes jumping on the ground feel like you have concrete in your shoes. Attending a rock concert makes normal conversations feel like people are whispering. This parallels the way that the intense experience of trauma impedes our ability to engage with day-to-day events and emotions.

> As intrusive symptoms diminish, numbing or constrictive symptoms come to predominate. The traumatized person may no longer seem frightened or may resume the outward forms of her previous life. But the severing of events from their ordinary meanings and the distortion in the sense of reality persist. She may complain that she is just going through the motions of living, as if she were observing the events of daily life from a great distance. —Judith Herman[i]

- Questions 26–30: (Total: _____ in 5 questions)

  This set of questions describes the constriction response of **avoidance and isolation**. These are the most volitional post-traumatic responses. When we don't feel safe, it is natural to limit the number of things that could add to our sense of uncertainty. If we doubt we can handle what we're currently experiencing, we will not want to add anything to our experience. The natural, though unhealthy, response is often to withdraw and isolate.

- Questions 31–35: (Total: _____ in 5 questions)

  This set of questions describes the constriction response of **numbing**. More intense experiences make us less sensitive to less intense experiences. Some people respond to this numbing by engaging in dangerous (e.g., high-risk behaviors) or painful (e.g., cutting) activities to "at least feel something." It is possible to reacclimate to human experience in the normal range. You do not need to fear that this numbing impact is permanent.

- Questions 36–40: (Total: _____ in 5 questions)

  This set of questions describes the constriction response of **dissociation**. Dissociation can be hard to describe because it involves experiencing our life in an atypical fashion—from without instead of within. A common experience is a dissociative dream where you watch yourself acting (e.g., a dream of watching yourself walk through the hallways of your high school). Dissociation is an adaptive response God provided for times when people cannot physically escape pain. However, after trauma, this dissociative reflex may keep us from healing.

Other post-traumatic responses: At least two other common responses to trauma do not fit the three classic symptom clusters above. They are shame and fragmentation.

- Questions 41–45: (Total: _____ in 5 questions)

  This set of questions describes the post-traumatic response of **shame**. Trauma leaves us with many experiences of shame: feeling worthless, inferior, rejected, weak, humiliated, exposed, defiled, etc. Because of the frequency of memories related to trauma, these experiences of shame have a strong tendency to become part of our identity rather than a passing emotional experience. Understanding the link between trauma and shame helps us avoid embracing a sense of inevitable failure that would tempt us to give up on this journey.

- Questions 46–50: (Total: _____ in 5 questions)

  This set of questions describes the post-traumatic response of **fragmentation**. Telling one's own story well is difficult after a trauma. Fragmentation is when we tell part of our story as if it were the whole. After trauma, we do this often. We don't want to explain an intense reaction of fear or anger, so we limit how much we say. Other times, we simply live as if the traumatic things didn't happen and try to ignore their impact. These are forms of fragmentation. The more we do this, the more we feel unknown and unknowable. Fragmentation makes our friendships feel shallow and feeds a sense of shame.

  Are you using alcohol, drugs, or prescription meds to self-medicate or escape your post-traumatic experiences?
  ____ Yes ____ No

  Thank you for honestly answering this question. We raise this issue not to make you feel guilty for these choices, but to help you understand that abusing mind or mood-altering substances will limit how effectively you can implement what you learn in the pages ahead. If you have developed an addiction, you may need to address that life pattern first to effectively implement what *Growing After Trauma* has to offer you.

Read Psalm 22. As you read, watch for segments of this prayer hymn that convey things we named in the trauma assessment. We don't know what David experienced to prompt him to write this psalm. We do know that Jesus used this psalm to capture what he experienced on Calvary, an experience that was salvific for us but traumatic for Jesus. One of our goals for Step 2 is to name our experience so that we can invite God and others to support us on this journey. Jesus used Psalm 22 to name and cry out to God about his experience, which in part, helps us see the value of Step 2. If you want to hear a trauma-informed walk through Psalm 22 that helps connect themes from this assessment with this ancient hymn, listen to "How Trauma Breaks into Scripture" by Ed Welch.[ii]

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i. Judith Herman, *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror* (Basic Books, 1993), 48.

ii. Ed Welch, "How Trauma Breaks into Scripture," plenary address at the 2021 CCEF Annual Conference, https://www.ccef.org/products/how-trauma-breaks-into-scripture.