

PTSD Questionnaire

San Juan Medical Cannabis Center provides Post Traumatic Stress Disorder (PTSD) evaluations for the New Mexico Medical Cannabis Program. If you suspect that you might suffer from PTSD, complete the following questionnaire clicking the “yes” or “no” boxes next to each question. If you have experienced trauma and have answered “yes” to some of these questions, then you may qualify for PTSD.

Are you troubled by the following?

Yes No You have experienced or witnessed a life-threatening event that caused intense fear, helplessness, or horror.

Do you re-experience the event in at least one of the following ways?

Yes No Repeated, distressing memories, or dreams

Yes No Acting or feeling as if the event were happening again (flashbacks or a sense of reliving it)

Yes No Intense physical and/or emotional distress when you are exposed to things that remind you of the event

Do reminders of the event affect you in at least three of the following ways?

Yes No Avoiding thoughts, feelings, or conversations about it

Yes No Avoiding activities and places or people who remind you of it

Yes No Blanking on important parts of it

Yes No Losing interest in significant activities of your life

Yes No Feeling detached from other people

Yes No Feeling your range of emotions is restricted

Yes No Sensing that your future has shrunk (for example, you don't expect to have a career, marriage, children, or normal life span)

Are you troubled by at least two of the following?

Yes No Problems sleeping

Yes No Irritability or outbursts of anger

Yes No Problems concentrating

Yes No Feeling “on guard”

Yes No An exaggerated startle response

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Depression and substance abuse are among the conditions that occasionally complicate PTSD and other anxiety disorders.

Yes No Have you experienced changes in sleeping or eating habits?

More days than not, do you feel...

Yes No sad or depressed?

Yes No disinterested in life?

Yes No worthless or guilty?

During the last year, has the use of alcohol or drugs...

Yes No resulted in your failure to fulfill responsibilities with work, school, or family?

Yes No placed you in a dangerous situation, such as driving a car under the influence?

Yes No gotten you arrested?

Yes No continued despite causing problems for you or your loved ones?

Reference:

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.