



PTSD Spotlight Survey (PTSD-S)

Copyright © ADE Incorporated

NAME: PTSD-S Example

DATE: Oct 16 2017

DOB: Sep 4 1987

**** Client indicates they may be at risk of harming themselves. ****

BEHAVIORAL HEALTH HISTORY

My name is PTSD-S Example. I am a 30 year old of unknown gender. I have completed this assessment as a recommendation from a counselor. My feelings for completing this assessment are neutral.

I became concerned about the behaviors and how they may be negatively impacting my life at age 21.

I have been in treatment for the following emotional health issues:

- Depression
- Bi-polar disorder
- Anxiety
- Post-traumatic stress disorder
- Anger management

My loved ones or friends have expressed their concerns for me.

SUBSTANCE ABUSE HISTORY

I have used drugs or alcohol to help me forget about my problems. I have a history of alcohol abuse and I am concerned about my current use of alcohol. I have a history of drug abuse and I am not concerned about my current use of drugs. I have used prescription medication to deal with issues of anxiety or depression. I have been prescribed medication for pain management, and I have abused pain medication. I have overdosed on pain medication. I have taken medication meant for someone else.

I have used the following drugs at least once in the last year:

- alcohol
- marijuana
- heroin
- inhalents

MILITARY HISTORY

I have served in the military but I am not currently active. I have felt like my life was at risk in a combat or other military situation. I have seen others killed or injured in a combat or other military situation. I have been injured in a combat or other military situation.

SPECIAL CONSIDERATIONS

I have a history of self-harm and/or suicide attempts and I have felt suicidal recently. I currently am concerned that I may harm myself. I sometimes wish I was no longer alive.

If you are concerned about your risk of harming yourself, please seek help immediately. There are many resources available to you, including:

Crisistextline.org and the National Suicide Prevention Line at 1.800.273.8255

PTSD SPOTLIGHT

PTSD-S Example's responses to the PTSD Spotlight Survey (PTSD-S) may correlate with the criteria for the following PTSD Disorder as outlined in the DSM-5. Further evaluation may be needed to clarify these statements and determine an appropriate treatment recommendation.

DSM-5 Post-traumatic Stress Disorder F43.10 (309.81)

PTSD-S Example's responses indicate that the issues concerning this diagnosis have had a fair amount of impact on their family, social, or work life.

PTSD-S Example's responses may correlate with the following specific criteria:

- Intrusion symptoms
- Persistent avoidance of stimuli associated with the trauma
- Negative alterations in cognitions and mood that are associated with the traumatic event
- Alterations in arousal and reactivity that are associated with the traumatic event

AREAS OF CONCERN

Client indicates they may be at risk of harming themselves.

- Memories of traumatic events pop up when I am not expecting them.
- Even when I am busy doing other things, memories of the traumatic events interfere with my thinking and cause stress.
- I have nightmares that cause me anxiety and distress.
- I seem to flash back to traumatic events from time to time.
- I seem to relive the traumatic events, and lose track of time or awareness of where I am or what I am doing.
- When I am reminded of the traumatic events I feel anxious, depressed, or angry.
- It takes me a while to feel "normal" after I am reminded of the traumatic events I have experienced.
- When I am reminded of the traumatic events I experienced, I have strong reactions such as a rapid heartbeat, sweating, restlessness or an urge to leave my surroundings.
- I try to avoid memories of the traumatic events I have experienced.
- I have used drugs or alcohol to numb the thoughts and feelings I have about the traumatic events I have experienced.
- Remembering the traumatic events I have experienced is so painful I will go to great lengths to avoid it.
- I know there are things (activities, objects, TV shows or movies, etc.) that will trigger negative memories for me, so I make every effort to avoid them.
- I have a hard time remembering the details of the traumatic event(s) I have experienced.
- I have found that I am more fearful and less trusting of others since I experienced these traumatic events.
- I have found that I often blame myself for the traumatic events.
- I think I am too hard on myself for the way I have reacted in the time since these events occurred.
- I often find myself blaming other people for the things that happened to me, even though I know they may not be responsible.
- I have persistent feelings of guilt or shame.
- I find I am often fearful.
- I feel like I am angry more often than I should be.
- I find that I have less interest in things I used to enjoy.
- I spend less time than I used to participating in activities with family and friends.
- I often feel alone, even when I am with other people.
- It is hard for me to feel happy, even when things are going well.
- I have irritable outbursts of anger for slightest reasons.
- I lash out physically or verbally toward people or things.
- I do things that I know are dangerous or reckless?
- I participate in activities (drug or alcohol use, fights, reckless driving, criminal behavior) that I know are not good for me?
- I feel like I am always "on guard."
- More often than not, I feel tense and anxious.
- I tend to "over-react" to things around me.
- When I am startled by something, I think I sometimes react too strongly.
- I have a hard time concentrating on even the simplest tasks.
- It is difficult for me to stay focused on what I am doing at work or home.