

LIST OF COMMON SYMPTOMS OF PTSD (Including Betrayal Trauma)

Past	Recent	INTRUSIVE SYMPTOMS
<input type="checkbox"/>	<input type="checkbox"/>	Reliving the events surrounding the shock of betrayal, over and over again
<input type="checkbox"/>	<input type="checkbox"/>	Uninvited flashbacks, intrusive and distressing memories, recurrent images
<input type="checkbox"/>	<input type="checkbox"/>	Frequent nightmares, frightening dreams
<input type="checkbox"/>	<input type="checkbox"/>	Emotional and physical duress when traumatic memories are triggered
<input type="checkbox"/>	<input type="checkbox"/>	Haunting grief, shame, or guilt over how you reacted to the trauma
<input type="checkbox"/>	<input type="checkbox"/>	Guilt for surviving what others did not
<input type="checkbox"/>	<input type="checkbox"/>	Obsessing about the trauma and being plagued by fears of further danger
<input type="checkbox"/>	<input type="checkbox"/>	Intrusive, uninvited thoughts that seem to come out of nowhere

Past	Recent	OBSESSIVE SYMPTOMS – Over Betrayal / Abandonment Trauma
<input type="checkbox"/>	<input type="checkbox"/>	Obsessing over what happened, trying to put the pieces together—esp. if the betrayer’s stories didn’t add up or seemed incomplete
<input type="checkbox"/>	<input type="checkbox"/>	Reviewing past events and conversations trying to identify Red Flags missed, to avoid being “fooled” again
<input type="checkbox"/>	<input type="checkbox"/>	Preoccupied with reading tabloids or stories of others’ experiences of partner betrayal
<input type="checkbox"/>	<input type="checkbox"/>	Battling self-recrimination over being replaced and rejected by one’s partner

Past	Recent	AROUSAL SYMPTOMS
<input type="checkbox"/>	<input type="checkbox"/>	Hypervigilance (feeling on edge, “on guard” even when in safe situations)
<input type="checkbox"/>	<input type="checkbox"/>	Easily startled or jumpy
<input type="checkbox"/>	<input type="checkbox"/>	Shaky, jittery inside, or trembling hands
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty concentrating
<input type="checkbox"/>	<input type="checkbox"/>	Outbursts of anger and/or extreme irritability or aggression
<input type="checkbox"/>	<input type="checkbox"/>	Sleep disturbances: unable to get to sleep or stay asleep, lack of restorative sleep
<input type="checkbox"/>	<input type="checkbox"/>	Intense fear of the event happening again; terrified of repeat traumas (physical, relational, or emotional)
<input type="checkbox"/>	<input type="checkbox"/>	Reckless, risky, self-destructive behavior (including misuse of drugs or alcohol, risky sexual encounters, cutting, suicidal thoughts/attempts,)

Past	Recent	AVOIDANCE SYMPTOMS
<input type="checkbox"/>	<input type="checkbox"/>	Avoiding people, places, conversations, or situations that remind you of the betrayal-trauma(s)
<input type="checkbox"/>	<input type="checkbox"/>	Going out of your way to not see or hear any reminder of the event(s)
<input type="checkbox"/>	<input type="checkbox"/>	Avoiding thinking about the trauma or feelings associated with it

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Past	Recent	NEGATIVE CHANGES IN THOUGHTS OR MOOD
<input type="checkbox"/>	<input type="checkbox"/>	Some loss of memory about the event
<input type="checkbox"/>	<input type="checkbox"/>	Easily lose track of what you're doing; frequently lose items like keys
<input type="checkbox"/>	<input type="checkbox"/>	Feeling hopeless or helpless about the future
<input type="checkbox"/>	<input type="checkbox"/>	Decreased interest in enjoyable activities
<input type="checkbox"/>	<input type="checkbox"/>	Persistent and exaggerated negative feelings and beliefs about self, others, or the world/life/God
<input type="checkbox"/>	<input type="checkbox"/>	Exaggerated tendency to blame self or others for the adverse event
<input type="checkbox"/>	<input type="checkbox"/>	Distorted, negative beliefs about the cause or impact of the traumatic event(s); ascribing self-deprecating meaning or significance to the trauma

Past	Recent	DISSOCIATIVE SYMPTOMS
<input type="checkbox"/>	<input type="checkbox"/>	Feeling like you are outside your body watching what is going on
<input type="checkbox"/>	<input type="checkbox"/>	Feeling detached or estranged from others
<input type="checkbox"/>	<input type="checkbox"/>	Feeling like you are walking around in a daze, or a dream
<input type="checkbox"/>	<input type="checkbox"/>	"Spacing out" or "zoning out" while at home, work, or social events
<input type="checkbox"/>	<input type="checkbox"/>	Feeling emotionally "numb," things seem surreal; feel as if you are not living in reality
<input type="checkbox"/>	<input type="checkbox"/>	Creating a fantasy life pretending it really didn't happen

Past | **Recent Totals**

_____ | _____

The higher number of boxes checked, the greater the chance you were or are currently struggling with symptoms of some form of interpersonal trauma (Betrayal Trauma, PTSD).

This is not a substitute for personal diagnosis. Take with you to your therapist for further evaluation.