

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 –Most relevant to 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	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 oneself 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	AVOIDANCE SYMPTOMS
<input type="checkbox"/>	<input type="checkbox"/>	Avoiding people, places, conversations, or situations that remind you of the shocking discoveries or betrayal
<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

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

_____ | _____

After totaling your checked boxes, choose the **five** most distressing symptoms you experience(d), past or present, and one situation that triggered each of them below:

#	Symptom	Trigger
1.		
2.		
3.		
4.		
5.		

If you are suffering from significant symptoms of trauma, take this with you to a trauma-informed therapist.