

Name \_\_\_\_\_

**SINCE YOUR ACCIDENT/INJURY DO YOU**

- Was someone you care about involved in the incident too? \_\_\_\_\_yes \_\_\_\_\_no
- Do you have unwanted memories of the incident? \_\_\_\_\_yes \_\_\_\_\_no
- Nightmares or bothersome memories of the incident? \_\_\_\_\_yes \_\_\_\_\_no
- Flashbacks or intrusive thoughts about the incident? \_\_\_\_\_yes \_\_\_\_\_no
- Do you get upset if you see or hear something similar to the incident? \_\_\_\_\_yes \_\_\_\_\_no
- Can you drive through or go back to the incident site? \_\_\_\_\_yes \_\_\_\_\_no
- Do you have anxiety being in a car as a passenger or driver? \_\_\_\_\_yes \_\_\_\_\_no
- Do you avoid talking about the incident? \_\_\_\_\_yes \_\_\_\_\_no
- Do you try to avoid thinking about what happened? \_\_\_\_\_yes \_\_\_\_\_no
- You have trouble recalling the incident? \_\_\_\_\_yes \_\_\_\_\_no
- Is the world less safe now than before the incident? \_\_\_\_\_yes \_\_\_\_\_no
- Do you blame yourself for the incident? \_\_\_\_\_yes \_\_\_\_\_no
- Feel guilty even though you know that it was not your fault? \_\_\_\_\_yes \_\_\_\_\_no
- Feel ashamed due to the incident? \_\_\_\_\_yes \_\_\_\_\_no
- Have you become socially isolated? \_\_\_\_\_yes \_\_\_\_\_no
- Do you think about dying more now than before the incident? \_\_\_\_\_yes \_\_\_\_\_no
- Do you feel detached from those around you? \_\_\_\_\_yes \_\_\_\_\_no
- Do you have problems expressing positive emotions? \_\_\_\_\_yes \_\_\_\_\_no
- Are you more irritable since the incident? \_\_\_\_\_yes \_\_\_\_\_no
- Do you feel suicidal or engage in self-destructive behaviors? \_\_\_\_\_yes \_\_\_\_\_no
- Are you hyper-alert? \_\_\_\_\_yes \_\_\_\_\_no
- Are you easily startled? \_\_\_\_\_yes \_\_\_\_\_no
- Do you have poor concentration? \_\_\_\_\_yes \_\_\_\_\_no
- Do you cry or become tearful more easily? \_\_\_\_\_yes \_\_\_\_\_no
- How long have you felt this way? \_\_\_\_\_
- How many hours of sleep are you **currently** getting?\_\_\_\_\_ How many **before** the injury? \_\_\_\_\_
- Has your appetite changed?\_\_\_\_\_ gained/lost how many pounds? \_\_\_\_\_
- Did you hit your head in the accident? \_\_\_\_\_yes \_\_\_\_\_no
- Were you knocked out? \_\_\_\_\_yes \_\_\_\_\_no
- Memory loss? \_\_\_\_\_yes \_\_\_\_\_some \_\_\_\_\_no
- Are you easily frustrated? \_\_\_\_\_yes \_\_\_\_\_no
- Self-esteem? \_\_\_\_\_less \_\_\_\_\_the same \_\_\_\_\_better
- Do you feel hopeless? \_\_\_\_\_yes \_\_\_\_\_no
- Have you lost interest in intimate relations? \_\_\_\_\_yes \_\_\_\_\_no
- Have you had any previous traumas? \_\_\_\_\_yes \_\_\_\_\_no
- Explain \_\_\_\_\_