

Client _____ Date _____

PTSD DSM-5 Diagnostic Criteria

The DSM outlines the following criterion to make a diagnosis of PTSD.

- Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?
- Repeated, disturbing dreams of a stressful experience from the past?
- Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?
- Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?
- Feeling very upset when something reminded you of a stressful experience from the past?
- Trouble remembering important parts of a stressful experience from the past?
- Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?
- Avoiding activities or situations because they reminded you of a stressful experience from the past?
- Loss of interest in activities that you used to enjoy.
- Feeling distant or cut off from other people?
- Feeling emotionally numb or being unable to have loving feelings for those close to you?
- Feeling as if your future will somehow be cut short?
- Trouble falling or staying asleep?
- Feeling irritable or having angry outbursts?
- Having difficulty concentrating?
- Being "super-alert" or watchful or on guard?
- Feeling jumpy or easily startled?

I have provided the diagnostic information to the client and shared their diagnosis with them. They have agreed to work on the above identified behavioral symptoms. They acknowledged understanding that the identified symptoms will be directly implemented into their individualized treatment plan.

Date