

ONCE A WARRIOR—ALWAYS A WARRIOR

**NAVIGATING THE TRANSITION FROM COMBAT TO HOME—
INCLUDING COMBAT STRESS, PTSD, AND MTBI**

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PTSD Checklist

Instructions: Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences (such as combat events). Please read each one carefully and put an "X" in the box to indicate how much you have been bothered by that problem *in the past month*.

	(1) Not at all	(2) A little bit	(3) Moderately	(4) Quite a bit	(5) Extremely
1. Repeated, disturbing memories, thoughts, or images of a stressful military experience?					
2. Repeated, disturbing dreams of a stressful military experience?					
3. Suddenly acting or feeling as if a stressful military experience were happening again (as if you were reliving it)?					
4. Feeling very upset when something reminded you of a stressful military experience?					
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful military experience?					
6. Avoid thinking about or talking about a stressful military experience, or avoid having feelings related to it?					
7. Avoid activities or situations because they remind you of a stressful military experience?					
8. Trouble remembering important parts of a stressful military experience?					

PTSD Checklist, Cont.

	(1) Not at all	(2) A little bit	(3) Moderately	(4) Quite a bit	(5) Extremely
9. Loss of interest in things that you used to enjoy?					
10. Feeling distant or cut off from other people?					
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?					
12. Feeling as if your future will somehow be cut short?					
13. Trouble falling or staying asleep?					
14. Feeling irritable or having angry outbursts?					
15. Having difficulty concentrating?					
16. Being "super alert" or watchful on guard?					
17. Feeling jumpy or easily startled?					

PCL-M for DSM-IV (11/1/94). Weathers, Litz, Huska, & Keane National Center for PTSD—Behavioral Science Division.
This is a government document in the public domain.

Physiological Reactions Scale (circle)

Alertness:

1	2	3	4	5	6	7	8	9	10
Drowsy		Awake/Alert		Very Alert		Hyperalert/ Keyed-Up		Super-Alert/Very Revved Up	

Muscle Tension:

1	2	3	4	5	6	7	8	9	10
Relaxed		Normal		Some Tension		Tense		Very Tense/ Shaking	

Mental Focus/Attention:

1	2	3	4	5	6	7	8	9	10
Aware/ Relaxed		Focused/ Concentrating		Somewhat/ Distracted		Highly Distracted		Jumps rapidly/ Scanning	

Heart Rate:

1	2	3	4	5	6	7	8	9	10
Slow/Not Aware of Heart Beat		Normal/Not Aware of Heart Beat		Rapid/Not Aware of Heart Beat		Rapid/ Aware of Heart Beat		Very Rapid/ Pounding in Chest	

Distress/Anxiety:

1	2	3	4	5	6	7	8	9	10
None		Low		Moderate		High		Very High	

Date: _____ Reason for use: _____

____ How I'm feeling now

____ Highest level over course of: ____ Day, ____ Week, ____ Other

____ Specific stressful situation

List situation _____

Feelings/Emotions Scale

Ask yourself, “How am I feeling right now?” or “How have I been feeling overall today?” (circle the best answer)

	None		Low		Moderate		High		Very High	
Happiness/Joy	1	2	3	4	5	6	7	8	9	10
Love	1	2	3	4	5	6	7	8	9	10
Anxious/Stressed	1	2	3	4	5	6	7	8	9	10
Worried	1	2	3	4	5	6	7	8	9	10
Irritable/Angry	1	2	3	4	5	6	7	8	9	10
Afraid/Scared	1	2	3	4	5	6	7	8	9	10
Frustrated	1	2	3	4	5	6	7	8	9	10
Disgusted	1	2	3	4	5	6	7	8	9	10
Sad	1	2	3	4	5	6	7	8	9	10
Grieving	1	2	3	4	5	6	7	8	9	10
Depressed	1	2	3	4	5	6	7	8	9	10
Lonely	1	2	3	4	5	6	7	8	9	10
Hurt/Pain	1	2	3	4	5	6	7	8	9	10
Guilty/Ashamed	1	2	3	4	5	6	7	8	9	10
Contented	1	2	3	4	5	6	7	8	9	10
Grateful	1	2	3	4	5	6	7	8	9	10
Amused	1	2	3	4	5	6	7	8	9	10
Tired/Exhausted	1	2	3	4	5	6	7	8	9	10
Detached/Numb	1	2	3	4	5	6	7	8	9	10
Other (list) _____	1	2	3	4	5	6	7	8	9	10
Other (list) _____	1	2	3	4	5	6	7	8	9	10

Stress Trigger Identification Exercise

List of Triggers

	Level of Distress / Anxiety (circle)									
	None/ Very Low		Low		Moderate		High		Very High	
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10

Control Assessment Scale

Check the answer that best fits how you describe yourself:

	(1) Not at all	(2) A little bit	(3) Moderately	(4) Quite a bit	(5) Extremely
I have difficulty tolerating my own mistakes.					
I have difficulty tolerating the mistakes of others.					
I feel critical of others.					
I feel like I have to pay attention to every detail.					
I feel like I have to do everything myself because no one else does things right.					
I check things repeatedly to make sure they are correct.					
I have little patience for the stupid stuff people do.					
I have difficulty dealing with people not doing what they are supposed to do.					
I have difficulty trusting people					
I have difficulty making decisions.					

Personal Changes Resulting from Deployment

	Positive Changes/ Benefits	Negative Changes/ Losses
How have I changed?		
How has my partner changed, and how have things changed between us?		
How have my relationships changed with my children, other family members, or friends?		
How have my career opportunities or goals changed?		
What have I gained most or missed out on most as a result of deployment?		
What other major changes or losses resulted from deployment?		

Loss Worksheet

Most Difficult Change/ Loss Resulting from Deployment	Emotions of Loss	Am I blaming, using "shoulds," or asking, "Why?"
	<p>When I think about the loss, do I have any of these feelings? (Circle each one)</p> <p>Primary:</p> <p>Hurt, fear, anger, sadness/sorrow, grief, helpless, powerless</p> <p>Complex:</p> <p>Depressed, despondent, demoralized, despair, hopeless, worthless, guilt, shame, rage, hate</p>	<p>Yes No</p> <p>If yes, list:</p>