

# PTSD & C-PTSD symptom tracker



MONTH \_\_\_\_\_

WEEK \_\_\_\_\_

**Tick the box if today you felt or experienced..**

## Re-experiencing Symptoms

Visual flashbacks or sensory re-experiencing of the trauma you experienced

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Emotional flashbacks or re-experiencing of the emotions you experienced during, or surrounding your trauma

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Vivid and distressing involuntary or intrusive memories, thoughts or images

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Nightmares related to your trauma

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Intense or prolonged distress after exposure to traumatic reminders or triggers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Avoidance Symptoms

An active avoidance of thoughts or feelings related to the trauma you experienced

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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An active avoidance of people, places, conversations, activities, objects, or situations related to the trauma you experienced

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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The inability to remember key features of the traumatic event/s

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Feelings of detachment or disconnection from other people

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Being emotionally numb or cut off from your feelings

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Alertness & Reactivity Symptoms

Self-destructive or reckless behaviour: doing things that are risky such as impulsive sex, binge drinking, taking recreational drugs

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Feeling irritable and/or having angry or aggressive outbursts

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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An exaggerated startle response

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Difficulty concentrating

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Hypervigilance (feeling tense, on guard, or "on edge", always looking out for 'danger')

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Aversion or difficulty in tolerating sound such as a fear of sound (phonophobia), aversion to specific sounds (misophonia), or a difficulty in tolerance and volume of sounds that would not typically be considered loud (hyperacusis).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Tick the box if today you felt or experienced..**

MON

TUE

WED

THU

FRI

SAT

SUN

## Feeling & Mood Symptoms

Depersonalisation: feeling like you're an outside observer of or detached from yourself (e.g. feeling as if "this is not happening to me" or it's a dream)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Derealisation: feeling like things are not real, a sense of unreality, distance, or distortion

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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An inability to experience positive emotions (such as happiness, satisfaction, connection or love)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Overwhelming negative emotional state (e.g. fear, horror, guilt or shame)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Distorted shame, guilt or failure of yourself or others for causing the traumatic event or for resulting consequences

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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A belief that you are defeated or worthless

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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A lack of interest in doing the things you used to enjoy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Disturbed relationships (e.g. difficulties in sustaining relationships or difficulty feeling close to, or trusting others)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Problems regulating your emotions (you find it difficult to control your emotions or have trouble calming down)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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A feeling like you're 'different than everyone else'

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Negative beliefs and expectations about yourself or the world

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Sleep Symptoms

Sleep disturbance (other than nightmares, such as difficulty in falling or staying asleep)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Recurring dreams

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Traumatic nightmares

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Physical Symptoms

Physical reactions after exposure to traumatic reminders or triggers

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Digestive issues such as bloating, gas, indigestion, heartburn, acid reflux, and other irritable bowel problems

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Aches and pains in your joints and muscles

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Skin issues (such as acne, rosacea, or eczema flare ups, or your skin scarring more easily)

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Weight gain or weight loss

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**For more information about Post Traumatic Stress Disorder, and the symptoms you may experience with PTSD or Complex-PTSD, please visit our website: [PTSDuk.org](https://PTSDuk.org)**

**PLEASE NOTE:** This is NOT a diagnostic tool for PTSD or C-PTSD. This is designed to help you monitor, understand and track the symptoms you may be experiencing. This is not an exhaustive list of symptoms you may experience, but it based on both the The International Classification of Diseases - 11th Revision (ICD-11) produced by the World Health Organisation (WHO) and The Diagnostic and Statistical Manual - 5th Edition (DSM-5) produced by the American Psychiatric Association (APA) diagnostic criteria for PTSD, Complex PTSD and Dissociative PTSD.

Sources: PTSD Research Quarterly 'Literature on DSM-5 and ICD-11: An Update' VOLUME 32/NO. 2 • ISSN: 1050 -1855 • 2021, National Institute for Health and Care Excellence PTSD Diagnostic Guidelines (updated in November 2023) and UK Trauma Council.