

Post Traumatic Stress Diagnostic Scale (PDS)

First Name: _____

Middle Name(s): _____

Last Name: _____

Date of Birth: _____

Current health status:

Reasons for PDS:

Patient traumatic memories/images:

Patient triggers:

Current patient coping behaviours and mechanisms:

Select all PTSD symptoms the patient is experiencing:

- Aggression or anger
- Depleted interest in activities or hobbies
- Destructive behaviour
- Difficulty concentrating
- Difficulty experiencing positive aspect
- Difficulty sleeping
- Exaggerated blame of others
- Exaggerated self-blame
- Feelings of isolation
- Flashbacks
- Hypervigilance
- Heightened reactions
- Irritability
- Night terrors

- Negative affect
- Negative assumptions about oneself
- Negative assumptions about the world
- Negative thoughts
- Unwanted or upsetting memories

Patient results or diagnosis (include severity or degree):

Additional notes:

Practitioner name: _____

Practitioner signature: _____

Date: _____