

# Resilience Checkup PTSD

## Personal Information:

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Current Occupation:

Emergency Contact (Name & Phone):

Referring Physician/Therapist (if any):

Date of Assessment: \_\_\_\_\_

**Instructions:** Rate each statement from 0 to 7 based on how much you believe it to be true, where 0 = you don't believe it at all and 7 = you completely believe it to be true.

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Statements	Rating (0-7)
I have learned to accept situations that are beyond my control.	
I actively seek support when I'm facing challenges.	
I see setbacks as temporary, not permanent.	
I use past experiences to help me face new challenges.	
I have strategies in place to manage stress.	
I can stay calm and think clearly under pressure.	
I'm confident in my ability to solve problems.	
I take steps to strengthen my physical health.	
I have a strong sense of purpose in life.	
I can maintain focus on tasks, even during challenging times.	

I take time for self-care activities that I enjoy.	
I have a network of friends or family I can rely on.	
I often reflect and learn from my mistakes.	
I feel connected to a larger community or a cause.	
I'm able to set and work towards personal goals.	
I remain hopeful, even when things are uncertain.	
I prioritize tasks and break them down into manageable steps.	
I understand my emotions and can manage them effectively.	
I practice gratitude by focusing on what I have, rather than what I lack.	
I seek out new experiences or knowledge to grow personally.	
I believe in my inner strength to overcome challenges.	
I can laugh at myself and find humor even in tough situations.	
I maintain a balance between my work, social, and personal life.	
I feel that I contribute positively to others or society.	
I recognize when to push through and when to rest.	
I am aware of my personal boundaries and can set them effectively.	
I can articulate my feelings and concerns to others.	
I value feedback and use it for personal growth.	
I engage in mindfulness practices or meditation regularly.	
I am proactive in addressing potential problems before they worsen.	

**Analysis:**

**Low-rated qualities:**

1.

2.

3.

**High-rated qualities:**

1.

2.

3.

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**Additional Information:**

• **Medications Currently Taking (if any):**

1.

2.

3.

• **Previous Counseling/Therapy Experiences:**

Date	Provider	Duration

- **Significant Life Events in the past year (e.g., loss, relocation, job changes):**

1.

2.

3.

**Comments/Additional Notes:**

Source: The PTSD Workbook. A Journey to Resilience and Beyond by Tijana Mandić, PhD,