

October 2016

## ***PTSD Admission Self Report***

Form **A2**

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(1)

**Notice to Veterans:** The information requested is confidential and will be used only for the purposes of treatment planning and to assess the performance of the clinical programs. The information is **not** to be included in your medical record, nor is it to be released to anyone outside the VA unless you make a specific request in writing and sign a release.

1. Date of Admission for Treatment ..... (mm/dd/yyyy)   /   /

(2-11)

2. Site/Program:

[illegible]

(12-41)

(42-54)

3. Veteran's Name (Last name, First initial)      □□□□□□□□□□□□□□□□

(55-71)

4. Social Security Number .....    -   -

(72-82)

## I. MILITARY

5. Are you **currently** on an active tour of duty? ☐ 0. No ☐ 1. Yes

(83)

6. During what years were you on active duty? (Check all that apply)

- ☐ 1. Pre-WW II (before 12/7/1941) ☐ 6. Vietnam Era (2/28/1961-5/7/1975)
- ☐ 2. World War II (12/7/1941-12/31/1946) ☐ 7. Post-Vietnam Era (5/8/1975-8/1/1990)
- ☐ 3. Pre-Korean Conflict (1/1/1947-6/26/1950) ☐ 8. Persian Gulf War (8/2/1990-9/10/2001)
- ☐ 4. Korean Conflict (6/27/1950-1/31/1955) ☐ 9. OIF/OEF/OND (9/11/2001-Present)
- ☐ 5. Between Korea and Vietnam Eras (2/1/1955-2/27/1961)

(84-92)

7. How many times have you been deployed to an area where you received hazardous duty pay? (0=never)

(93-94)

8. Did you ever receive friendly or hostile incoming fire from small arms, artillery, rockets, mortars or bombs? (Do not include gunfire, etc. experienced while a civilian or not while on active duty). ☐ 0. No ☐ 1. Yes

(95)

9. Which type of traumatic incident (include both military and non-military) have you suffered within your lifetime?  
(Check all that apply)

- ☐ 1. Military Sexual Trauma
 ☐ 5. Victim of violence (e.g. child abuse)
- ☐ 2. Non-Military Sexual Trauma
 ☐ 6. Natural disaster
- ☐ 3. Vehicle accident
 ☐ 7. Other
- ☐ 4. Other Accident
 ☐ 8. None

(96-103)

## II. PSYCHOLOGICAL STATUS

Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and check the box that indicates how much you have been bothered by that problem **in the last month**.

10. Repeated, disturbing, and unwanted memories of the stressful experience.

- ☐ 0. Not at all                      ☐ 2. Moderately                      ☐ 4. Extremely
- ☐ 1. A little bit                    ☐ 3. Quite a bit

(104)

11. Repeated, disturbing dreams of the stressful experience.

- ☐ 0. Not at all ☐ 2. Moderately ☐ 4. Extremely
- ☐ 1. A little bit ☐ 3. Quite a bit

(105)

12. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were reliving it).

- ☐ 0. Not at all                      ☐ 2. Moderately                      ☐ 4. Extremely
- ☐ 1. A little bit                      ☐ 3. Quite a bit

(106)

13. Feeling very upset when something reminded you of the stressful experience.

- ☐ 0. Not at all                      ☐ 2. Moderately                      ☐ 4. Extremely

(107)

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14. Having strong physical reactions (e.g. heart pounding, trouble breathing, sweating) when something reminded you of the stressful experience.

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(108)

15. Avoiding memories, thoughts, or feelings related to the stressful experience.

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(109)

16. Avoiding external reminders of the stressful experience (people, places, conversations, activities, objects, or situations).

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(110)

17. Trouble remembering important parts of the stressful experience.

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(111)

18. Having strong negative beliefs about yourself, other people, or the world (having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, and the world is completely dangerous).

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(112)

19. Blaming yourself or someone else for the stressful experience or what happened after it.

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(113)

20. Having strong negative feelings such as fear, horror, anger, guilt, or shame.

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(114)

21. Loss of interest in activities that you used to enjoy.

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(115)

22. Feeling distant or cut off from other people.

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(116)

23. Trouble experiencing positive feelings (being unable to feel happiness or have loving feelings for people close to you).

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(117)

24. Irritable behavior, angry outbursts, or acting aggressively.

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(118)

25. Taking too many risks or doing things that could cause you harm.

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(119)

26. Being "super alert" or watchful or on guard.

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(120)

27. Feeling jumpy or easily startled.

- ☐ 0. Not at all  
☐ 1. A little bit

- ☐ 2. Moderately  
☐ 3. Quite a bit

☐ 4. Extremely

(121)

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28. Having difficulty concentrating.

- ☐
0. Not at all
- 
- ☐
1. A little bit

- ☐
2. Moderately
- 
- ☐
3. Quite a bit

- ☐
4. Extremely

(122)

29. Trouble falling or staying asleep.

- ☐
0. Not at all
- 
- ☐
1. A little bit

- ☐
2. Moderately
- 
- ☐
3. Quite a bit

- ☐
4. Extremely

(123)

**The next few questions are about how you have been feeling during the past 30 days. For each question, please give the one answer that comes closest to how often you have felt....**

30. Little interest or pleasure in doing things?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(124)

31. Feeling down, depressed or hopeless?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(125)

32. Trouble falling asleep, staying asleep, or sleeping too much?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(126)

33. Feeling tired or having little energy?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(127)

34. Poor appetite or overeating?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(128)

35. Feeling bad about yourself or that you're a failure or have let yourself or your family down?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(129)

36. Trouble concentrating on things, such as reading the newspaper or watching television?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(130)

37. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(131)

38. Thoughts that you would be better off dead or of hurting yourself in some way?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(132)

39. Feeling nervous, anxious, or on edge?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(133)

40. Not able to stop or control worrying?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(134)

41. Worrying too much about different things?

- ☐
0. Not at all
- 
- ☐
1. Several days

- ☐
2. More than half the days
- 
- ☐
3. Nearly every day

(135)

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42. Trouble relaxing?  
☐ 0. Not at all ☐ 2. More than half the days  
☐ 1. Several days ☐ 3. Nearly every day (136)
43. Being so restless that it is hard to sit still?  
☐ 0. Not at all ☐ 2. More than half the days  
☐ 1. Several days ☐ 3. Nearly every day (137)
44. Becoming easily annoyed or irritable?  
☐ 0. Not at all ☐ 2. More than half the days  
☐ 1. Several days ☐ 3. Nearly every day (138)
45. Feeling afraid as if something awful might happen?  
☐ 0. Not at all ☐ 2. More than half the days  
☐ 1. Several days ☐ 3. Nearly every day (139)

**III. ALCOHOL AND DRUG USE**

Next is a standard set of questions about several areas of your life such as your alcohol and drug use during the past 30 days. **If you needed a qualifying period of no substance abuse or were hospitalized during this period then answer for the 30 days prior. Please answer as accurately as possible.**

46. In the past 30 days, how many days did you drink ANY alcohol? Include Nyquil, vanilla extract, etc.  
☐ 1. 0 ☐ 3. 4-8 ☐ 5. 16-30  
☐ 2. 1-3 ☐ 4. 9-15 (140)
47. In the past 30 days, how many days did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman) within a two or three hour period?  
☐ 1. 0 ☐ 3. 4-8 ☐ 5. 16-30  
☐ 2. 1-3 ☐ 4. 9-15 (141)
48. In the past 30 days, how many days did you use illegal/street drugs?  
☐ 1. 0 ☐ 3. 4-8 ☐ 5. 16-30  
☐ 2. 1-3 ☐ 4. 9-15 (142)
49. In the past 30 days, how many days did you use prescription medications (obtained legally or illegally) specifically for the experience or feelings they caused?  
☐ 1. 0 ☐ 3. 4-8 ☐ 5. 16-30  
☐ 2. 1-3 ☐ 4. 9-15 (143)
50. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs?  
☐ 1. Not at all ☐ 3. Moderately ☐ 5. Extremely  
☐ 2. Slightly ☐ 4. Considerably (144)
51. If you were not admitted to this program, how confident would you be in your ability to be completely abstinent (clean) from alcohol and drugs for 30 days?  
☐ 1. Not at all ☐ 3. Moderately ☐ 5. Extremely  
☐ 2. Slightly ☐ 4. Considerably (145)

**PTSD Admission Self Report**  
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52. In general, how would you say your health is?

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> 1. Excellent | <input type="checkbox"/> 4. Fair |
| <input type="checkbox"/> 2. Very Good | <input type="checkbox"/> 5. Poor |
| <input type="checkbox"/> 3. Good      |                                  |

(146)

**The following two questions are about activities you might do during a typical day. Does health now limit you in these activities? If so, how much?**

53. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Yes, limited a lot | <input type="checkbox"/> 2. Yes, limited a little | <input type="checkbox"/> 3. No, not limited at all |
|--|---|--|

(147)

54. Climbing several flights of stairs.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1. Yes, limited a lot | <input type="checkbox"/> 2. Yes, limited a little | <input type="checkbox"/> 3. No, not limited at all |
|--|---|--|

(148)

**During the past month, how much of the time have you had any of the following problems with your work or other regular daily activities as the result of your physical health?**

55. Accomplished less than you would like.

- |  |  |
|--|--|
| <input type="checkbox"/> 1. All of the time  | <input type="checkbox"/> 4. A little of the time |
| <input type="checkbox"/> 2. Most of the time | <input type="checkbox"/> 5. None of the time     |
| <input type="checkbox"/> 3. Some of the time |  |

(149)

56. Were limited in the kind of work or other activities.

- |  |  |
|--|--|
| <input type="checkbox"/> 1. All of the time  | <input type="checkbox"/> 4. A little of the time |
| <input type="checkbox"/> 2. Most of the time | <input type="checkbox"/> 5. None of the time     |
| <input type="checkbox"/> 3. Some of the time |  |

(150)

**During the past month, how much of the time have you had any of the following problems with your work or other regular daily activities as the result of any emotional problems such as feeling depressed or anxious?**

57. Accomplished less than you would like.

- |  |  |
|--|--|
| <input type="checkbox"/> 1. All of the time  | <input type="checkbox"/> 4. A little of the time |
| <input type="checkbox"/> 2. Most of the time | <input type="checkbox"/> 5. None of the time     |
| <input type="checkbox"/> 3. Some of the time |  |

(151)

58. Didn't do work or other activities as carefully as usual.

- |  |  |
|--|--|
| <input type="checkbox"/> 1. All of the time  | <input type="checkbox"/> 4. A little of the time |
| <input type="checkbox"/> 2. Most of the time | <input type="checkbox"/> 5. None of the time     |
| <input type="checkbox"/> 3. Some of the time |  |

(152)

59. Are you currently experiencing pain that has persisted for three months or longer? ☐ 0. No ☐ 1. Yes

(153)

60. During the past month, how much did pain interfere with your normal work including both work outside the home and housework?

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Not at all   | <input type="checkbox"/> 4. Quite a bit |
| <input type="checkbox"/> 2. A little bit | <input type="checkbox"/> 5. Extremely   |
| <input type="checkbox"/> 3. Moderately   |   |

(154)

61. What was your average severity of pain during the past week on a 0 (no pain) to 10 (worst pain imaginable) scale?

Pain Severity Rating  

(155-156)

62. Do you attribute your pain problem to the same experience that you believe caused your PTSD?

- |                                |                                 |   |
|--------------------------------|---------------------------------|---|
| <input type="checkbox"/> 0. No | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No pain problem |
|--------------------------------|---------------------------------|---|

(157)

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63. How satisfied are you with your progress toward achieving your recovery goals?

- ☐ 1. Not at all satisfied    ☐ 3. Somewhat satisfied    ☐ 5. Completely satisfied  
☐ 2. A little bit satisfied    ☐ 4. Pretty much satisfied

(158)

**V. DESCRIPTION AND BACKGROUND**64. Date of Birth .....(mm/dd/yyyy)   /   /    

(159-168)

65. What was your sex assigned at birth?    ☐ 1. Male    ☐ 2. Female    ☐ 3. Prefer not to answer

(169)

66. How do you identify your gender (gender identity)? **(Check one)**

- ☐ 1. Man    ☐ 3. Transgender man (female-to-male)    ☐ 5. Other  
☐ 2. Woman    ☐ 4. Transgender woman (male-to-female)    ☐ 6. Prefer not to answer

(170)

67. Do you think of yourself as: **(Check one)**

- ☐ 1. Lesbian, gay, or homosexual    ☐ 3. Bisexual    ☐ 5. Don't know  
☐ 2. Straight or heterosexual    ☐ 4. Something Else    ☐ 6. Prefer not to answer

(171)

68. Is your mental health provider aware of and sensitive to your sexual orientation and/or gender identity? **(Check one)**

- ☐ 1. Strongly disagree    ☐ 3. Neither agree nor disagree    ☐ 5. Strongly agree  
☐ 2. Somewhat disagree    ☐ 4. Somewhat agree    ☐ 6. Prefer not to answer

(172)

69. Marital Status **(Check one)**

- ☐ 1. Married /Domestic Partner    ☐ 3. Widowed    ☐ 5. Divorced    ☐ 7. Prefer not to answer  
☐ 2. Remarried    ☐ 4. Separated    ☐ 6. Never Married

(173)

70. Race/Ethnic Ancestry **(Check all that apply)**

- ☐ 1. White, not Hispanic    ☐ 4. Hispanic, Black    ☐ 7. Pacific Islander  
☐ 2. Black, not Hispanic    ☐ 5. American Indian/Alaskan    ☐ 8. Other  
☐ 3. Hispanic, White    ☐ 6. Asian    ☐ 9. Prefer not to answer

(174-182)

71. What is your living arrangement at the time of admission to this program? **(Check one)**

- ☐ 1. Apt or house owned/rented by you    ☐ 5. Shelter, drop-in center  
☐ 2. Other persons apt or house    ☐ 6. Jail or prison  
☐ 3. Hotel or motel you pay for    ☐ 7. Street, automobile, outdoors  
☐ 4. Hospital treatment program

(183)

72. Number of years of education completed. (GED=12)  

(184-185)

73. Were you working before admission to this Program? **(Check one)**

- ☐ 0. No    ☐ 1. Part-time    ☐ 2. Full-time

(186)

73A. If **NO**, What is the major reason? **(Check one)**

- ☐ 1. Retired    ☐ 5. Not looking for work due to mental health concern  
☐ 2. Certified 100% disabled    ☐ 6. Not looking for work due to other obligations  
☐ 3. Partially disabled (receive SSD or less than 100%)    ☐ 7. Not looking for work - student  
☐ 4. Looking for work, unable to find a job    ☐ 8. Not looking for work by choice

(187)

***Thank you for completing this form. If you have any concerns about the questions on the form or your answers please contact your clinician.***

***If at any time you are experiencing an emotional crisis and want to talk with a mental health professional, call the Veterans Crisis Line at 1-800-273-8255 and after you connect press 1 to reach a Veteran-specific line.***