

# PTSD WORKSHEET

A Veterans Service Publication of PTSDhelp.net

Your Full Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Military Service No.: \_\_\_\_\_

## YOUR MILITARY HISTORY

Branch of Service: \_\_\_\_\_

Highest Rank and Pay Grade: \_\_\_\_\_

Rank and Pay Grade at Discharge: \_\_\_\_\_

Date Entered Service: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Character of Discharge: \_\_\_\_\_

## YOUR COMBAT ASSIGNMENT

Rank During Combat: \_\_\_\_\_

Your Primary MOS: \_\_\_\_\_

Your Duty MOS (if different): \_\_\_\_\_

Combat Theater(s): \_\_\_\_\_

Combat Unit: \_\_\_\_\_

Dates of Assignment to This Unit:

From \_\_\_\_\_ To \_\_\_\_\_

Combat duty assignment:

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Describe your duties:

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## **YOUR COMBAT DUTIES**

While in your combat assignment were you mainly **(circle answer)**:

On a base?            In the field?

If both, explain:

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While in your combat assignment how often did you do the following? **(circle answers.)**

Fire a weapon at the enemy:

Never   Rarely   Often   Frequently

Kill or likely kill your target:

Never   Rarely   Often   Frequently

See someone killed or dying:

Never   Rarely   Often   Frequently

See dead bodies, civilian, or enemy:

Never   Rarely   Often   Frequently

See American dead:

Never   Rarely   Often   Frequently

If you were present when Americans were killed can you list several of their names

and the approximate date of their deaths?

Name: \_\_\_\_\_

Date KIA: \_\_\_\_\_

Name: \_\_\_\_\_

Date KIA: \_\_\_\_\_

Name: \_\_\_\_\_

Date KIA: \_\_\_\_\_

If you listed the names of American casualties in the preceding question, were any of them close friends? **(circle answer)**

No      Yes

If yes, who? \_\_\_\_\_

Did you handle any bodies? **(circle answer.)**

Yes      No

If yes, describe your inner feelings at the time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you participate in firefights? **(circle answer.)**

No      Yes

How many? \_\_\_\_\_

Describe in general terms your responsibilities in a firefight.

\_\_\_\_\_

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Did you or your unit experience any of the following? (circle a frequency for all that apply)

Sniper Fire:

Never Rarely Often Frequently

Rocket/Mortar attacks:

Never Rarely Often Frequently

Mines/Booby Traps (anti-Personnel):

Never Rarely Often Frequently

Mines/Booby Traps (anti-Vehicular):

Never Rarely Often Frequently

Ambush:

Never Rarely Often Frequently

Other, explain:

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Describe any combat experience that stands out as especially threatening to you. Explain how you survived that situation.

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During your assignment to combat duties did you feel that the experience was stressful? If so, please briefly explain.

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\_\_\_\_\_  
\_\_\_\_\_

Did you use alcohol or drugs to cope with the stress of your combat experience? **(circle answer)**

Yes      No

Since your return from combat do you have **(briefly explain all that apply):**

Frequent or intrusive memories of combat?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dreams?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nightmares?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Flashbacks?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For each, how often? (circle answers)

Memories:

Never Rarely Often Daily

Dreams:

Never Rarely Often Daily

Nightmares:

Never Rarely Often Daily

Flashbacks:

Never Rarely Often Daily

## **DECORATIONS AND AWARDS**

Were you injured or wounded during your combat service? (circle answer)

Yes No

If yes, describe the nature and severity of your injury or wound.

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List your combat-related decorations and awards.

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## **HOW DO YOU FEEL NOW?**

Do you ever seem to shut out the world? If yes, explain:

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Do you ever feel as if your emotions were drained out of you? If yes, explain:

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Do you avoid things that remind you of combat, or do you enjoy the things that remind you of your war experiences? Explain your answer in detail:

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Do you find that your post-combat life is somehow boring and less meaningful than your life was before? If so, explain:

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Do things that should be important to you in your life after combat service somehow seem less important than before? If so, explain and give an example:

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Do you find it hard to control your anger? Specifically, do things that shouldn't bother you cause you to be angry? Explain:

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Do you think of suicide or of hurting other people, or both? Explain:

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Are there specific dates from your combat service that are particularly significant in your mind? If so, list some and explain their significance:

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Do these anniversary dates bother you? If so, explain:

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Has your interest in activities changed since you began experiencing problems related to your combat service? If so, detail some of those activity changes:

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Do you feel estranged from others? If so, explain how and whom:

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What are your plans for the future?

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Are you comfortable in large crowds, or do you prefer to be alone? Explain:

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Do loud noises bother you? Are you jumpy or nervous? Do you have an exaggerated startle response? Explain:

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**IN YOUR OWN WORDS**

In your own words describe the most traumatic event of your combat service. Write separately on as much paper as you need. In addition to names and dates, give specific details of the event. For example:

- What you experienced.
- How you felt at the time.
- What you saw, heard, and smelled.
- Where you were.
- What you did during the event.
- What you felt like immediately after the event.
- What you feel like about it now.

Doing this worksheet can be difficult. If it stresses you out — take a break. Some vets find it helpful to get a friend to write for them as they talk.

What you're doing here is trying to pin down in the greatest possible detail the most traumatic stressor of your combat service. It's helpful for current or future treatment or a VA compensation claim to commit to paper as much detail as you can recall. Try to use simple "civilian" language. The over-use of military terminology can be confusing to those without military backgrounds.