

PTS Progress Monitor (Patient 18+ years)

Name: _____ Date: _____

Please answer the questions based on how it is going since your last appointment. This progress monitoring tool helps you and the counselor know how you are doing. The counselor will discuss the results with you.

1. Repeated, disturbing dreams of the stressful experience.
 Not at all A little bit Moderately Quite a bit Extremely
2. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it).
 Not at all A little bit Moderately Quite a bit Extremely
3. Avoiding memories, thoughts, or feelings related to the stressful experience.
 Not at all A little bit Moderately Quite a bit Extremely
4. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)
 Not at all A little bit Moderately Quite a bit Extremely
5. Being “super alert” or watchful or on guard.
 Not at all A little bit Moderately Quite a bit Extremely
6. Feeling jumpy or easily startled.
 Not at all A little bit Moderately Quite a bit Extremely