

Guidelines for Charting the Course of Posttraumatic Stress Symptoms and Response to Treatments

The NIMH Life Chart Method – SELF/PROSPECTIVE Ratings (LCM-PTSD-S/P)

Please do this rating at the end of each day. If you forget or cannot do the ratings for a few days, fill them in afterward in order to have a complete record.
(Please ask a family member or friend to help fill out this form on days you might be too ill to do so yourself.)

Suggested Steps For Daily Ratings:

1. Sleep, nightmares, and flashbacks

- Write in the number of hours of sleep each night in the appropriate box.
- Place a check in the appropriate box if you experienced nightmares during previous night.
- Write in the appropriate box the number of flashbacks per day.

2. Rate the severity of posttraumatic stress symptoms (None, Mild, Low Moderate, High Moderate, Severe)

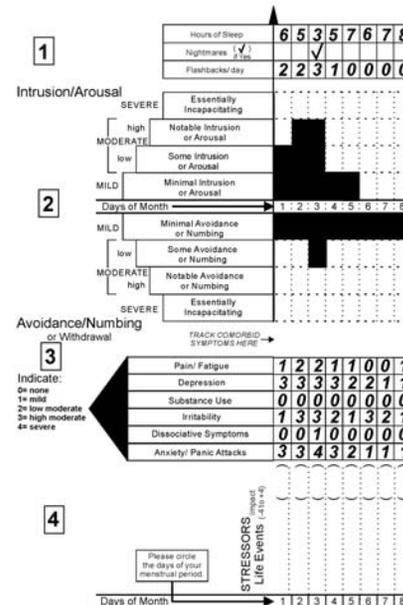
- Intrusion and Arousal:** For these symptoms, shade up to the TOP edge of the box

The following symptoms are considered intrusion and arousal symptoms:

- Recurrent intrusive thoughts of the traumatic event(s)
- Recurrent intrusive memories of the traumatic event(s)
- Bad dreams relating to the traumatic event(s)
- Feelings of reliving the trauma(s)
- Becoming emotionally upset when reminded of the trauma(s)
- Feeling as if the event were occurring in the present (flashbacks)
- Difficulty sleeping
- Difficulty concentrating
- Irritability or outbursts of anger
- Excessive watchfulness and alertness
- Hyperstartle
- Panic attacks
- Intense physical reactions when reminded of the event(s) (palpitations, sweat, etc)

Top edge of the box for intrusion/arousal symptoms

Example



b) **Avoidance and Numbing:** For these symptoms, shade down to the **BOTTOM** edge of the box

Bottom edge of the box
for avoidance/numbing
symptoms

The following symptoms are considered avoidance and numbing symptoms:

- Avoidance of thoughts or feelings associated with the traumatic event(s)
- Avoidance of, or withdrawal from activities, situations, places associated with the traumatic event(s)
- Inability to recall an important aspect of the traumatic event(s)
- Diminished interest or participation in significant activities
- Inability to experience normal emotions
- Feeling detached from others
- Numbness
- Sense of foreshortened future (feeling that life will not go on much longer, inability to make long term plans)

3. Comorbid Symptom Severity

a) Rate severity of the following comorbid symptoms in the boxes on a none (0), mild (1), low moderate (2), high moderate (3), severe (4) scale:

- Dissociative symptoms ----->
 - Pain/Fatigue
 - Depression
 - Substance use
 - Irritability
 - Anxiety/panic attacks
- Feeling detached from your own body (or part of your body)
 - Feeling that the world is strange and unreal
 - Feeling as if you are looking through a fog
 - Finding yourself in a certain situation or place but not knowing how you got there, or what happened before
 - Becoming so involved in a fantasy that it seems to be real
 - Spacing-out for long periods of time, unaware of the passage of time

b) Record in the space above the boxes **any other symptoms** not recorded elsewhere.

4. Record important events of the day in the Stressors/Life Events Section

Rate the impact of each event from extremely positive (+4), to neutral (0), to extremely negative (-4)

5. Medication

- Enter the **name, dose(s) per tablet, and unit (i.e., mg, mcg, gm)** of each medication you took this month in the left margin of the **Medication** section.
- **At the end of each day**, indicate the **number of tablets** of each medication **actually** taken that day.