

OOTS FORM: CAUSES & SYMPTOMS OF COMPLEX PTSD

Name:

Date:

Type of Abuse	X	When Experienced (age – from/to) and by Whom?	Treatment Received?
Emotional abuse/neglect (includes ongoing, overt and/or covert abuse which made you feel unloved, unsafe, shameful, guilty, fearful, etc.)			
Physical abuse			
Sexual abuse			

Other Trauma (e.g., abandonment/neglect, poverty/homelessness, war)

Type of Trauma	When Experienced (age – from/to) and by Whom?	Treatment Received?

Complex PTSD Symptoms

	Symptom	Frequency	Intensity/ Degree	Comments
1.	Re-experiencing past trauma (i.e., nightmares; visual and/or emotional flashbacks)	1. Never _____ 2. Occasionally _____ 3. Often _____ 4. Always _____	1. Mild ____ 2. Medium____ 3. High _____	
2.	Avoidance (i.e., of memories, feelings, triggering people/places/things; dissociation)	1. Never _____ 2. Occasionally _____ 3. Often _____ 4. Always _____	1. Mild ____ 2. Medium____ 3. High _____	
3.	Sense of threat (i.e., hypervigilance/ constantly on guard, strong startle response)	1. Never _____ 2. Occasionally _____ 3. Often _____ 4. Always _____	1. Mild ____ 2. Medium____ 3. High _____	
4.	Reduced ability to regulate emotions (i.e., respond in appropriate/flexible manner; prevalence of negative emotions such as shame or guilt)	1. Never _____ 2. Occasionally _____ 3. Often _____ 4. Always _____	1. Mild ____ 2. Medium____ 3. High _____	
5.	Negative self-concept (e.g., Feeling worthless, defective, being different than others)	1. Never _____ 2. Occasionally _____ 3. Often _____ 4. Always _____	1. Mild ____ 2. Medium____ 3. High _____	
6.	Interpersonal difficulties (i.e., social anxiety, inability to form attachments/achieve intimacy with others)	1. Never _____ 2. Occasionally _____ 3. Often _____ 4. Always _____	1. Mild ____ 2. Medium____ 3. High _____	

Other Symptoms

Other Symptoms	Frequency	Intensity/ Degree	Comments
	1. Never _____ 2. Occasionally _____ 3. Often _____ 4. Always _____	1. Mild ____ 2. Medium____ 3. High _____	
	1. Never _____ 2. Occasionally _____ 3. Often _____ 4. Always _____	1. Mild ____ 2. Medium____ 3. High _____	
	1. Never _____ 2. Occasionally _____ 3. Often _____ 4. Always _____	1. Mild ____ 2. Medium____ 3. High _____	