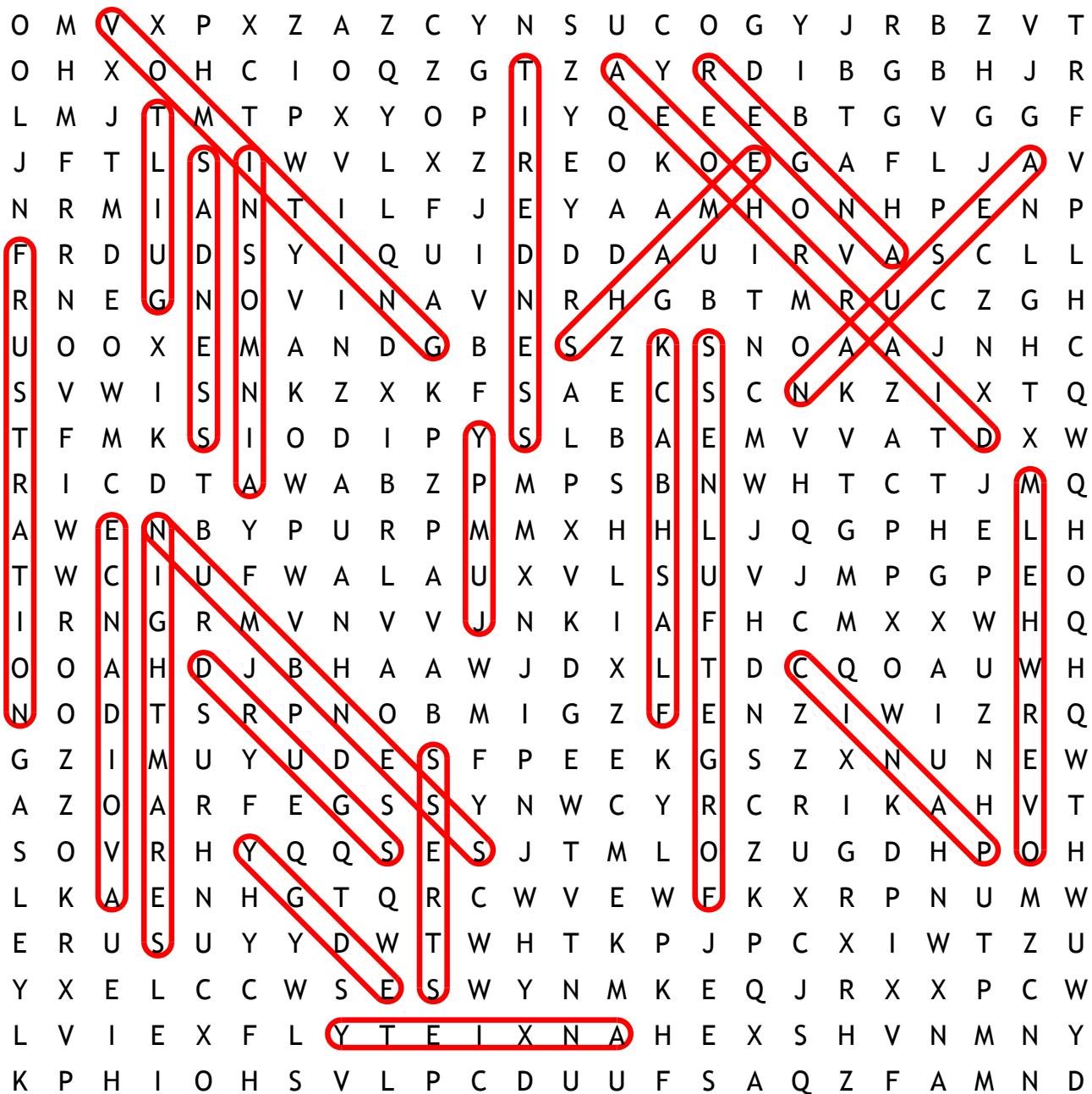


Name: \_\_\_\_\_

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

# PTSD symptoms



Forgetfulness  
Tiredness  
Vomiting  
Anxiety  
Panic  
Guilt

Frustration  
Avoidance  
Numbness  
Nausea  
Drugs  
Edgy

Nightmares  
Overwhelm  
Insomnia  
Stress  
Anger

Diarrhoea  
Flashback  
Sadness  
Jumpy  
Shame