Trauma Do I Need More Help?

The purpose of this document is to find out if you need more help with your symptoms of trauma. Instructions.

Check the answers that apply to you and add a brief description where needed. Once you've finished hand this document over to your doctor, health worker, support worker or other professional to help you access the right level of therapy.

How often do you drink alcohol to cope with stress?	
Rarely (1-8 times a year)	
Sometimes (once a month)	
Often (1-5 times a week)	
Has alcohol use caused you difficulty in keeping up with your work or school, or in your relationships? Family Lives Matter	
Have friends or family expressed concerns about your alcohol use?	

Have you had trouble with the law because of alcohol use?

How often do you use non prescribed drugs to cope with stress?

Rarely (1-8 times a year)

Sometimes (once a month)

Often (1-5 times a week)

Has drug use caused you difficulty in keeping up with your work or scho	ol. or in	n vour relationships	;?
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Have friends or family expressed concerns about your drug use?

Have you had trouble with the law because of drug use?



Do you have trouble staying asleep? (Waking mid-way through the night)

Rarely (1-8 times a year)

Sometimes (once a month)

Often (1-5 times a week)

Do you have flash-backs to traumatic events?

Rarely (1-8 times a year)

Sometimes (once a month)

Often (1-5 times a week)

Have you ever engaged in risky or unprotected sex? Rarely (1-8 times a year) Sometimes (once a month) Often (1-5 times a week) Have you ever threatened someone with physical violence? Rarely (1-8 times a year) Sometimes (once a month) Often (1-5 times a week) Have you ever hurt someone physically? Rarely (1-8 times a year) Sometimes (once a month) Often (1-5 times a week) Have you had serious thoughts of hurting yourself or self-harmed? Rarely (1-8 times a year) Sometimes (once a month) Often (1-5 times a week) Have you had serious thoughts of, made plans to or attempted suicide? Rarely (1-8 times a year)

Sometimes (once a month)

Often (1-2 times a week)

Do you find yourself comfort eating or over indulging with food?

Rarely (1-8 times a year)

Sometimes (once a month)

Often (1-5 times a week)

Do you restrict your food intake, skip meals?

Rarely (1-8 times a year)

Sometimes (once a month)

Often (1-5 times a week)



Do you eat more sugary, sweet foods than savoury?

Rarely (1-8 times a year)

Sometimes (once a month)

Often (1-5 times a week)

How often do you exercise?

Rarely (1-8 times a year)

Sometimes (once a month)

Often (1-5 times a week)

Do you avoid people or places that remind you of your trauma?

Rarely (1-8 times a year)

Sometimes (once a month)

Often (1-5 times a week)



It is important to record the ways you are dealing with your feelings of depression, anxiety, guilt, or self-blame. In the long term, using drugs and alcohol, smoking, overeating, or engaging in risky sex can harm your health in many ways. However, there is help available to aid your recovery so you can live a more fulfilling life.