Name:_____ Date:_____

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HAVE YOU BEEN IN A CAR ACCIDENT? TAKE THIS TEST!

Please circle the number that best describes how you have been feeling since the time of the accident. 1 means "almost never or not at all" and 5 means "almost always or very much".

Since the accident:

1) I have more anxiety about driving		1	2	3	4	5
2) I have more anxiety in general		1	2	3	4	5
3) I avoid:	being in a car	1	2	3	4	5
	being the driver	1	2	3	4	5
	being the passenger	1	2	3	4	5
	driving at night	1	2	3	4	5
	driving in the rain or snow	1	2	3	4	5
	driving in heavy traffic	1	2	3	4	5
	driving on highways	1	2	3	4	5
	driving past the scene of the accident	1	2	3	4	5
4) I have nightmares and/or flashbacks about the accident		1	2	3	4	5
6) I'm isolating more from people, not getting out as much		1	2	3	4	5
7) I'm sleeping more or less than usual		1	2	3	4	5
8) I'm sometimes irritable and short-tempered		1	2	3	4	5
9) I'm eating more or less than usual		1	2	3	4	5
10) I cry or feel like crying more than before		1	2	3	4	5
11) I have more muscle tension than before		1	2	3	4	5
12) My sex drive is decreased		1	2	3	4	5
13) I'm having more struggles in my relationship		1	2	3	4	5
14) I'm having difficulty keeping up with daily activities		1	2	3	4	5
15) I feel more pessimistic about the future		1	2	3	4	5
16) Things which used to give me pleasure don't now		1	2	3	4	5

PLEASE TOTAL YOUR SCORE.....TOTAL: _____

NOTE: IF YOU SCORED 31 OR HIGHER, IT COULD INDICATE A SERIOUS CONCERN. PLEASE TAKE THIS IN TO YOUR APPOINTMENT AND ASK ABOUT AN EVALUATION WITH A PROFESSIONAL WHO CAN HELP, OR CALL PRESSMAN AND ASSOCIATES AT 856-857-5040