

Prospective Life Chart

The Self/Prospective Ratings LCM-PTSD forms (Self_Prospective_PTSD_LCM_Forms.pdf) is a self-completed *prospective* charting method for recording medications, sleep, flashbacks, life events and symptoms in eight areas: intrusion/arousal, avoidance/numbing, pain/fatigue, depression, substance use, irritability, dissociative symptoms and anxiety/panic attacks. The forms (Self_Prospective_PTSD_LCM_Forms.pdf) and instructions (Self_Prospective_PTSD_LCM_Instrs.pdf) are each designed by default to print out in landscape orientation on two letter-sized pages. It can therefore be distributed to patients or subjects as a four-page packet. If professional printing is being considered prior to use of a large number of the forms, it is suggested that the forms and instructions be printed in "stacked" fashion on opposite faces of an 11x17 inch (foldable) sheet, as depicted below. This would ensure that instructions and forms stay together at all times.

(Front)

(Back)

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:

- 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.
- 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)
 - 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
 - Hypervigilance
 - Panic attacks
 - Intense physical reactions when reminded of the event(s) (palpitations, sweat, etc.)

Example:
 - Avoidance and Numbing:** For these symptoms, shade down to the BOTTOM edge of the box.

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 foreboding future (feeling that life will not go on much longer, inability to make long term plans)

Example:

3. Comorbidity Symptom Severity

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

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

NIMH-LCM™ Self/PROSPECTIVE Ratings: The LCM-PTSD-S/P

Patient ID: ---- Patient Initials: / Month: Year:
 Protocol Code: Level: Clinician Initials: Blinded Rating? No Yes N/A

Days of Month: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Medication Name: Dose: Unit: Enter total # of tablets TAKEN per day

Please trace all medications that you are currently taking.

Days of Month: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

PTSD - LCM Self Ratings (PROSPECTIVE)

Hours of Sleep: Nightmares: Flashbacks:

Intrusion/Arousal

SEVERE: Essentially Intriguing or Arousing
 MODERATE: Notable Intrusion or Arousal
 MILD: Minimal Intrusion or Arousal

Days of Month: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Avoidance/Numbing or Withdrawal

SEVERE: Essentially Inhibiting
 MODERATE: Notable Avoidance or Numbing
 MILD: Minimal Avoidance or Numbing

Days of Month: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Indicate: Pain/Fatigue, Depression, Substance Use, Irritability, Dissociative Symptoms, Anxiety/Panic Attacks

Days of Month: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

STRESSORS/LIFE EVENTS (+/-4)

Please circle the stressor and rate its impact.