

From: Debbie White [REDACTED]

Sent: March-27-21 8:01 AM

To:

Subject: June is PTSD Awareness Month, Post Traumatic Stress Disorder

Dear Honorable Mayor;

June is Awareness Month for Post Traumatic Stress Disorder (PTSD). We respectfully urge you to use the Proclamation below to declare your city support. We have also included the PTSD Assessment form which we urge you to send to heads of your local police services, fire department and hospitals. PTSD can affect all ages, children through to seniors.

Sincerely,

Debbie White

President and Mother of Son with PTSD

PROCLAMATION

June is Awareness Month for

Post Traumatic Stress Disorder (PTSD)

In Recognition of PTSD Awareness

Whereas, June has been declared as PTSD Awareness Month each year around the world; and

Whereas, for centuries we have recognized post traumatic stress disorder; and

Whereas, PTSD can affect all ages, children through to seniors: and

Whereas, treatment for PTSD is available; and

Whereas, it is up to each of us to know that the PTSD Assessment form is a major tool to seek medical assistance; and

Whereas, PTSD Awareness Month urges all to seek help for those who may have PTSD requiring medical assistance; and

NOW THEREFORE, I, Mayor ... of ..., by virtue of the authority vested in me as Mayor of the City of ..., do hereby proclaim June as PTSD Awareness month in our city and encourage the residents of ... to actively learn about the PTSD Assessment form written by the Centre for PTSD Research as a tool to assist those affected by PTSD to obtain medical assistance.

IN WITNESS THEREOF, I have set my hand and caused the Seal of the City of ... to be affixed this ... day of ..., 2021.

Mayor

PTSD Assessment Form

You can complete this form and print it for easy reference. When you exit the form, the information will be deleted.

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully. Then enter the appropriate number in the right-hand column to show how much you have been bothered by that problem in the **last month**.

1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely

Repeated, disturbing memories, thoughts, or images of a stressful experience from the past.
Repeated, disturbing dreams of a stressful experience from the past.
Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it).
Feeling very upset when something reminded you of a stressful experience from the past.
Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past.

Avoiding **thinking about or talking about** a stressful experience from the past or avoiding **having feelings** related to it.

Avoiding **activities** or **situations** because **they reminded you** of a stressful experience from the past.

Trouble **remembering important parts** of a stressful experience from the past.

Loss of interest in activities that you used to enjoy.

Feeling **distant** or **cut off** from other people.

Feeling **emotionally numb** or being unable to have loving feelings for those close to you.

Feeling as if your **future** will somehow be **cut short**.

Trouble **falling** or **staying asleep**.

Feeling **irritable** or having **angry outbursts**.

Having **difficulty concentrating**.

Being "**super-alert**" or watchful or on guard.

Feeling **jumpy** or easily startled.

To find your score, add up the numbers you entered. If your score is: 0 – 16 = No symptoms of PTSD. 17 – 20 = No to minimum symptoms of PTSD. 21 – 29 = Mild symptoms of PTSD. 30 – 49 = Moderate symptoms of PTSD. 50 – 86 = Severe symptoms of PTSD.

Source: Weathers FW, et al. (1994). PCL-C for DSM-IV. Boston: National Center for PTSD, Behavioral Science Division.