

Teen Freeze Questionnaire

(for teens or parents to complete)

Instructions:

Answer each statement as honestly as you can. Circle or tick:

- **Never**
- **Sometimes**
- **Often**
- **Almost Always**

1. Energy & Motivation

- I feel tired even after sleep.
- I put off starting things, even things I normally enjoy.
- Getting through the day feels heavy or like wading through mud.

2. Emotions & Expression

- I don't feel much — like I'm flat or numb.
- I get irritated quickly over small things.
- I avoid crying or showing strong feelings because it feels too much.

3. Thinking & Focus

- My mind feels foggy, like I can't hold onto thoughts.
- I find it hard to concentrate on schoolwork, reading, or conversations.
- I often zone out, even when people are talking to me.

4. Relationships & Social Life

- I don't feel like hanging out with friends or family.
- I go quiet around others, even when I have things to say.
- I feel disconnected, like I'm there but not really *there*.

5. Body & Stress Responses

- I get stomach aches, headaches, or tight muscles when I'm stressed.

- I hold my breath or notice shallow breathing without meaning to.
- I want to hide in my room when things get overwhelming.

6. Hope & Future

- I feel like nothing will change, so why bother.
- I struggle to imagine a future that excites me.
- I often just go through the motions.

Scoring (for parent or facilitator)

- **Mostly “Never” / “Sometimes”** → you may be under some stress, but coping.
- **Many “Often” answers** → signs of functional freeze are showing.
- **Several “Almost Always” answers** → you may be in a deeper freeze state and may need more support.