

Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)*

Patient Name: _____ Date: _____

Instructions: The table below lists problems that people sometimes have in response to extremely stressful experiences. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to indicate how much you have been bothered by that problem in the past month.

IN THE PAST MONTH, HOW MUCH WERE YOU BOTHERED BY:	NOT AT ALL	A LITTLE BIT	MODERATE- LY	QUITE A BIT	EXTREME- LY
1. Repeated, disturbing, and unwanted memories of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Repeated, disturbing dreams of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling very upset when something reminded you of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Having strong physical reactions when something reminded you of the stressful experience (e.g., heart pounding, trouble breathing, sweating)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Avoiding external reminders of the stressful experience (e.g., people, places, conversations, activities, objects, or situations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Trouble remembering important parts of the stressful experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Having strong negative beliefs about yourself, other people, or the world (e.g., having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Blaming yourself or someone else for the stressful experience or what happened after it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Loss of interest in activities that you used to enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feeling distant or cut off from other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Trouble experiencing positive feelings (e.g., being unable to feel happiness or have loving feelings for people close to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Irritable behavior, angry outbursts, or acting aggressively?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Taking too many risks or doing things that could cause you harm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Being “super-alert” or watchful or on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Feeling jumpy or easily startled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Having difficulty concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Trouble falling or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CLINICIAN USE

Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5)

Scoring Summary Sheet

Criteria	Number							Totals
B	1	2	3	4	5			
C	6	7						
D	8	9	10	11	12	13	14	
E	15	16	17	18	19	20		
							Total Score	

Each item 1–20 is considered a positive symptom if rated as 2 = “Moderately” or higher.

Provisional diagnosis of PTSD

Criterion A of the DSM-5, plus

Criterion B—at least 1

Criterion C—at least 1

Criterion D—at least 2

Criterion E—at least 2

The PCL-5 can also be used to assess the severity of the illness. A total symptom severity score ranges from 0-80. A 5-10 point change represents reliable change (i.e., not due to chance), a 10-20 point change represents clinically significant change. Therefore, 5 points change is accepted as a minimum threshold for determining whether an individual has responded to treatment and 10 points as a minimum threshold for determining whether the improvement is clinically meaningful. The PCL-5 has not to date been studied in terms of severity (no, mild, moderate, severe) cut-off scores.

This assessment tool was created by government employees and is therefore not copyrighted. In accordance with the American Psychological Association's ethical guidelines, these instruments are intended for use by qualified health professionals with advanced graduate training in psychodiagnostic assessment.

Note: Self-report tools should be reviewed by clinicians to verify accuracy of response and be interpreted against DSM-5 criteria in conjunction with clinical judgment.

* Weathers FW, Litz BT, Keane TM, Palmieri PA, Marx BP, Schnurr PP. The PTSD checklist for DSM-5 (PCL-5). U.S. Department of Veterans Affairs; 2013. Scale available from the National Center for PTSD at www.ptsd.va.gov