

PTSD Checklist for DSM-5

Name: _____ Date: _____

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. How much you have been bothered by that problem IN THE PAST MONTH.

0 - Not at all | 1 - A little bit | 2 - Moderately | 3 - Quite a bit | 4 - Extremely

In the past month, how much were you bothered by:	0	1	2	3	4
1. Repeated, disturbing, and unwanted memories of the stressful experience?					
2. Repeated, disturbing dreams of the stressful experience?					
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?					
4. Feeling very upset when something reminded you of the stressful experience?					
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?					
6. Avoiding memories, thoughts, or feelings related to the stressful experience?					
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?					
8. Trouble remembering important parts of the stressful experience?					
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?					

0 - Not at all | 1 - A little bit | 2 - Moderately | 3 - Quite a bit | 4 - Extremely

In the past month, how much were you bothered by:	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?					
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?					
12. Loss of interest in activities that you used to enjoy?					
13. Feeling distant or cut off from other people?					
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?					
15. Irritable behavior, angry outbursts, or acting aggressively?					
16. Taking too many risks or doing things that could cause you harm?					
17. Being “superalert” or watchful or on guard?					
18. Feeling jumpy or easily startled?					
19. Having difficulty concentrating?					
20. Trouble falling or staying asleep?					

Scoring and interpretation (*For clinician use*)

	Scores
Re-experiencing	
Avoidance	
Negative alterations in cognition and mood	
Hyper-arousal	
Total average score	

The DSM-5 outlines four subscales corresponding to the symptom clusters of PTSD:

1. **Re-experiencing** (criterion B, items 1-5, max score = 20)
2. **Avoidance** (criterion C, items 6-7, max score = 8)
3. **Negative alterations in cognition and mood** (Criterion D, items 8-14, max score = 28)
4. **Hyper-arousal** (Criterion E, items 15-20, max score = 24)

Alongside the raw scores, a mean score is calculated for each subscale by dividing the subscale score by the number of items it contains. This average score aids in identifying elevated symptom clusters when comparing the four subscales. Scores range from 0 to 4, with higher values indicating greater severity, following the Likert scale:

- **0:** Not at all
- **1:** A little bit
- **2:** Moderately
- **3:** Quite a bit
- **4:** Extremely

Symptom descriptors are provided for both the total score and each subscale score.

These descriptors are based on how far the scores deviate from the normative mean:

- **Normal range:** Average score less than or equal to 1.23
- **Mild:** Average score above 1.23 and less than or equal to 1.64
- **Moderate:** Average score above 1.64 and less than or equal to 2.455
- **Severe:** Average score above 2.455 and less than or equal to 3.265
- **Extremely severe:** Average score above 3.265

Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). *The PTSD Checklist for DSM-5 (PCL-5)*.

https://www.ptsd.va.gov/professional/assessment/documents/PCL5_Standard_form.pdf