

PTSD Checklist for DSM-5 (PCL-5) with Criterion A

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Reference: 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) – Extended Criterion A* [Measurement instrument]. Available from <u>https://www.ptsd.va.gov</u>/

URL: <u>https://www.ptsd.va.gov/professional/assess-ment/adult-sr/ptsd-checklist.asp</u>

Note: This is a fillable form. You may complete it electronically.

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PCL-5 with Criterion A

Instructions: This questionnaire asks about problems you may have had after a very stressful experience involving actual or threatened death, serious injury, or sexual violence. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. Some examples are a serious accident; fire; disaster such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; homicide; or suicide.

First, please answer a few questions about your worst event, which for this questionnaire means the event that currently bothers you the most. This could be one of the examples above or some other very stressful experience. Also, it could be a single event (for example, a car crash) or multiple similar events (for example, multiple stressful events in a war-zone or repeated sexual abuse).

Briefly identify the worst event (if you feel comfortable doing so):

How long ago did it happen? ______ (please estimate if you are not sure)

Did it involve actual or threatened death, serious injury, or sexual violence?

- ____Yes
- ____ No

How did you experience it?

- _____ It happened to me directly
- _____ I witnessed it
- _____ I learned about it happening to a close family member or close friend
- _____ I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)
- _____ Other, please describe ______

If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?

- _____ Accident or violence
- _____ Natural causes
- _____ Not applicable (the event did not involve the death of a close family member or close friend)

Second, below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem <u>in the past month.</u>

h	n the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
	eated, disturbing, and unwanted memories of the ssful experience?	0	1	2	3	4
2. Rep	eated, disturbing dreams of the stressful experience?	0	1	2	3	4
actu	denly feeling or acting as if the stressful experience were ually happening again (as if you were actually back there /ing it)?	0	1	2	3	4
	ling very upset when something reminded you of the ssful experience?	0	1	2	3	4
you	ing strong physical reactions when something reminded of the stressful experience (for example, heart inding, trouble breathing, sweating)?	0	1	2	3	4
	iding memories, thoughts, or feelings related to the ssful experience?	0	1	2	3	4
exar	iding external reminders of the stressful experience (for mple, people, places, conversations, activities, objects, or ations)?	0	1	2	3	4
	uble remembering important parts of the stressful erience?	0	1	2	3	4
or th bad	ing strong negative beliefs about yourself, other people, he world (for example, having thoughts such as: I am I, there is something seriously wrong with me, one can be trusted, the world is completely dangerous)?	0	1	2	3	4
	ning yourself or someone else for the stressful erience or what happened after it?	0	1	2	3	4
	ing strong negative feelings such as fear, horror, anger, t, or shame?	0	1	2	3	4
12. Loss	s of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feel	ling distant or cut off from other people?	0	1	2	3	4
una	uble experiencing positive feelings (for example, being ble to feel happiness or have loving feelings for people se to you)?	0	1	2	3	4
15. Irrita	able behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taki harr	ing too many risks or doing things that could cause you m?	0	1	2	3	4
17. Beir	ng "superalert" or watchful or on guard?	0	1	2	3	4
18. Feel	ling jumpy or easily startled?	0	1	2	3	4
19. Hav	ing difficulty concentrating?	0	1	2	3	4
20. Trou	uble falling or staying asleep?	0	1	2	3	4