PTSD Checklist (PCL) - 5

Name:_____

Date:

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. 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>.

	In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2.	Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3.	Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4.	Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5.	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6.	Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7.	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8.	Trouble remembering important parts of the stressful experience?	0	1	2	3	4
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	1	2	3	4
10	. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11	. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12	. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13	. Feeling distant or cut off from other people?	0	1	2	3	4
14	. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15	. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16	. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17	. Being "superalert" or watchful or on guard?	0	1	2	3	4
18	. Feeling jumpy or easily startled?	0	1	2	3	4
19	. Having difficulty concentrating?	0	1	2	3	4
20	. Trouble falling or staying asleep?	0	1	2	3	4