

Patient Name: \_\_\_\_\_ Date Scored: \_\_\_\_\_ Score: \_\_\_\_\_

Account #: \_\_\_\_\_ DOB: \_\_\_\_\_

## PCL-C PTSD Checklist

**INSTRUCTIONS:** Below is a list of problems and complaints that civilians sometimes have in response to stressful experiences. Please read each one carefully, and circle one of the numbers to the right to indicate how much you have bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing memories, thoughts, or images of a stressful experience?	1	2	3	4	5
2. Repeated, disturbing dreams of a stressful experience?	1	2	3	4	5
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were re-living it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of a stressful experience?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience?	1	2	3	4	5
6. Avoiding thinking about or talking about a stressful experience or avoiding having feeling related to it?	1	2	3	4	5
7. Avoiding activities or situations because they remind you of a stressful experience?	1	2	3	4	5
8. Trouble remembering important parts of a stressful experience?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your future will somehow be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outburst?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "super alert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5