

PTSD Checklist - Civilian (PCL-C)

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1. Please enter the client's information.

Client First Name:	Client Last Name:	Client DOB:
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2. 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 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 from the past?					
2. Repeated, disturbing dreams of a stressful experience from the past?					
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?					
4. Feeling very upset when something reminded you of a stressful experience from the past?					
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?					
6. Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?					
7. Avoid activities or situations because they remind you of a stressful experience from the past?					
8. Trouble remembering important parts of a stressful experience from the past?					
9. Loss of interest in things that you used to enjoy?					
10. Feeling distant or cut off from other people?					
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?					
12. Feeling as if your future will somehow be cut short? Loss of interest in activities that you used to enjoy?					
13. Trouble falling or staying asleep?					
14. Feeling irritable or having angry outbursts?					
15. Having difficulty concentrating?					
16. Being "super alert" or watchful on guard?					
17. Feeling jumpy or easily startled?					

Scoring and Reference (Office Use Only):

Scoring and Interpretation:

- 1) Add up all items for a total severity score or
- 2) Treat response categories 3–5 (Moderately or above) as symptomatic and responses 1–2 (below Moderately) as non-symptomatic, then use the following DSM criteria for a diagnosis:
 - Symptomatic response to at least 1 “B” item (Questions 1–5)
 - Symptomatic response to at least 3 “C” items (Questions 6–12), and
 - Symptomatic response to at least 2 “D” items (Questions 13–17)

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) – Standard [Measurement instrument]. Available from <https://www.ptsd.va.gov/>