

## PCL-5 - PTSD

1	Briefly identify the worst event (If you feel comfortable doing so):					
2	How long ago did it happen (please estimate if you are not sure)?					
3	Did it involve actual or threatened death, serious injury, or sexual violence? » Yes » No					
4	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:					
5	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 death of a close family member or close friend)					
<b>In the past month, how much were you bothered by a very stressful experience:</b>		<b>Not at all (0)</b>	<b>A little bit (1)</b>	<b>Moderately (2)</b>	<b>Quite a bit (3)</b>	<b>Extremely (4)</b>
6	Repeated, disturbing, and unwanted memories of the stressful experience?					
7	Repeated, disturbing dreams of the stressful experience?					
8	Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?					
9	Feeling very upset when something reminded you of the stressful experience?					
10	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?					
11	Avoiding memories, thoughts, or feelings related to the stressful experience?					
12	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?					
13	Trouble remembering important parts of the stressful experience?					

14	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)?					
15	Blaming yourself or someone else for the stressful experience or what happened after it?					
16	Having strong negative feelings such as fear, horror, anger, guilt, or shame?					
17	Loss of interest in activities that you used to enjoy?					
18	Feeling distant or cut off from other people?					
19	Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?					
20	Irritable behavior, angry outbursts, or acting aggressively?					
21	Taking too many risks or doing things that could cause your harm?					
22	Being "super alert" or watchful or on guard?					
23	Feeling jumpy or easily startled?					
24	Having difficulty concentrating?					
25	Trouble falling or staying asleep?					