

Questionnaire

** indicates a required field*

PCL-5

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 choose the answer which indicates how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:

*** 1. Repeated, disturbing, and unwanted memories of the stressful experience?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 2. Repeated, disturbing dreams of the stressful experience?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 4. Feeling very upset when something reminded you of the stressful experience?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 6. Avoiding memories, thoughts, or feelings related to the stressful experience?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 8. Trouble remembering important parts of the stressful experience?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (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)?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 10. Blaming yourself or someone else for the stressful experience or what happened after it?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 12. Loss of interest in activities that you used to enjoy?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 13. Feeling distant or cut off from other people?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 15. Irritable behavior, angry outbursts, or acting aggressively?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 16. Taking too many risks or doing things that could cause you harm?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 17. Being "superalert" or watchful or on guard?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 18. Feeling jumpy or easily startled?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 19. Having difficulty concentrating?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** 20. Trouble falling or staying asleep?**

- Not at all (0)
- A little bit (1)
- Moderately (2)
- Quite a bit (3)
- Extremely (4)

*** Now add up the total for your answers using the number in parentheses next to each answer you selected. Record your total score here:**

This is your PCL-5 score.

Source: 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). Scale available from the National Center for PTSD at www.ptsd.va.gov.