

## PTSD CheckList – Civilian Version (PCL-C)

Client's Name: \_\_\_\_\_

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

| No. | Response  | Not at all<br>(1) | A little bit<br>(2) | Moderately<br>(3) | Quite a bit<br>(4) | Extremely<br>(5) |
|-----|---|-------------------|---------------------|-------------------|--------------------|------------------|
| 1.  | Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?  |                   |                     |                   |                    |                  |
| 2.  | Repeated, disturbing <i>dreams</i> of a stressful experience from the past?   |                   |                     |                   |                    |                  |
| 3.  | Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening</i> again (as if you were reliving it)?  |                   |                     |                   |                    |                  |
| 4.  | Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?   |                   |                     |                   |                    |                  |
| 5.  | Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past? |                   |                     |                   |                    |                  |
| 6.  | Avoid <i>thinking about</i> or <i>talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?                             |                   |                     |                   |                    |                  |
| 7.  | Avoid <i>activities</i> or <i>situations</i> because they <i>remind you</i> of a stressful experience from the past?  |                   |                     |                   |                    |                  |
| 8.  | Trouble <i>remembering important parts</i> of a stressful experience from the past?   |                   |                     |                   |                    |                  |
| 9.  | Loss of <i>interest in things that you used to enjoy</i> ?  |                   |                     |                   |                    |                  |
| 10. | Feeling <i>distant</i> or <i>cut off</i> from other people?   |                   |                     |                   |                    |                  |
| 11. | Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?   |                   |                     |                   |                    |                  |
| 12. | Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?   |                   |                     |                   |                    |                  |
| 13. | Trouble <i>falling or staying asleep</i> ?  |                   |                     |                   |                    |                  |
| 14. | Feeling <i>irritable</i> or having <i>angry outbursts</i> ?   |                   |                     |                   |                    |                  |
| 15. | Having <i>difficulty concentrating</i> ?  |                   |                     |                   |                    |                  |
| 16. | Being " <i>super alert</i> " or watchful on guard?  |                   |                     |                   |                    |                  |
| 17. | Feeling <i>jumpy</i> or easily startled?  |                   |                     |                   |                    |                  |

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

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