

## PTSD checklist for DSM-5

| In the past month, how much were you bothered by:  | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|--|------------|--------------|------------|-------------|-----------|
| 1. Repeated, disturbing, and unwanted memories of the stressful experience?  | 0          | 1            | 2          | 3           | 4         |
| 2. Repeated, disturbing dreams of the stressful experience?  | 0          | 1            | 2          | 3           | 4         |
| 3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?   | 0          | 1            | 2          | 3           | 4         |
| 4. Feeling very upset when something reminded you of the stressful experience?   | 0          | 1            | 2          | 3           | 4         |
| 5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?  | 0          | 1            | 2          | 3           | 4         |
| 6. Avoiding memories, thoughts, or feelings related to the stressful experience?   | 0          | 1            | 2          | 3           | 4         |
| 7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?   | 0          | 1            | 2          | 3           | 4         |
| 8. Trouble remembering important parts of the stressful experience?  | 0          | 1            | 2          | 3           | 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)? | 0          | 1            | 2          | 3           | 4         |
| 10. Blaming yourself or someone else for the stressful experience or what happened after it?   | 0          | 1            | 2          | 3           | 4         |
| 11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?  | 0          | 1            | 2          | 3           | 4         |
| 12. Loss of interest in activities that you used to enjoy?   | 0          | 1            | 2          | 3           | 4         |
| 13. Feeling distant or cut off from other people?  | 0          | 1            | 2          | 3           | 4         |
| 14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?  | 0          | 1            | 2          | 3           | 4         |
| 15. Irritable behavior, angry outbursts, or acting aggressively?   | 0          | 1            | 2          | 3           | 4         |
| 16. Taking too many risks or doing things that could cause you harm?   | 0          | 1            | 2          | 3           | 4         |
| 17. Being "superalert" or watchful or on guard?  | 0          | 1            | 2          | 3           | 4         |
| 18. Feeling jumpy or easily startled?  | 0          | 1            | 2          | 3           | 4         |
| 19. Having difficulty concentrating?   | 0          | 1            | 2          | 3           | 4         |
| 20. Trouble falling or staying asleep?   | 0          | 1            | 2          | 3           | 4         |

PTSD: Posttraumatic stress disorder; DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th edition.

Reproduced from: Weathers FW, Litz BT, Keane TM, et al (2013). The PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD at [www.ptsd.va.gov](http://www.ptsd.va.gov).