

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 (1) | A little bit (2) | Moderately (3) | Quite a bit (4) | Extremely (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</i> or <i>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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PTSD CheckList – Civilian Version (PCL-C)

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist: 1) PCL-M is specific to PTSD caused by military experiences and 2) PCL-C is applied generally to any traumatic event.

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about “the past month,” questions may ask about “the past week” or be modified to focus on events specific to a deployment.

How is the PCL completed?

- The PCL is self-administered
- Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from **1 Not at All** – **5 Extremely**

How is the PCL Scored?

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)

Are Results Valid and Reliable?

- Two studies of both Vietnam and Persian Gulf theater veterans show that the PCL is both valid and reliable (Additional references are available from the DHCC)

What Additional Follow-up is Available?

- All military health system beneficiaries with health concerns they believe are deployment-related are encouraged to seek medical care
- Patients should be asked, “**Is your health concern today related to a deployment?**” during all primary care visits.
- If the patient replies “**yes**,” the provider should follow the Post-Deployment Health Clinical Practice Guideline (PDH-CPG) and supporting guidelines available through the DHCC and www.PDHealth.mil