

Lancashire Traumatic Stress Service

PCL 5

NAME: _____

DATE COMPLETED: _____

Instructions

On the next page are a list of problems that people sometimes have in response to extremely stressful experiences: **keeping your worst event in mind**, please read each problem carefully and then circle once of the numbers to indicate how much you have been bothered by that problem **in the past month**.

CRITERION A

Posttraumatic Stress Disorder

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
1. Directly experiencing the traumatic event(s)
 2. Witnessing, in person, the event(s) as it occurred to others.
 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g. first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

Note: Criterion A4 does not apply to exposure through electronic media , television, movies or pictures, unless this exposure is work related.

Description of the specific event you are holding in mind

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<i>In the past month, how much were you bothered by:</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
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 (<i>as if you were actually back there reliving it</i>)?	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 (<i>for example, heart pounding, trouble breathing, sweating</i>)?	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 (<i>for example, people, places, conversations, activities, objects, or situations</i>)?	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 (<i>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</i>)?	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 (<i>for example, being unable to feel happiness or have loving feelings for people close to you</i>)?	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

PCL 5 - SCORING SUMMARY SHEET

NAME: _____

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CRITERION	QUESTION NUMBER						TOTALS
INTRUSION SYMPTOMS B	B1 (1)	B2 (2)	B3 (3)	B4 (4)	B5 (5)		
AVOIDANCE SYMPTOMS C	C1 (6)			C2 (7)			
COGNITION & MOOD CHANGE D	D1 (8)	D2 (9)	D3 (10)	D4 (11)	D5 (12)	D6 (13)	D7 (14)
AROUSAL & REACTIVITY E	E1 (15)	E2 (16)	E3 (17)	E4 (18)	E5 (19)	E6 (20)	
						TOTAL SCORE	

- Criterion B – at least one ≥ 2 YES/NO**
Criterion C – at least one ≥ 2 YES/NO
Criterion D – at least two ≥ 2 YES/NO
Criterion E – at least two ≥ 2 YES/NO

DSM5 CATEGORIES	
Mild	0-20
Moderate	20-40
Severe	40-60
Extreme	60-80