

## PTSD Assessment

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully. Then enter the appropriate number in the right-hand column to show how much you have been bothered by that problem in the **last month**.

1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely

Repeated, disturbing memories, thoughts, or images of a stressful experience from the past	
Repeated, disturbing dreams of a stressful experience from the past	
Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)	
Feeling very upset when something reminded you of a stressful experience from the past	
Having physical reaction (e.g. heart pounding, trouble breathing sweating) when something reminded you of a stressful experience from the past	
Avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it	
Avoiding activities or situations because they reminded you of a stressful experience from the past	
Trouble remembering important parts of a stressful experience from the past	
Loss of interest in activities that you used to enjoy	
Feeling distant or cut off from other people	
Feeling emotionally numb or being unable to have loving feelings for those close to you	
Feeling as if your future will somehow be cut short	
Trouble falling or staying asleep	
Feeling irritable or having angry outbursts	
Having difficulty concentrating	
Being "super-alert" or watchful or on guard	
Feeling jumpy or easily startled	

**To find your score, add up the numbers you entered. If your score is:**

0-16 = No symptoms of PTSD

17-20 = No to minimum symptoms of PTSD

21-29 = Mild symptoms of PTSD

30-49 = Moderate symptoms of PTSD

50-86 = Severe symptoms of PTSD

*Source: Weathers FW, et al. (1994). PCL-C for DSM-IV. Boston: National Center for PTSD, Behavioral Science Division.*