

**PTSD Checklist for DSM-5 (PCL-5)**

[www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp](http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp)

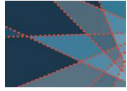
**Resource summary:** The PTSD Checklist for DSM-5 has been approved for use with older adults.<sup>1482</sup> The VA gives instructions on how to use the tool. A score of 50 often means PTSD is present.<sup>1483</sup> However, in older clients a score of 50 may be too high and might not catch all older people with possible PTSD.<sup>1484</sup> Because of this, a cutoff score of 34 is better for adults ages 50 to 64, and a cutoff score of 24 is better for adults ages 65 to 81.<sup>1485</sup>

**PTSD Checklist for DSM-5 (PCL-5)**

**Instructions:** Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem **in the past month**.

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

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In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
<b>10.</b> Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
<b>11.</b> Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
<b>12.</b> Loss of interest in activities that you used to enjoy?	0	1	2	3	4
<b>13.</b> Feeling distant or cut off from other people?	0	1	2	3	4
<b>14.</b> 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
<b>15.</b> Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
<b>16.</b> Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
<b>17.</b> Being “superalert” or watchful or on guard?	0	1	2	3	4
<b>18.</b> Feeling jumpy or easily startled?	0	1	2	3	4
<b>19.</b> Having difficulty concentrating?	0	1	2	3	4
<b>20.</b> Trouble falling or staying asleep?	0	1	2	3	4

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