

**Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)<sup>1487</sup>**

[www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf](http://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf)

**Resource summary:** The PC-PTSD-5 is used to screen clients for PTSD. A score of 3 or more “yes” responses is considered cause for more indepth screening.

**Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)**

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES

NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

**In the past month, have you...**

- 1.** had nightmares about the event(s) or thought about the event(s) when you did not want to?

YES

NO

- 2.** tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

YES

NO

- 3.** been constantly on guard, watchful, or easily startled?

YES

NO

- 4.** felt numb or detached from people, activities, or your surroundings?

YES

NO

- 5.** felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

YES

NO

Reprinted from material in the public domain.<sup>1488</sup> This tool and additional information on it can be found online ([www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf](http://www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf)).