



# PTSD Checklist Civilian Version (PCL-C)

## PATIENT

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

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, and check the box to indicate how much you have been bothered by that problem in the last month.

1. Repeated, disturbing *memories, thoughts, or images* of a stressful experience from the past?

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

2. Repeated, disturbing *dreams*, of a stressful experience from the past?

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

3. Suddenly *acting or feeling* as if a stressful experience *were happening* again (as if you were reliving it)?

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

4. Feeling *very upset* when *something reminded* you of a stressful experience from the past?

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

5. Having *physical reactions* (e.g., heart pounding, trouble breathing, or sweating) when *something reminded* you of a stressful experience from the past?

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

6. Avoid *thinking about* or *talking about* a stressful experience from the past or avoid *having feelings* related to it?

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

7. Avoid *activities or situations* because they *remind you* of a stressful experience from the past?

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

8. Trouble *remembering important parts* of a stressful experience from the past?

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

9. Loss of *interest in things that you used to enjoy*?

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

10. Feeling *distant or cut off* from other people?

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

11. Feeling *emotionally numb* or being unable to have loving feelings for those close to you?

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

12. Feeling as if your *future* will somehow be *cut short*?

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

13. Trouble *falling or staying asleep*?

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

14. Feeling *irritable* or having *angry outbursts*?

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

15. Having *difficulty concentrating*?

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

16. Being *"super alert"* or watchful on guard?

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

17. Feeling *jumpy* or easily startled?

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

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 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)

### **Are results valid and reliable?**

- 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](http://www.PDHealth.mil)