

**APPENDIX C
PTSD Screening Tools**

Primary Care PTSD Screen (PC-PTSD)

The table below shows the Primary Care PTSD Screen (PC-PTSD) that has been designed for use in primary medical settings. The PC-PTSD is brief and problem-focused. The screen does not include a list of potential traumatic events. There are two reasons for this:

- Studies on trauma and health in both male and female patients suggest that the active mechanism linking physical health to the diagnosis of PTSD. In other words, the relationship between trauma and health is mediated through a current PTSD diagnosis.
- A symptom-driven screen, rather than a trauma-focused screen, is attractive to primary care staff who do not address a patient's entire trauma history during their visit with the patient. Such a trauma inquiry might be problematic with a VA population where the average number of traumatic events meeting criterion A is high.

A positive response to the screen does not necessarily indicate that a patient has Posttraumatic Stress Disorder. A positive response does indicate that a patient may have PTSD or trauma-related problems and further investigation by a mental-health professional may be warranted.

Primary Care PTSD Screen	
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...	
1. Have had nightmares about it or thought about it when you did not want to?	YES NO
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	YES NO
3. Were constantly on guard, watchful, or easily startled?	YES NO
4. Felt numb or detached from others, activities, or your surroundings?	YES NO
<i>Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three (3) items .</i>	

PTSD Checklist – Civilian Version (PCL-C)

Patient's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?				
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?				
3.	Suddenly <i>acting or feeling</i> as if a stressful experience <i>were happening again</i> (as if you were reliving it)?				
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful experience from the past?				
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful experience from the past?				
6.	Avoid <i>thinking about or talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?				
7.	Avoid <i>activities or situations</i> because <i>they remind you</i> of a stressful experience from the past?				
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?				
9.	Loss of <i>interest in things that</i>				

	<i>you used to enjoy?</i>				
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?				
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?				
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?				
13.	Trouble <i>falling</i> or <i>staying asleep</i> ?				
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?				
15.	Having <i>difficulty concentrating</i> ?				
16.	Being " <i>super alert</i> " or watchful on guard?				
17.	Feeling <i>jumpy</i> or easily startled?				

Weathers, F.W., Huska, J.A., Keane, T.M. *PCL-C for DSM-IV*. Boston: National Center for PTSD – Behav 1991.

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PTSD CheckList – Military Version (PCL-M)

Patient's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have response to stressful military experiences. Please read each one carefully, put an "X" in the box how much you have been bothered by that problem in *the last month*.

No.	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)

1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience?				
2.	Repeated, disturbing <i>dreams</i> of a stressful military experience?				
3.	Suddenly <i>acting or feeling</i> as if a stressful military experience <i>were happening again</i> (as if you were reliving it)?				
4.	Feeling <i>very upset</i> when <i>something reminded</i> you of a stressful military experience?				
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of a stressful military experience?				
6.	Avoid <i>thinking about or talking about</i> a stressful military experience or avoid <i>having feelings</i> related to it?				
7.	Avoid <i>activities or situations</i> because <i>they remind you</i> of a stressful military experience?				
8.	Trouble <i>remembering important parts</i> of a stressful military experience?				
9.	Loss of <i>interest in things that you used to enjoy</i> ?				
10.	Feeling <i>distant or cut off</i> from other people?				
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?				
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?				
13.	Trouble <i>falling or staying asleep</i> ?				
14.	Feeling <i>irritable</i> or having <i>angry</i>				

	<i>outbursts?</i>				
15.	Having <i>difficulty concentrating?</i>				
16.	Being " <i>super alert</i> " or watchful on guard?				
17.	Feeling <i>jumpy</i> or easily startled?				

Weathers, F.W., Huska, J.A., Keane, T.M. *PCL-M for DSM-IV*. Boston: National Center for PTSD – Behav 1991.

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PTSD Checklist – Stressor Specific Version (PCL-S)

The event you experienced was: _____ on: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have response to stressful military experiences. Please read each one carefully, put an "X" in the box how much you have been bothered by that problem in *the last month*.

No.	Response:	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of the stressful experience?				
2.	Repeated, disturbing <i>dreams</i> of the stressful experience?				
3.	Suddenly <i>acting or feeling</i> as if the stressful experience were <i>happening again</i> (as if you were reliving it)?				
4.					

	Feeling <i>very upset</i> when <i>something reminded</i> you of the stressful experience?				
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of the stressful experience?				
6.	Avoid <i>thinking about</i> or <i>talking about</i> the stressful experience or avoid <i>having feelings</i> related to it?				
7.	Avoid <i>activities</i> or <i>situations</i> because <i>they remind you</i> of the stressful experience?				
8.	Trouble <i>remembering important parts</i> of the stressful experience?				
9.	Loss of <i>interest in things that you used to enjoy</i> ?				
10.	Feeling <i>distant</i> or <i>cut off</i> from other people?				
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?				
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?				
13.	Trouble <i>falling</i> or <i>staying asleep</i> ?				
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?				
15.	Having <i>difficulty concentrating</i> ?				
16.	Being " <i>super alert</i> " or watchful on guard?				
17.	Feeling <i>jumpy</i> or easily startled?				

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