

PTSD Checklist (PCL)

Name: _____ Date: _____

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully, circle the number in the box to indicate how much you have been bothered by the problem in the past month.

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience?	1	2	3	4	5
2	Repeated, disturbing <i>dreams</i> of a stressful experience?	1	2	3	4	5
3	Suddenly <i>acting or feeling</i> as if a stressful experience were <i>happening again</i> (as if you were re-living it)?	1	2	3	4	5
4	Feeling <i>very upset</i> when something <i>reminded you</i> of a stressful experience?	1	2	3	4	5
5	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful experience?	1	2	3	4	5
6	Avoiding <i>thinking about or talking about</i> a stressful experience or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
7	Avoiding <i>activities or situations</i> because they <i>reminded you</i> of a stressful experience?	1	2	3	4	5
8	Trouble <i>remembering important parts</i> of a stressful experience?	1	2	3	4	5
9	<i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
10	Feeling <i>distant</i> or <i>cut off</i> from other people?	1	2	3	4	5
11	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
13	Trouble <i>falling</i> or <i>staying asleep</i> ?	1	2	3	4	5
14	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15	Having <i>difficulty</i> concentrating?	1	2	3	4	5
16	Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
17	Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5

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Below are suggested cut-point ranges based on prevalence and setting characteristics. There is no absolute method for determining the correct cut-off-points on the PCL. If you know the prevalence of PTSD in your target population, use column 1 to find the suggested PCL cut-point (column 3). If you do not know the prevalence in your population, you can choose a cut-point based on the type of setting (column 2) in which you are working.

Consider scores on the low end of the range if the goal is to screen for PTSD.

Consider scores on the high end of the range if the goal is to aid in diagnosis of PTSD.

Estimated Suggested PCL Cut-Off-Point Scores

15% or Below	e.g. civilian primary care, Department of Defense screening, or general population samples	30-35
16-39%	e.g. specialized medical clinics (such as TBI or pain) or VA primary care	36-44
40% or Above	e.g. VA or civilian specialty mental health clinics	45-50

Note. These recommendations are general and approximate, and are not intended to be used for legal or policy purposes. Research is needed to establish optimal cut-point scores for a specific application.

Measuring change

Good clinical practice often involves monitoring patient progress. Evidence suggests that a 5-10 point change is reliable (i.e., not due to chance) and a 10-20 point change is clinically meaningful. Therefore, we recommend using 5 points as a minimum threshold for determining whether an individual has responded to treatment and 10 points as a minimum threshold for determining whether the improvement is clinically meaningful.