



Assessment Request Form

A number of National Center for PTSD measures are available as direct downloads. The Clinician-Administered PTSD Scale (CAPS; including DSM-IV, DSM-5 and Child/Adolescent versions) may be requested below by submitting this form [online](#) or printing and mailing it to the address listed below. If you have any questions please contact ncptsd.assessment@va.gov.

Please note: The American Psychological Association's ethical guidelines on psychological test instruments require advanced graduate level training in the administration and interpretation of psychodiagnostic assessment instruments. Thus, access to these measures requires proof of clinical status or research credentials. Please also clarify your intended use of the measure. Students who want measures for course papers are encouraged to use sample items or have their clinical professors make the formal request.

Requesting the Clinician-Administered PTSD Scale

To make your request by mail, print this form and mail to:

Assessment Requests
National Center for PTSD (116D)
VA Medical Center
215 N. Main St.
White River Junction, VT 05009



Assessment Request Form

By checking this box you certify that you have advanced graduate level training in the administration and interpretation of psychodiagnostic assessment instruments; hold at least a master's degree in a clinical discipline; or possess research credentials.

Fields marked with * are required. Allow 7-10 days for processing.

I would like a copy of:

- CAPS-5 (Clinician-Administered PTSD Scale for DSM-5; includes past week, past month, and worst month)
- CAPS (Clinician-Administered PTSD Scale for *DSM-IV*)
- CAPS-CA-5 (Clinician-Administered PTSD Scale for *DSM-5* – Child/Adolescent Version)
- CAPS-CA (Clinician-Administered PTSD Scale for Children & Adolescents – *DSM-IV* Version)

Full Name:*

Address:*

City:

State:

ZIP:

Email Address:*

Telephone:*

Proposed use of instrument:

Are you planning to use the instrument(s) you receive with a Veteran?*

ONLY the scales listed above can be requested with this form. For other assessment instruments see information on the individual measure in which you are interested.

I prefer to be contacted by:

**Information on this form is collected for acknowledgement and verification of credentials only.*