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

Version date: 2015


URL: http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp
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.

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**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