**Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)**[1487]
www.ptsd.va.gov/professional/assessment/documents/pc-ptsd5-screen.pdf
**Resource summary:** The PC-PTSD-5 is used to screen clients for PTSD. A score of 3 or more "yes" responses is considered cause for more indepth screening.

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

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 situaitons 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

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