**PTSD Assessment Form**

You can complete this form and print it for easy reference. When you exit the form, the information will be deleted.

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully. Then enter the appropriate number in the right-hand column to show how much you have been bothered by that problem in the **last month**.

**1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely**

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| Repeated, disturbing **memories, thoughts, or images** of a stressful experience from the past.  |
| Repeated, disturbing **dreams** of a stressful experience from the past.  |
| Suddenly acting or **feeling** as if a stressful experience **were happening again** (as if you were reliving it).  |
| Feeling **very upset** when **something reminded you** of a stressful experience from the past.  |
| Having **physical reactions** (e.g., heart pounding, trouble breathing, sweating) when **something reminded you** of a stressful experience from the past.  |
| Avoiding **thinking about or talking about** a stressful experience from the past or avoiding **having feelings** related to it. |
| Avoiding **activities** or **situations** because **they reminded you** of a stressful experience from the past.  |
| Trouble **remembering important parts** of a stressful experience from the past.  |
| **Loss of interest** in activities that you used to enjoy.  |
| Feeling **distant** or **cut off** from other people.  |
| Feeling **emotionally numb** or being unable to have loving feelings for those close to you.  |
| Feeling as if your **future** will somehow be **cut short**.  |
| Trouble **falling** or **staying asleep**.  |
| Feeling **irritable** or having **angry outbursts**.  |
| Having **difficulty concentrating**.  |
| Being **"super-alert"** or watchful or on guard.  |
| Feeling **jumpy** or easily startled.  |

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| To find your score, add up the numbers you entered. If your score is: 0 – 16 = No symptoms of PTSD. 17 – 20 = No to minimum symptoms of PTSD. 21 – 29 = Mild symptoms of PTSD. 30 – 49 = Moderate symptoms of PTSD. 50 – 86 = Severe symptoms of PTSD.  |

Source: Weathers FW, et al. (1994). PCL-C for DSM-IV. Boston: National Center for PTSD, Behavioral Science Division.