



National Center for
PTSD

POSTTRAUMATIC STRESS DISORDER

The PTSD Checklist for *DSM-5*

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Reference: Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5) – Standard* [Measurement instrument]. Available from <http://www.ptsd.va.gov/>

URL: <http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

Administration and Scoring

The PCL-5 is a self-report measure that can be completed by patients in a waiting room prior to a session or by participants as part of a research study. It takes approximately 5-10 minutes to complete. The PCL-5 can be administered in one of three formats: Without Criterion A (brief instructions and items only), which is appropriate when trauma exposure is measured by some other method

With a brief Criterion A assessment

With the revised Life Events Checklist for DSM-5 (LEC-5) and extended Criterion A assessment

Interpretation of the PCL-5 should be made by a clinician. The PCL-5 can be scored in different ways:

A total symptom severity score (range - 0-80) can be obtained by summing the scores for each of the 20 items.

DSM-5 symptom cluster severity scores can be obtained by summing the scores for the items within a given cluster, i.e., cluster B (items 1-5), cluster C (items 6-7), cluster D (items 8-14), and cluster E (items 15-20).

A provisional PTSD diagnosis can be made by treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the DSM-5 diagnostic rule which requires at least: 1 B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), 2 E items (questions 15-20).

Preliminary validation work is sufficient to make initial cut-point score suggestions, but this information may be subject to change. A PCL-5 cut-point score of 33 appears to be a reasonable value to propose until further psychometric work is available.

Interpretation

Characteristics of a respondent's setting should be considered when using PCL severity scores to make a provisional diagnosis.

The goal of assessment also should be considered. A lower cut-point score should be considered when screening or when it is desirable to maximize detection of possible cases. A higher cut-point score should be considered when attempting to make a provisional diagnosis or to minimize false positives.

Measuring Change

Good clinical care requires that clinicians monitor patient progress. Evidence for the PCL for DSM-IV suggests that a 5-10 point change represents reliable change (i.e., change not due to chance) and a 10-20 point change represents clinically significant change. Therefore, it was recommended to use 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 using the PCL for DSM-IV.

Change scores for PCL-5 are currently being determined. It is expected that reliable and clinically meaningful change will be in a similar range.

Sample Item

Item: In the past month, how much were you been bothered by: "Repeated, disturbing, and unwanted memories of the stressful experience?"

Response: 5-point Likert (0 = "Not at all" to 4 = "Extremely")

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4