



National Center for
PTSD
POSTTRAUMATIC STRESS DISORDER

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

Version date: 2015

Reference: Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G, Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). *The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)* [Measurement instrument]. Available from <http://www.ptsd.va.gov>

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

PC-PTSD-5

Description

The Primary Care PTSD Screen for *DSM-5* (PC-PTSD-5) is a 5-item screen designed to identify individuals with probable PTSD. Those screening positive require further assessment, preferably with a structured interview.

Scoring

The measure begins with an item designed to assess whether the respondent has had any exposure to traumatic events. If a respondent denies exposure, the PC-PTSD-5 is complete with a score of 0.

If a respondent indicates a trauma history – experiencing a traumatic event over the course of his or her life – the respondent is instructed to answer five additional yes/no questions (see below) about how that trauma has affected him or her over the past month.

Preliminary results from validation studies suggest that the PC-PTSD-5 should be considered “positive” (i.e., the patient has probable PTSD) if the total score for the five questions about how a traumatic event has affected him or her over the past month is three or more.

Example

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	
Total Score:			If total score is 3 or more, screen indicates probable PTSD.

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.

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