**PCL-5**

**Instructions: Below is a list of problems and complaints that veterans sometimes have in response to very stressful experience. Please read each one 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.**

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| --- | --- | --- | --- | --- | --- |
| ***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 or as if a 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 “super-alert” 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** |

**How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? (Choose one)**

**\_\_Not at all \_\_Somewhat difficult \_\_Very difficult \_\_Extremely difficult**