PTSD Checklist (PCL)

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Patient Name:	Date:				
	klist happened to you or you witnessed it, please complete the ned, please choose the one that is most troublesome to you n				
The event you experienced was	ON				

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

BOTHERED B	Υ	NOT at all	A LITTLE Bit	MODERATELY	QUITE A BIT	EXTREMELY
Repeated disturbing r images of the stressful		1	2	3	4	5
Repeated, disturbing experience?	dreams of the stressful	1	2	3	4	5
Suddenly acting or fer experience were happ were reliving it)?	eling as if the stressful pening again (as if you	1	2	3	4	5
Feeling very upset whyou of the stressful expression		1	2	3	4	5
	ions (e.g., heart pounding, sweating) when something stressful experience?	1	2	3	4	5
Avoiding thinking abo stressful experience or related to it?	ut or talking about the or avoiding having feelings	1	2	3	4	5
Avoiding activities or semind you of the street		1	2	3	4	5
8. Trouble remembering stressful experience?	important parts of the	1	2	3	4	5
Loss of interest in act enjoy?	ivities that you used to	1	2	3	4	5
10. Feeling distant or cut	off from other people?	1	2	3	4	5
Feeling emotionally not have loving feelings for the second	umb or being unable to or those close to you?	1	2	3	4	5
12. Feeling as if your futu short?	re will somehow be cut	1	2	3	4	5
13. Trouble falling or stayi	ng asleep?	1	2	3	4	5
14. Feeling irritable or have	ving angry outbursts?	1	2	3	4	5
15. Having difficulty conc	entrating?	1	2	3	4	5
16. Being "super alert" or	watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easil	y startled?	1	2	3	4	5