



PTSD Checklist for *DSM-5* (PCL-5) with Criterion A

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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) – Extended Criterion A* [Measurement instrument]. Available from <https://www.ptsd.va.gov/>

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

Note: This is a fillable form. You may complete it electronically.

PCL-5 with Criterion A

Instructions: This questionnaire asks about problems you may have had after a very stressful experience involving actual or threatened death, serious injury, or sexual violence. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. Some examples are a serious accident; fire; disaster such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; homicide; or suicide.

First, please answer a few questions about your worst event, which for this questionnaire means the event that currently bothers you the most. This could be one of the examples above or some other very stressful experience. Also, it could be a single event (for example, a car crash) or multiple similar events (for example, multiple stressful events in a war-zone or repeated sexual abuse).

Briefly identify the worst event (if you feel comfortable doing so):

How long ago did it happen? _____ (please estimate if you are not sure)

Did it involve actual or threatened death, serious injury, or sexual violence?

_____ Yes

_____ No

How did you experience it?

_____ It happened to me directly

_____ I witnessed it

_____ I learned about it happening to a close family member or close friend

_____ I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)

_____ Other, please describe

If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?

_____ Accident or violence

_____ Natural causes

_____ Not applicable (the event did not involve the death of a close family member or close friend)

Second, below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, 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



National Center for
PTSD
POSTTRAUMATIC STRESS DISORDER

Using the PTSD Checklist for *DSM-5* (PCL-5)

Using the PTSD Checklist for *DSM-5*

NOTE:

The PCL for *DSM-IV* was revised in accordance with *DSM-5* (PCL-5). Several important revisions were made to the PCL-5, including changes to existing symptoms and the addition of three new symptoms of PTSD. The self-report rating scale for PCL-5 was also changed to 0-4. Therefore, the change in the rating scale combined with the increase from 17 to 20 items means that **PCL-5 scores are not compatible with PCL for *DSM-IV* scores and cannot be used interchangeably.**

Initial research suggests that a PCL-5 cutoff score between 31-33 is indicative of probable PTSD across samples. However, additional research is needed. Further, because the population and the purpose of the screening may warrant different cutoff scores, users are encouraged to consider both of these factors when choosing a cutoff score.

What is the PCL-5?

The PTSD Checklist for *DSM-5* is a 20-item self-report measure that assesses the presence and severity of PTSD symptoms. Items on the PCL-5 correspond with *DSM-5* criteria for PTSD. The PCL-5 has a variety of purposes, including:

- Quantifying and monitoring symptoms over time
- Screening individuals for PTSD
- Assisting in making a **provisional** diagnosis of PTSD

The PCL-5 should not be used as a stand-alone diagnostic tool. When considering a diagnosis, the clinician will still need to use clinical interviewing skills, and a recommended structured interview (e.g., Clinician-Administered PTSD Scale for *DSM-5*, CAPS-5) to determine a diagnosis.

Three formats of the PCL-5 measure are available:

- PCL-5 without Criterion A component
- PCL-5 with extended Criterion A assessment
- PCL-5 with LEC-5 and extended Criterion A assessment

How is the PCL-5 administered?

The PCL-5 is a self-report measure that can be read by respondents themselves or read to them either in person or over the telephone. It can be completed in approximately 5-10 minutes.

The preferred administration is for the patient to self-administer the PCL-5. Patients can complete the measure: in the waiting area prior to a session, at the beginning of a session, at the close of a session, or at home prior to an appointment.

The PCL-5 is intended to assess patient symptoms **in the past month**. Versions of the PCL-5 that assess symptoms over a different timeframe (e.g., past day, past week, past 3 months) have not been validated. For various reasons it often makes sense to administer the PCL-5 more or less frequently than once a month, and in those cases the timeframe in the directions may be changed to meet the purpose of the assessment, though providers should be aware that such changes may alter the psychometric properties of the measure.

How is the PCL-5 scored and interpreted?

Respondents are asked to rate how bothered they have been by each of 20 items in the past month on a 5- point Likert scale ranging from 0-4. Items are summed to provide a **total severity** score (range = 0-80).

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

The PCL-5 can determine a **provisional** diagnosis in two ways:

- Summing all 20 items (range 0-80) and using a cut-point score of 31-33 appears to be reasonable based upon current psychometric work. However, when choosing a cutoff score, it is essential to consider the goals of the assessment and the population being assessed. The lower the cutoff score, the more lenient the criteria for inclusion, increasing the possible number of false-positives. The higher the cutoff score, the more stringent the inclusion criteria and the more potential for false-negatives.
- 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 Criterion B item (questions 1-5), 1 Criterion C item (questions 6-7), 2 Criterion D items (questions 8-14), 2 Criterion E items (questions 15-20). In general, use of a cutoff score tends to produce more reliable results than the *DSM-5* diagnostic rule.

If a patient meets a provisional diagnosis using either of the methods above, he or she needs further assessment (e.g., CAPS-5) to confirm a diagnosis of PTSD.

There are currently no empirically derived severity ranges for the PCL-5.

How might the PCL-5 help my patients?

Treatment Planning

When given at an intake or assessment session, the PCL-5 may be used to help determine the appropriate next steps or treatment options. For example:

- A total score of 31-33 or higher suggests the patient may benefit from PTSD treatment. The patient can either be referred to a PTSD specialty clinic or be offered an evidence-based treatment for PTSD such as Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), or Eye Movement Desensitization and Reprocessing (EMDR).
- Scores lower than 31-33 may indicate the patient either has subthreshold symptoms of PTSD or does not meet criteria for PTSD, and this information should be incorporated into treatment planning.

Keeping the goal of the assessment in mind, it may make sense to lower the cut-point score to maximize the detection of possible cases needing additional services or treatment. A higher cut-point score should be considered when attempting to minimize false positives.

Measuring Change

Good clinical care requires that clinicians monitor patient progress. Evidence for the PCL for *DSM-IV* suggested 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. Change scores for the PCL-5 are currently being determined. It is expected that reliable and clinically meaningful change will be in a similar range. We recommend following *DSM-IV* recommendations until new information is available.

Addressing Lack of Improvement

If repeated administrations of the PCL-5 suggest little movement or worsening in your patient's overall score during treatment, you can:

- Refer back to the protocol and/or recommended supplemental treatment materials
- Work to identify possible therapy-interfering behaviors while also reviewing application and response to interventions
- Explore and process the lack of improvement with the patient
- If seeing the patient less frequently than once a week, consider seeing them weekly to increase the dose of treatment while using the PCL-5 to track symptom change
- If an adequate dose of the current treatment has been given (e.g. typically 10-15 sessions), and scores remain high or are getting higher, consider switching to another evidence-based treatment for PTSD
- Seek consultation with an experienced provider or contact the [PTSD Consultation Program](#) (866- 948-7880 or PTSDconsult@va.gov)

Is the PCL-5 psychometrically sound?

The PCL-5 is a psychometrically sound measure of *DSM-5* PTSD. (See *Studies that Informed Our Recommendations* below for references.) It is valid and reliable, useful in quantifying PTSD symptom severity, and sensitive to change over time in military Servicemembers and undergraduate students.

Questions?

If you have any questions about the use of the PCL-5 or PTSD assessment more broadly, we recommend seeking consultation with a supervisor or experienced provider, or contacting the [PTSD Consultation Program](#) (866-948-7880 or PTSDconsult@va.gov).

Studies that Informed Our Recommendations

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