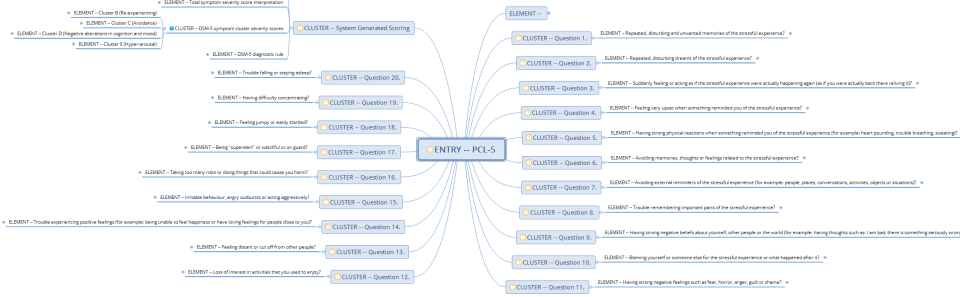


# PTSD Checklist for DSM-5 (PCL-5)

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	PCL-5
Clinical Area(s)	Psychology
Descripti on of Use	Measure of the DSM-5 symptoms of PTSD
Availability	Yes, full access in Explorer Online
Explorer Online Screensh ot	<div><div>PCL-5</div><div>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 select the appropriate response to indicate how much you have been bothered by that problem in the past month.</div><div>QUESTION 1.</div><div>REPEATED, DISTURBING AND UNWANTED MEMORIES OF THE STRESSFUL EXPERIENCE?</div><div>QUESTION 2.</div><div>REPEATED, DISTURBING DREAMS OF THE STRESSFUL EXPERIENCE?</div><div>QUESTION 3.</div><div>SUDDENLY FEELING OR ACTING AS IF THE STRESSFUL EXPERIENCE WERE ACTUALLY HAPPENING AGAIN (AS IF YOU WERE ACTUALLY BACK THERE RELIVING IT)?</div><div>QUESTION 4.</div><div>FEELING VERY UPSET WHEN SOMETHING REMINDED YOU OF THE STRESSFUL EXPERIENCE?</div><div>QUESTION 5.</div><div>HAVING STRONG PHYSICAL REACTIONS WHEN SOMETHING REMINDED YOU OF THE STRESSFUL EXPERIENCE (FOR</div></div>
Report Preview	<div><div><div>Mrs Patient Marie TEST</div><div>DOB: 12-Dec-1990 (33y) Gender: Female 33y at time of observation</div></div><div><div>Address: 12 Down Street HARDOCHYDRE QLD 4558</div><div>Phone: (07)54566000</div><div>Medicare No: 9999999999999999</div></div><div><div>Specimen: LAB No: DEARD463-E437-4FD5-B14D-1814C10BA7EC</div><div>Request Date: 2/09/2022 8:58 AM</div><div>Effective Date: 2/09/2022 8:58 AM</div><div>Observation Date: 2/09/2022 8:57 AM</div></div></div> <div><div>PTSD Checklist for DSM-5 (PCL-5)</div><div>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 select the appropriate response to indicate how much you have been bothered by that problem in the past month.</div><div>QUESTION 1.</div><div>Repeated, disturbing and unwanted memories of the stressful experience?</div><div>Moderately</div><div>QUESTION 2.</div><div>Repeated, disturbing dreams of the stressful experience?</div><div>Quite a bit</div><div>QUESTION 3.</div><div>Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there not at all reliving it)?</div><div>Not at all</div><div>QUESTION 4.</div><div>Feeling very upset when something reminded you of the stressful experience?</div><div>A little bit</div><div>QUESTION 5.</div><div>Having strong physical reactions when something reminded you of the stressful experience (for example: heart pounding, trouble breathing, sweating)?</div><div>Extremely</div><div>QUESTION 6.</div><div>Avoiding memories, thoughts or feelings related to the stressful experience?</div><div>Quite a bit</div><div>QUESTION 7.</div><div>Avoiding external reminders of the stressful experience (for example: people, places, conversations, activities, objects or situations)?</div><div>Moderately</div><div>QUESTION 8.</div></div>

Mind Map



Excel File /Structure

CEN.PTSD\_Checklist\_for\_DSM-5 (PCL-5).v1.xlsx

Editor Screensh ot

- ENTRY - PCL-5
  - ELEMENT -
    - CLUSTER - Question 1.
      - ELEMENT - Repeated, disturbing and unwanted memories of the stressful experience?
    - CLUSTER - Question 2.
      - ELEMENT - Repeated, disturbing dreams of the stressful experience?
    - CLUSTER - Question 3.
      - ELEMENT - Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?
    - CLUSTER - Question 4.
      - ELEMENT - Feeling very upset when something reminded you of the stressful experience?
    - CLUSTER - Question 5.
      - ELEMENT - Having strong physical reactions when something reminded you of the stressful experience (for example: heart pounding, trouble breathing, sweating)?
    - CLUSTER - Question 6.
      - ELEMENT - Avoiding memories, thoughts or feelings related to the stressful experience?
    - CLUSTER - Question 7.
      - ELEMENT - Avoiding external reminders of the stressful experience (for example: people, places, conversations, activities, objects or situations)?
    - CLUSTER - Question 8.
      - ELEMENT - Trouble remembering important parts of the stressful experience?
    - CLUSTER - Question 9.
      - ELEMENT - 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)?
    - CLUSTER - Question 10.
      - ELEMENT - Blaming yourself or someone else for the stressful experience or what happened after it?
    - CLUSTER - Question 11.
      - ELEMENT - Having strong negative feelings such as fear, horror, anger, guilt or shame?
    - CLUSTER - Question 12.
      - ELEMENT - Loss of interest in activities that you used to enjoy?
    - CLUSTER - Question 13.
      - ELEMENT - Feeling distant or cut off from other people?
    - CLUSTER - Question 14.
      - ELEMENT - Trouble experiencing positive feelings (for example: being unable to feel happiness or have loving feelings for people close to you)?
    - CLUSTER - Question 15.
      - ELEMENT - Trouble remembering important parts of the stressful experience?
    - CLUSTER - Question 16.
      - ELEMENT - Avoiding external reminders of the stressful experience (for example: people, places, conversations, activities, objects or situations)?
    - CLUSTER - Question 17.
      - ELEMENT - Trouble remembering important parts of the stressful experience?
    - CLUSTER - Question 18.
      - ELEMENT - 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)?
    - CLUSTER - Question 19.
      - ELEMENT - Blaming yourself or someone else for the stressful experience or what happened after it?
    - CLUSTER - Question 20.
      - ELEMENT - Having strong negative feelings such as fear, horror, anger, guilt or shame?
    - CLUSTER - System Generated Scoring