The Primary Care PTSD Screen for DSM-5 (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; if 'Yes,' continue with screening.

In the past month, have you…

	YES	NO
1. had nightmares about the event(s) or thought about the event(s) when you did not want to?	☐	☐
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)?	☐	☐
3. been constantly on guard, watchful, or easily startled?	☐	☐
4. felt numb or detached from people, activities, or your surroundings?	☐	☐
5. felt guilty or unable to stop blaming yourself or others for the events(s) or any problems the event(s) may have caused?	☐	☐

A score of ≥3, suggests PTSD and warrants further clinical evaluation

Prins A et al. J Gen Intern Med 31(10):1206–11