SCREENING TOOLS

Primary Care PTSD Screen (PC-PTSD)

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? If NO, screen total = 0. Please stop here.	O Yes	O No
If YES, please continue with the following questions.		

In the past month, have you:

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

Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., Kaloupek, D. G., Schnurr, P. P., Kaiser, A. P., Leyva, Y. E., & Tiet, Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and Evaluation Within a Veteran Primary Care Sample. *Journal of general internal medicine*, *31*(10), 1206–1211. https://doi.org/10.1007/s11606-016-3703-5



