



Scoring

The measure begins with an item designed to assess whether the respondent has had any exposure to traumatic events.

If a respondent denies exposure, the PC-PTSD-5 is complete with a score of 0. If a respondent indicates a trauma history – experiencing a traumatic event over the course of their life – the respondent is instructed to answer five additional yes/no questions (see below) about how that trauma has affected them over the past month.

Preliminary results from validation studies suggest that a **cut-point of 3 on the PC-PTSD-5** (e.g., respondent answers "yes" to any 3 of 5 questions about how the traumatic event(s) have affected them over the past month) is optimally sensitive to probable PTSD. Optimizing sensitivity minimizes false negative screen results.

Using a cut-point of 4 is considered optimally efficient. Optimizing efficiency balances false positive and false negative results. As additional research findings on the PC-PTSD-5 are published, updated recommendations for cut-point scores as well as psychometric data will be made available.

Further Assessment and Treatment

Early treatment of any traumatic stress symptoms leads to better outcomes.

- Posttraumatic stress disorder (PTSD) can be screened for using the [Primary Care PTSD Screen DSM-5 \(PC-PTSD-5\)](#), and assessed further using additional screening tools or referring to mental health clinician.
- Trauma-focused cognitive behavior therapy (TF-CBT) is the recommended treatment for PTSD.
- PEACE for Moms can assist the clinician/patient find appropriate treatment facilities for the patient.

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. 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>

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