



UNC CFAR Social and Behavioral Science Research Core SABI Database

INSTRUMENT TITLE: *PTSD Checklist – Civilian Version (PCL-C)*

SOURCE ARTICLES: 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). Scale available from the National Center for PTSD at www.ptsd.va.gov.

Bovin, M. J., Marx, B. P., Weathers, F. W., Gallagher, M. W., Rodriguez, P., Schnurr, P. P., & Keane, T. M. (2015). Psychometric Properties of the PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders–Fifth Edition (PCL-5) in Veterans. *Psychological Assessment*. Advance online publication.

<http://dx.doi.org/10.1037/pas0000254>

Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K. and Domino, J. L. (2015), The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and Initial Psychometric Evaluation. *J. Traum. Stress*, 28: 489–498. doi: 10.1002/jts.22059
Wortmann, J.H., Jordan, A.H., Weathers, F.W., Resick, P.A., Dondanville, K.A., Hall-Clark, B., ... Litz, B.T. (in press). Psychometric Analysis of the PTSD Checklist-5 (PCL-5) among Treatment-Seeking Military Service Members. *Psychological Assessment*.

RESPONSE OPTIONS: (1) Not at all; (2) A little bit; (3) Moderately; (4) Quite a bit; (5) Extremely

SCALE ITEMS:

Instruction to patient: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then select which response indicates how much you have been bothered by that problem in the past month.

1. Repeated, disturbing *memories, thoughts, or images* of a stressful experience from the past?
2. Repeated, disturbing *dreams* of a stressful experience from the past?
3. Suddenly acting or feeling as if a stressful experience *were happening again* (as if you were reliving it)?
4. Feeling *very upset* when *something reminded you* of a stressful experience from the past?

TERMS OF USE:

The PCL is intended for use by qualified mental health professionals and researchers. Individuals may use this information for research or educational purposes only and may not use this information for commercial purposes. When using this instrument, please cite:

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5. Having *physical reactions* (e.g., heart pounding, trouble breathing, or sweating) when *something reminded you* of a stressful experience from the past?
6. Avoiding *thinking about or talking about* a stressful experience from the past or avoiding *having feelings* related to it?
7. Avoiding *activities or situations* because *they reminded you* of a stressful experience from the past?
8. Trouble *remembering important parts* of a stressful experience from the past?
9. *Loss of interest* in activities that you used to enjoy?
10. Feeling *distant or cut off* from other people?
11. Feeling *emotionally numb* or being unable to have loving feelings for those close to you?
12. Feeling as if your *future* will somehow be *cut short*?
13. Trouble *falling or staying asleep*?
14. Feeling *irritable* or having *angry outbursts*?
15. Having *difficulty concentrating*?
16. Being “*super alert*” or watchful or on guard?
17. Feeling *jumpy* or easily startled?

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