## PTSD CheckList - Civilian Version (PCL-C)

Client's Name:

**16.** Being "super alert" or watchful on guard?

17. Feeling jumpy or easily startled?

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> 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?		-			
5.	Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?				-	
6.	Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?				100 mm (100 mm	
7.	Avoid activities or situations because they remind 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 things that you used to enjoy?					
10.	Feeling distant or cut off from other people?					
11.	Feeling <i>emotionally numb</i> 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?					
andallanaaa	Feeling irritable or having angry outbursts?					
15	Having difficulty concentrating?					

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

This is a Government document in the public domain.