

Post Traumatic Stress Disorder Checklist (PCL-5)--Partner Version

Total Score:

Instructions: Below is a list of problems that your *partner* may be experiencing in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you perceive they have been bothered by that problem in the past MONTH.

<i>In the past MONTH, how much was your partner bothered by:</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (<i>as if he/she were actually back there reliving it</i>)?	0	1	2	3	4
4. Feeling very upset when something reminded him/her of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded him/her of the stressful experience (<i>for example, heart pounding, trouble breathing, sweating</i>)?	0	1	2	3	4
<i>For Clinician: Total for cluster B (1-5)</i>					
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (<i>for example, people, places, conversations, activities, objects, or situations</i>)?	0	1	2	3	4
<i>For Clinician: Total for cluster C (6-7)</i>					
8. Trouble remembering important parts of the stressful experience (<i>for some reason besides a head injury or alcohol or drug use</i>)?	0	1	2	3	4
9. Having strong negative beliefs about him/herself, other people, or the world (<i>for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous</i>)?	0	1	2	3	4

Post Traumatic Stress Disorder Checklist (PCL-5)

<i>In the past week, how much was your partner bothered by:</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
10. Blaming him/herself or someone else (<i>who didn't directly cause the event or actually harm him</i>) for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that he/she used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Having trouble experiencing positive feelings (<i>for example, being unable to feel happiness or have loving feelings for people close to him/her</i>)?	0	1	2	3	4
<i>For Clinician: Total for cluster D (items 8-14)</i>					
15. Feeling irritable or angry or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4
<i>For Clinician: Total for cluster E (items 15-20)</i>					

For Clinician only:

Total items from B C D & E 1-20: _____