## I Want to Change My Life

Mental Health Information for Individuals, Families and Professionals

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## Post-Traumatic Stress Disorder Test - PC-PTSD-5 Screen

| Have you ever experienced any event(s) that was/were so frightening or upsetting that, in the past month you have            | No<br>(0) | Yes<br>(1) |
|--|-----------|------------|
| 1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?                                 |           |            |
| 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)? |           |            |
| 3. Been constantly on guard, watchful, or easily startled?   |           |            |
| 4. Felt numb or detached from people, activities, or your surroundings?  |           |            |
| 5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?   |           |            |

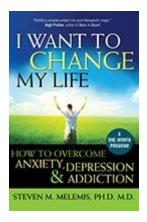
## Your Score:

If you scored 3 or more, you may be suffering from PTSD. No single test is completely accurate. You should always consult your physician when making decisions about your health.

Learn More

## Reference

Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., et al., The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and Evaluation Within a Veteran Primary Care Sample. J Gen Intern Med, 2016. **31**(10): p. 1206-11. PMC5023594.



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