

PTSD Checklist (PCL)

About the PCL

What does it measure?

The Posttraumatic Checklist (PCL) is a self-report instrument that measures symptoms of Posttraumatic Stress Disorder (PTSD). The most recent version of the PCL is the PCL-5, which is a 20-item measure based on the DSM-5 symptoms of PTSD. Previous versions were based off of the DSM-IV criteria for PTSD. Due to changes across versions, the scores of the different versions are not interchangeable.

The previous PCL had three versions: PCL-M (military), PCL-C (civilian), and PCL-S (specific). The PCL-M asked about stressful military experiences, while the PCL-C was meant to be used with any population. The PCL-S was used to narrow down to a specific event or type of event, such as a disaster or accident. All of these versions had 17 items based off the DSM-IV criteria set for PTSD. While the older versions of the PCL (M/C/S) are still widely used, you should consider using the PCL-5 if your clinic is using the DSM-5 for diagnosis.

Availability

The PCL-5 was developed by the National Center for PTSD (NC-PTSD) to address the needs of Veterans and other trauma survivors with PTSD. It is available in the public domain and can be accessed through the United States Department of Veteran's Affairs affiliate website for the NC-PTSD at www.ptsd.va.gov. The website has a request form to obtain a copy of the PCL-5. The PCL-5 is also included in the battery of measures used within the Behavior Health Data Portal (BHDP). The BHDP is a software platform used to measure and examine patient-level clinical outcomes in military behavioral health clinics.

Scoring the PCL

What is the scoring range?

For the PCL-5, each item is rated on a 5-point scale from 0 to 4, with 0 indicating an absence of symptoms and larger numbers indicating greater levels of symptoms. The total overall range for the PCL-5 is 0-80.

DSM-5 symptom cluster severity scores can be obtained by summing the scores for the items within a given cluster, i.e., cluster B (items 1-5), cluster C (items 6-7), cluster D (items 8-14), and cluster E (items 15-20).

For the PCL-M/C/S, each item is rated on a 5-point scale from 1 to 5, with smaller numbers indicating lower levels of symptoms and larger numbers indicating greater levels. The total overall range for the PCL-M/C/S is 17-85.

PCL-5					
Instructions: Below is a list of problems that people sometimes have 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 have been bothered by that problem in the past month.					
In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
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 (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (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)?	0	1	2	3	4
10. Blaming yourself or someone else 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 you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, 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 "startled" 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

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What are the clinical cutoffs?

As the DSM-5 was instituted relatively recently, the research evidence is still being accumulated, but preliminary clinical guidelines have been recommended for the PCL-5. Research has demonstrated that PCL-5 scores of 31-33 are optimally efficient for detecting PTSD in military personnel and veterans. The NC-PTSD (2014) recommends 33 to be the PCL-5 clinical cutoff score until further psychometric work is available.

The older version of the PCL has different suggested cutoff points, depending on the prevalence of PTSD within the population or the setting in which it was being administered. More information on cutoffs for the PCL-M/C/S can be found on the NC-PTSD website.

How should a provider interpret results?

The clinical context and purpose for administering the measure should be considered when interpreting results. A less stringent approach to cutoffs is indicated when used for screening purposes, whereas a more stringent one is used for diagnosis. The PCL-5 should be used along with a clinical interview for initial diagnostic evaluation.

A decrease of 5-10 points on the PCL that corresponded to the DSM-IV was considered a reliable indicator of change with 10-20 points indicating a clinically significant change. Currently, the NC-PTSD does not offer new definite score ranges for the DSM-5.

Using the PCL in Practice

How should providers use the results in treatment planning?

The PCL is an excellent measure that can be used in screening, diagnosis and/or ongoing evaluation of treatment progress. In addition, it can assess long-term recovery and/or clinical stability. The PCL can be used to establish a baseline of PTSD severity and guide a provider's choice in the type and intensity of therapeutic intervention. In addition, responses to single items can inform targeted treatments for specified symptoms (e.g., nightmares, anger management). Similarly, higher scores within a particular symptom cluster might indicate that a patient may have more meaningful responses to certain treatments over others.

References

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