

PTSD Checklist– Civilian Version for DSM-IV

SPID#: _____

Date: _____

Interviewer#: _____

INSTRUCTIONS: *Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully. Check the response that indicates how much you have been bothered by that problem in the past month.*

PTSD_DONE FMT_YES_NO

1. Repeated, disturbing *memories, thoughts, or images* of a stressful experience?

 1. *Not at all*

PTSD01

FMT_PTSD

 2. *A little bit*
 3. *Moderately*
 4. *Quite a bit*
 5. *Extremely*

2. Repeated, disturbing *dreams* of a stressful experience?

 1. *Not at all*

PTSD02

FMT_PTSD

 2. *A little bit*
 3. *Moderately*
 4. *Quite a bit*
 5. *Extremely*

3. Suddenly *acting or feeling* as if a stressful experience *were happening again* (as if you were reliving it)?

 1. *Not at all*

PTSD03

FMT_PTSD

 2. *A little bit*
 3. *Moderately*
 4. *Quite a bit*
 5. *Extremely*

4. Feeling *very upset* when *something reminded you* of a stressful experience?

 1. *Not at all*

PTSD04

FMT_PTSD

 2. *A little bit*
 3. *Moderately*
 4. *Quite a bit*
 5. *Extremely*

PTSD Checklist– Civilian Version for DSM-IV

SPID#: _____

Date: _____

Interviewer#: _____

5. Having *physical reactions*, such as heart pounding, trouble breathing, sweating when *something reminded you* of a stressful experience?

 1. *Not at all*

PTSD05

FMT_PTSD

 2. *A little bit* 3. *Moderately* 4. *Quite a bit* 5. *Extremely*

6. Avoiding *thinking about* or *talking about* a stressful experience or avoiding *having feelings* related to it?

 1. *Not at all*

PTSD06

FMT_PTSD

 2. *A little bit* 3. *Moderately* 4. *Quite a bit* 5. *Extremely*

7. Avoiding *activities* or *situations* because *they reminded you* of a stressful experience?

 1. *Not at all*

PTSD07

FMT_PTSD

 2. *A little bit* 3. *Moderately* 4. *Quite a bit* 5. *Extremely*

8. Trouble *remembering important parts* of a stressful experience?

 1. *Not at all*

PTSD08

FMT_PTSD

 2. *A little bit* 3. *Moderately* 4. *Quite a bit* 5. *Extremely*

PTSD Checklist– Civilian Version for DSM-IV

SPID#: _____ Date: _____ Interviewer#: _____

9. Loss of interest in activities that you used to enjoy?

- | | | |
|---|--------|----------|
| <input type="checkbox"/> 1. <i>Not at all</i> | PTSD09 | FMT_PTSD |
| <input type="checkbox"/> 2. <i>A little bit</i> | | |
| <input type="checkbox"/> 3. <i>Moderately</i> | | |
| <input type="checkbox"/> 4. <i>Quite a bit</i> | | |
| <input type="checkbox"/> 5. <i>Extremely</i> | | |

10. Feeling *distant* or *cut off* from other people?

- | | | |
|---|--------|----------|
| <input type="checkbox"/> 1. <i>Not at all</i> | PTSD10 | FMT_PTSD |
| <input type="checkbox"/> 2. <i>A little bit</i> | | |
| <input type="checkbox"/> 3. <i>Moderately</i> | | |
| <input type="checkbox"/> 4. <i>Quite a bit</i> | | |
| <input type="checkbox"/> 5. <i>Extremely</i> | | |

11. Feeling *emotionally numb* or being unable to have loving feelings for those close to you?

- | | | |
|---|--------|----------|
| <input type="checkbox"/> 1. <i>Not at all</i> | PTSD11 | FMT_PTSD |
| <input type="checkbox"/> 2. <i>A little bit</i> | | |
| <input type="checkbox"/> 3. <i>Moderately</i> | | |
| <input type="checkbox"/> 4. <i>Quite a bit</i> | | |
| <input type="checkbox"/> 5. <i>Extremely</i> | | |

12. Feeling as if your *future* will somehow be *cut short*?

- | | | |
|---|--------|----------|
| <input type="checkbox"/> 1. <i>Not at all</i> | PTSD12 | FMT_PTSD |
| <input type="checkbox"/> 2. <i>A little bit</i> | | |
| <input type="checkbox"/> 3. <i>Moderately</i> | | |
| <input type="checkbox"/> 4. <i>Quite a bit</i> | | |
| <input type="checkbox"/> 5. <i>Extremely</i> | | |

PTSD Checklist– Civilian Version for DSM-IV

SPID#: _____

Date: _____

Interviewer#: _____

13. Trouble *falling* or *staying asleep*? 1. *Not at all*

PTSD13

FMT_PTSD

 2. *A little bit* 3. *Moderately* 4. *Quite a bit* 5. *Extremely*14. Feeling *irritable* or having *angry outbursts*? 1. *Not at all*

PTSD14

FMT_PTSD

 2. *A little bit* 3. *Moderately* 4. *Quite a bit* 5. *Extremely*15. Having *difficulty concentrating*? 1. *Not at all*

PTSD15

FMT_PTSD

 2. *A little bit* 3. *Moderately* 4. *Quite a bit* 5. *Extremely*16. Being "*super-alert*" or watchful or on guard? 1. *Not at all*

PTSD16

FMT_PTSD

 2. *A little bit* 3. *Moderately* 4. *Quite a bit* 5. *Extremely*

PTSD Checklist– Civilian Version for DSM-IV

SPID#: _____

Date: _____

Interviewer#: _____

17. Feeling *jumpy* or easily startled? 1. *Not at all*

PTSD_17

FMT_PTSD

 2. *A little bit* 3. *Moderately* 4. *Quite a bit* 5. *Extremely*

PTSD_NOTE

FMT_CHAR

Note: Created by Weathers, Litz, Huska, and Keane (1994); National Center for PTSD - Behavioral Science Division. This is a government document in the public domain. Modified with permission from authors.