

# PC-PTSD-5 Modified for Teens

Clinician \_\_\_\_\_

Medical Record/ID # \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**INSTRUCTIONS:** Some people experience extremely stressful, dangerous or terrifying situations that can affect them even after the situation is over. There are many different types of situations but some examples include...

- Violence at school or at home
- A serious accident or fire
- Physical or sexual abuse
- A natural disaster like a hurricane or tornado
- Seeing someone be killed or seriously injured
- Having someone close to you die unexpectedly

Have you ever experienced an extremely stressful, dangerous, or terrifying situation similar to those described above? Please CIRCLE your answer.

**NO**

**YES**

**If NO**, screen total=0. Please **stop** here.

**If YES**, for each question below, place an "X" in the box that best describes your experiences.

	<b>NO</b>	<b>YES</b>
1. Had nightmares about the situation(s) or thoughts about the situation(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, cautious, or easily startled?		
4. Felt numb, disinterested, or detached from people, activities, or your surroundings?		
5. Felt guilty or unable to stop blaming yourself or others for the situation(s) or any problems the situation(s) may have caused?		

Screen Total =

Fallucco, Elise 9/10/2018 1:01 PM

**Comment [1]:** DELETE THE BIG LINE B/C IT IS CONFUSING. I WOULD ALSO LEAD WITH "NO" BEFORE "YES" IN THE QUESTION ABOVE.

CAN YOU ADD A BOX AROUND THE WHOLE SCREEN? CHECK OUT THE PHQ9 AND SCARED FOR EXAMPLES