

DSM-5 PTSD Checklist

Name: _____ Date: _____

Directions: Read each statement and indicate the level of disturbance experienced over the past month. Check the appropriate box to reflect the severity of each symptom.

Symptom Clusters

Cluster A: Intrusion Symptoms

1. Recurrent, intrusive distressing memories of the traumatic event.

☐ None	☐ Rarely	☐ Sometimes	☐ Often	☐ Very often
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2. Distressing dreams related to the traumatic event.

☐ None	☐ Rarely	☐ Sometimes	☐ Often	☐ Very often
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3. Flashbacks or reliving the traumatic event as if it were happening again.

☐ None	☐ Rarely	☐ Sometimes	☐ Often	☐ Very often
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Score:

Cluster B: Avoidance Symptoms

1. Avoiding or trying to avoid thoughts, feelings, or reminders associated with the traumatic event.

☐ None	☐ Rarely	☐ Sometimes	☐ Often	☐ Very often
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2. Avoiding or trying to avoid external reminders, such as people, places, or situations associated with the traumatic event.

☐ None	☐ Rarely	☐ Sometimes	☐ Often	☐ Very often
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Score:

Cluster C: Negative Alterations in Cognition and Mood

1. Persistent negative beliefs or expectations about oneself, others, or the world.

☐ None	☐ Rarely	☐ Sometimes	☐ Often	☐ Very often
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2. Persistent negative emotional state (e.g., fear, horror, anger, guilt, shame, sadness).

☐ None	☐ Rarely	☐ Sometimes	☐ Often	☐ Very often
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Score:

Cluster D: Alterations in Arousal and Reactivity

1. Irritable behavior and angry outbursts.

☐ None	☐ Rarely	☐ Sometimes	☐ Often	☐ Very often
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2. Hypervigilance (being on high alert) or exaggerated startle response.

☐ None	☐ Rarely	☐ Sometimes	☐ Often	☐ Very often
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Score:

Scoring: Add up the ratings for each symptom cluster to determine the overall severity of PTSD symptoms.

Please note that this checklist is not a substitute for professional diagnosis. Consult a qualified healthcare provider for an accurate assessment and treatment recommendations.