

Client Information

<i>Client Name</i>	Test Client
<i>Date of birth (age)</i>	23 March 1980 (37)

Assessment Information

<i>Assessment</i>	PTSD Checklist 5 (PCL-5)
<i>Date administered</i>	18 April 2017
<i>Assessor</i>	Mr. Demo Assessor
<i>Time taken</i>	0 minutes 16 seconds

Results

	Raw Score	Mean Score
Total	31	1.55
Re-experiencing	12	2.40
Avoidance	1	0.50
Negative alterations in cognition and mood	6	0.86
Hyper-arousal	12	2.00

Scoring and Interpretation Information

Scores consist of a total symptom severity score (from 0 to 80) and scores for four subscales:

- Re-experiencing (items 1-5 – max score = 20)
- Avoidance (items 6-7 – max score = 8)
- Negative alterations in cognition and mood (items 8-14 – max score = 28)
- Hyper-arousal (items 15-20 – max score = 24)

In addition to a raw score being presented, a “mean score” is also computed, which is the subscale score divided by the number of items. These scores range between 0 to 5, where higher scores represent higher severity. Consistent with the likert scale:

- 0 = Not at all
- 1 = A little bit
- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

A provisional PTSD diagnosis can be made by treating each item rated as 2="Moderately" or higher as an endorsed symptom, then following the DSM-5 diagnostic rule which requires at least: 1 B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), 2 E items (questions 15-20).

A cut-off raw score is 38 for a provisional diagnosis of PTSD. This cut-off has high sensitivity (.78) and specificity (.98) (Cohen et al., 2015).

If the scale is used to track symptoms over time, a minimum 10 point

Client Name	Test Client
--------------------	-------------

Scoring and Interpretation Information (cont.)

change represents clinically significant change (as based on the PCL for DSM-IV change scores).

Client Responses

		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 behaviour, 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 "superalert" or watchful or on guard?	0	1	2	3	4

Client Name	Test Client
--------------------	-------------

Client Responses (cont.)		Not at all	A little bit	Moderately	Quite a bit	Extremely
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