

Primary Care PTSD Screen (PC-PTSD)

The table below shows the Primary Care PTSD Screen (PC-PTSD) that has been designed for use in primary care and other medical settings. The PC-PTSD is brief and problem-focused. The screen does not include a list of potentially traumatic events. There are two reasons for this:

1. Studies on trauma and health in both male and female patients suggest that the active mechanism linking trauma and physical health is the diagnosis of PTSD. In other words, the relationship between trauma and health appears to be mediated through a current PTSD diagnosis.
2. A symptom-driven screen, rather than a trauma-focused screen, is attractive to primary care staff who may not be able to address a patient's entire trauma history during their visit with the patient. Such a trauma inquiry might be especially problematic with a VA population where the average number of traumatic events meeting criterion A for PTSD is over four.

A positive response to the screen does not necessarily indicate that a patient has Posttraumatic Stress Disorder. However, a positive response does indicate that a patient may have PTSD or trauma-related problems and further investigation of trauma symptoms by a mental-health professional may be warranted.

Primary Care PTSD Screen

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you...

1. Have had nightmares about it or thought about it when you did not want to?

YES NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

YES NO

3. Were constantly on guard, watchful, or easily startled?

YES NO

4. Felt numb or detached from others, activities, or your surroundings?

YES NO

Current research suggests that the results of the PC-PTSD should be considered "positive" if a patient answers "yes" to any three (3) items.