Use the PC-PTSD-5 to screen your clients for PTSD

**START HERE:** Ask your clients about their experience of traumatic events, such as:

- A serious accident or fire
- A physical or sexual assault or abuse
- An earthquake or flood
- A war
- Seeing someone be killed or seriously injured
- Having a loved one die through homicide or suicide

If your client has experienced a traumatic event please ask these questions:

**In the past month, have you:**

- Had nightmares about the event(s) or thought about the event(s) when you did not want to? **YES/NO**
- 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)? **YES/NO**
- Been constantly on guard, watchful, or easily startled? **YES/NO**
- Felt numb or detached from people, activities, or your surroundings? **YES/NO**
- Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? **YES/NO**

“**Yes**” to any 3 of the 5 questions suggests PTSD is possible and should be evaluated further.

Providers with questions about assessing and treating Veterans with PTSD can contact the PTSD Consultation Program at: PTSDconsult@va.gov or 866-948-7880 and online at ptsd.va.gov/consult.