



## Primary Care Posttraumatic Stress Disorder (PC-PTSD) Screener\*†

Have you had any experience that was so frightening, horrible, or upsetting that <b>IN THE PAST MONTH</b> , you...	
1 Had any nightmares about it or thought about it when you did not want to?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 Were constantly on guard, watchful, or easily startled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 Felt numb or detached from others, activities, or your surroundings?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Two Yes responses (85% sensitivity; 76% specificity) or three Yes responses (76% sensitivity; 93% specificity) are recommended. The former cutpoint identifies more of the true positive cases of PTSD, while the latter has a lower false-positive rate.