

**Primary Care PTSD Screen (PC-PTSD)****Instructions**

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past 90 days, you:

Question	Response	
	Yes	No
Have had nightmares about it or thought about it when you did not want to?	Yes	No
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	Yes	No
Were constantly on guard, watchful, or easily startled?	Yes	No
Felt numb or detached from others, activities, or your surroundings?	Yes	No
Total		

If the patient answers “yes” to any three items the patient should be considered “positive”. Enter this information in the admitting Nursing Assessment and notify the Interdisciplinary Team (IDT) for inclusion on the Treatment Care Plan.

The IDT shall determine if the Post Traumatic Stress Disorder Check List (PCL-C) should be completed before the 30 day review and if immediate interventions are needed to assist the patient in remaining safe.