

# PCL-5

Patient Identification Information <input type="text"/>		
Date	(Outcomes.PCL5Date) (dd-mmm-yyyy) <input type="text"/>	<b>To print blank form</b> <a href="#">Click here</a>
Questionnaire assessment performed:	(Outcomes.PCL5Performed) <input type="checkbox"/> Not performed <input type="checkbox"/> Performed/Completed	
Questionnaire mode	(Outcomes.PCL5QuestionnaireMode) <input type="checkbox"/> Telephone interview <input type="checkbox"/> Postal questionnaire <input type="checkbox"/> Web-based completion <input type="checkbox"/> Personal interview	
<p>(Subject.SubjectID) <b>Instructions:</b> Below is a list of problems that people sometimes have in response to a very stressful experience.</p> <p>Please read each problem carefully and then indicate how much you have been bothered by that problem <u>in the past month</u>.</p>		
<p><i>In the past month, how much were you bothered by:</i></p>		
(Subject.SubjectID)	1. Repeated, disturbing, and unwanted memories of the stressful experience?	(Outcomes.PCL5MemoriesInd) <input type="checkbox"/> 0-Not at all <input type="checkbox"/> 1-A little bit <input type="checkbox"/> 2-Moderately <input type="checkbox"/> 3-Quite a bit <input type="checkbox"/> 4-Extremely
(Subject.SubjectID)	2. Repeated, disturbing dreams of the stressful experience?	(Outcomes.PCL5DreamsInd) <input type="checkbox"/> 0-Not at all <input type="checkbox"/> 1-A little bit <input type="checkbox"/> 2-Moderately <input type="checkbox"/> 3-Quite a bit <input type="checkbox"/> 4-Extremely
(Subject.SubjectID)	3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	(Outcomes.PCL5HappenAgainInd) <input type="checkbox"/> 0-Not at all <input type="checkbox"/> 1-A little bit <input type="checkbox"/> 2-Moderately <input type="checkbox"/> 3-Quite a bit <input type="checkbox"/> 4-Extremely
(Subject.SubjectID)	4. Feeling very upset when something reminded you of the stressful experience?	(Outcomes.PCL5VeryUpsetInd) <input type="checkbox"/> 0-Not at all <input type="checkbox"/> 1-A little bit <input type="checkbox"/> 2-Moderately <input type="checkbox"/> 3-Quite a bit <input type="checkbox"/> 4-Extremely
(Subject.SubjectID)	5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	(Outcomes.PCL5PhysicalReactionsInd) <input type="checkbox"/> 0-Not at all <input type="checkbox"/> 1-A little bit <input type="checkbox"/> 2-Moderately <input type="checkbox"/> 3-Quite a bit <input type="checkbox"/> 4-Extremely
(Subject.SubjectID)	6. Avoiding memories, thoughts, or feelings related to the stressful experience?	(Outcomes.PCL5AvoidHavingFeelingInd) <input type="checkbox"/> 0-Not at all <input type="checkbox"/> 1-A little bit <input type="checkbox"/> 2-Moderately <input type="checkbox"/> 3-Quite a bit <input type="checkbox"/> 4-Extremely
(Subject.SubjectID)	7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	(Outcomes.PCL5AvoidSituationInd) <input type="checkbox"/> 0-Not at all <input type="checkbox"/> 1-A little bit <input type="checkbox"/> 2-Moderately <input type="checkbox"/> 3-Quite a bit <input type="checkbox"/> 4-Extremely
(Subject.SubjectID)	8. Trouble remembering important parts of the stressful experience?	(Outcomes.PCL5RememberImportantInd) <input type="checkbox"/> 0-Not at all <input type="checkbox"/> 1-A little bit

(Subject.SubjectID)

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)?

(Subject.SubjectID)

10. Blaming yourself or someone else strongly for the stressful experience or what happened after it?

(Subject.SubjectID)

11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?

(Subject.SubjectID)

12. Loss of interest in activities that you used to enjoy?

(Subject.SubjectID)

13. Feeling distant or cut off from other people?

(Subject.SubjectID)

14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?

(Subject.SubjectID)

15. Irritable behavior, angry outbursts, or acting aggressively?

(Subject.SubjectID)

16. Taking too many risks or doing things that cause you harm?

(Subject.SubjectID)

17. Being "super-alert" or watchful or on guard?

(Subject.SubjectID)

18. Feeling jumpy or easily startled?

(Subject.SubjectID)

19. Having difficulty concentrating?

(Subject.SubjectID)

20. Trouble falling or staying asleep?

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5NegBeliefsOfSelfOthersWorld)  0-Not at all

0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5Blame)  0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5NegFeelingsFearAngerGuiltShame)

0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5LossInterestInd)  0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5FeelDistantInd)  0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5EmotionallyNumbInd)  0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5AngryOutburstInd)  0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5Risk)  0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5SuperAlertInd)  0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5JumpyInd)  0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5DifficultyConcentratingInd)  0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5FallStayAsleepInd)  0-Not at all

1-A little bit

2-Moderately

3-Quite a bit

4-Extremely

(Outcomes.PCL5AnswersRefTBIExp)

Yes

No

When you responded to the questions in this questionnaire were your answers in reference to the stressful experience which caused your traumatic brain injury?

(Outcomes.PCL5TotalScore)

**PCL-5 Total Score**