

PTSD Checklist for DSM-5: Clinician Report

Patient: Jordan Lee
Assessment date: 2026-05-20

TOTAL SCORE





49 / 80

Screen result: Probable PTSD (at or above conventional cut-point) (33–50)

CLINICIAN REVIEW REQUIRED

- Item endorsing suicidal ideation or self-harm: mandatory clinician review required before this report can be finalised.

SUBSCALE SCORES

Cluster B (Intrusion)  Diagnostic-rule threshold met 5 of 5 items rated ≥ 2 (rule requires 1; Weathers et al. 2013)	12 / 20
Cluster C (Avoidance)  Diagnostic-rule threshold met 2 of 2 items rated ≥ 2 (rule requires 1; Weathers et al. 2013)	6 / 8
Cluster D (Negative cognitions and mood)  Diagnostic-rule threshold met 7 of 7 items rated ≥ 2 (rule requires 2; Weathers et al. 2013)	16 / 28
Cluster E (Arousal and reactivity)  Diagnostic-rule threshold met 6 of 6 items rated ≥ 2 (rule requires 2; Weathers et al. 2013)	15 / 24

CUTPOINT CROSSED

Threshold	Label
≥ 33	Provisional PTSD (Bovin et al. 2016) (Se 0.69, Sp 0.94)

SCORE STATEMENT

The PCL-5 was completed on 2026-05-20, yielding a total score of 49/80, placing in the Probable PTSD (at or above conventional cut-point) range. The PCL-5 is a self-report screen for PTSD symptoms over the past month; it indicates symptom burden and DSM-5 cluster pattern but is not a diagnostic instrument.

SEVERITY INTERPRETATION

[REVIEW REQUIRED] Scores of 33 to 50 sit at or above the conventional cut-point of 33 for probable PTSD (Bovin et al. 2016; sensitivity approximately 0.69 and specificity approximately 0.94 in veteran samples). The DSM-5 symptom-cluster diagnostic rule should be evaluated separately to determine whether a provisional PTSD pattern is met (see Symptom profile).

SYMPTOM PROFILE

Symptom profile. The PCL-5 pattern is avoidance predominant with avoidance symptoms (Cluster C: avoiding memories, thoughts, feelings, and external reminders of the trauma) predominating; a relatively common predominant pattern given the smaller cluster size; consider whether avoidance is limiting trauma processing and re-engagement. Cluster totals were Intrusion (B) 12/20, Avoidance (C) 6/8, Negative cognitions and mood (D) 16/28, and Arousal and reactivity (E) 15/24; DSM-5 symptom-cluster diagnostic rule met. The four-cluster breakdown is informative for clinical formulation and treatment planning: intrusion predominance suggests re-experiencing-focused interventions; avoidance predominance suggests exposure-based approaches; negative-cognitions-and-mood predominance overlaps substantially with depression and warrants parallel mood assessment and may inform combined treatment selection; arousal predominance suggests parallel sleep and anxiety assessment alongside trauma-focused intervention.

RECOMMENDATION

[REVIEW REQUIRED] PCL-5 scores of 33 to 50 with Cluster C avoidance symptoms predominating describe a pattern in which avoidance of trauma-related cues is the most prominent feature. Components described in the published literature include diagnostic clarification via CAPS-5 (avoidance is one of the most diagnostically specific PTSD clusters), assessment of how avoidance is constraining trauma processing and daily functioning, and exposure-based psychological intervention as a particularly indicated treatment approach (Prolonged Exposure; Foa et al. 2019). Avoidance often interferes with treatment engagement; structured psychoeducation about avoidance as a maintaining factor is described as central to treatment initiation. *These notes summarise the published evidence base for this presentation pattern and are intended for clinician consideration. They do not constitute individual treatment recommendations and may not apply to every person; clinical judgement and knowledge of the full clinical picture take precedence.*

MONITORING

Repeat PCL-5 administration at 4 to 8 week intervals is described in the published literature as appropriate when trauma-focused intervention is being delivered. A reliable change of approximately 5 points has been described, with a 10-point change as the more conservative clinically meaningful threshold (Marx et al. 2022).

SCALE INFORMATION

Scale information. The PCL-5 (PTSD Checklist for DSM-5; Weathers et al. 2013) is a 20-item self-report measure of post-traumatic stress disorder symptoms aligned to the DSM-5 PTSD criteria. Each item is rated 0 (not at all) to 4 (extremely) for symptom frequency or severity over the past month. Items map to DSM-5 criterion clusters: Cluster B Intrusion (items 1-5), Cluster C Avoidance (items 6-7), Cluster D Negative cognitions and mood (items 8-14), and Cluster E Arousal and reactivity (items 15-20). Total range 0-80; the conventional probable-PTSD cut-point is 33 (Bovin et al. 2016). The PCL-5 is a screen and severity measure rather than a diagnostic instrument; the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) remains the gold-standard diagnostic interview. The instrument is in the public domain via the US National Center for PTSD.

ITEM RESPONSES

Rating scale: 0 = 0 - Not at all 1 = 1 - A little bit 2 = 2 - Moderately 3 = 3 - Quite a bit 4 = 4 - Extremely			
#	Description	Response	Score
1	Repeated, disturbing, and unwanted memories of the stressful experience?	3 - Quite a bit	3
2	Repeated, disturbing dreams of the stressful experience?	2 - Moderately	2
3	Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	2 - Moderately	2
4	Feeling very upset when something reminded you of the stressful experience?	3 - Quite a bit	3
5	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	2 - Moderately	2
6	Avoiding memories, thoughts, or feelings related to the stressful experience?	3 - Quite a bit	3
7	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	3 - Quite a bit	3
8	Trouble remembering important parts of the stressful experience?	2 - Moderately	2
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)?	3 - Quite a bit	3
10	Blaming yourself or someone else for the stressful experience or what happened after it?	2 - Moderately	2
11	Having strong negative feelings such as fear, horror, anger, guilt, or shame?	3 - Quite a bit	3
12	Loss of interest in activities that you used to enjoy?	2 - Moderately	2
13	Feeling distant or cut off from other people?	2 - Moderately	2
14	Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	2 - Moderately	2
15	Irritable behaviour, angry outbursts, or acting aggressively?	2 - Moderately	2
16 *	Taking too many risks or doing things that could cause you harm?	2 - Moderately	2
17	Being 'superalert' or watchful or on guard?	3 - Quite a bit	3
18	Feeling jumpy or easily startled?	3 - Quite a bit	3
19	Having difficulty concentrating?	2 - Moderately	2
20	Trouble falling or staying asleep?	3 - Quite a bit	3