

CL-5 (Posttraumatic Stress Disorder Checklist)

Patient Name: _____ Date: _____

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all (0)	A little bit (1)	Moderately (2)	Quite a bit (3)	Extremely (4)
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (e.g., people, places, objects)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, others, or the world?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (e.g., being unable to feel happiness or love)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

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Scoring Interpretation

- **Total Score:** Sum all 20 items (Range: 0–80).
- **Cutoff Score:** A total score between 31–33 is generally indicative of probable PTSD.
- **Clinical Significance:** A decrease of 5–10 points is considered a reliable clinical improvement; a decrease of 10–20 points is considered a clinically significant change.

If you are evaluating for ADHD/PTSD comorbidity, pay close attention to Items 19 (Concentration) and 20 (Sleep). These overlap significantly. In ADHD, these are often lifelong traits; in PTSD, they are usually "reactive" to trauma cues or hypervigilance.

Feature	ADHD (Neurodevelopmental)	PTSD (Trauma-Related)
Onset	Childhood (Symptoms present before age 12).	Post-traumatic event (Can occur at any age).
Concentration	Driven by a "search for stimulation" or boredom.	Driven by hypervigilance or intrusive thoughts.
Inattention Style	"Mind-wandering," daydreaming, or jumping between tasks.	Dissociation, "numbing out," or scanning for threats.
Hyperactivity	Physical energy; a "driven by a motor" feeling.	Agitation or "edginess" linked to a startle response.
Sleep Issues	Delayed sleep phase (circadian rhythm issues).	Nightmares, night terrors, or fear of sleep/vulnerability.
Mood	Quick to frustrate but usually resets quickly.	Chronic irritability, shame, or "flat" affect.
Social	Struggles with cues or interrupting (impulsivity).	Struggles with trust, withdrawal, or "fawning."

1. **For Concentration:** "When you lose focus, is your mind 'drifting' to something interesting, or is it 'trapped' on a specific memory or worry about safety?"
2. **For Restlessness:** "Does your body feel like it has too much energy (ADHD), or does it feel like it's waiting for something bad to happen (PTSD)?"
3. **For Memory:** "Do you forget where you put your keys because you weren't paying attention when you set them down (ADHD), or are there 'blank spots' in your memory of specific time periods or events (PTSD)?"