

## Primary Care PTSD Screen (PC-PTSD)

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

1. Have had nightmares about it or thought about it when you did not want to?

Yes       No

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

Yes       No

3. Were constantly on guard, watchful, or easily startled?

Yes       No

4. Felt numb or detached from others, activities, or your surroundings?

Yes       No

If you answer “yes” to any three items, you should see a professional help.