

Life Script Counseling Services

"Helping YOU Reclaim Your Life"

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January 27, 2011

Thank you for your interest and concern about whether or not you have PTSD (Post Traumatic Stress Disorder) and downloading this form.

To Score this form:

1. Download it and print it out.
2. Add up the numbers in each column
3. Add up the column totals. This will give you an idea of if you have any, how much you have and how serious it might be.

You might also want to visit www.cestudy.org

Sincerely,

*Tom Porpiglia MS, LMHC
D.CEP, EFT-ADV, V.V.*

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Taming Trauma
Alleviating Anxiety
Smoking Cessation
Weight Management
Diminishing Depression
Couples
Men's Issues
Relationships
Allergy Antidotes
Transactional Analysis
Emotional Freedom Technique
Tapas Acupressure Technique
Products For Your Health:
Matol
Isagenix
Young Living Oils
Visa, MasterCard, Discover Card
Custom Emotional Freedom
Technique Seminars



Name: _____

Date: _____

Posttraumatic Stress Disorder Checklist, Military (PCL-M)

Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Use the below scoring to indicate how much the patient has been bothered by that problem in the past month.

- 1 = Not at all
- 2 = A little bit
- 3 = Moderately
- 4 = Quite a bit
- 5 = Extremely

1.	Repeated, disturbing memories, thoughts, or images of a stressful military experience?	1	2	3	4	5
2.	Repeated, disturbing dreams of a stressful military experience?	1	2	3	4	5
3.	Suddenly acting or feeling as if a stressful military experience	1	2	3	4	5
4.	Feeling very upset when something reminded you of a stressful	1	2	3	4	5
5.	Having physical reactions (e.g.: heart pounding, trouble breathing,	1	2	3	4	5
6.	Avoiding thinking about or talking about a stressful military	1	2	3	4	5
7.	Avoiding activities or situation because they reminded you of a	1	2	3	4	5
8.	Trouble remembering important parts of a stressful military	1	2	3	4	5
9.	Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10.	Feeling distant or cut off from other people?	1	2	3	4	5
11.	Feeling emotionally numb or being unable to have loving feelings	1	2	3	4	5
12.	Feeling as if your future will somehow be cut short?	1	2	3	4	5
13.	Trouble falling or staying asleep?	1	2	3	4	5
14.	Feeling irritable or having angry outbursts?	1	2	3	4	5
15.	Having difficulty concentrating?	1	2	3	4	5
16.	Being "super-alert" or watchful or on guard?	1	2	3	4	5
17.	Feeling jumpy or easily startled?	1	2	3	4	5
	Subtotals by column:					

Total Score:

Scoring: 17 – none; 18 - 34 mild; 35 – 51 moderate; 52 – 69 severe; over 69 – very severe