



Post-Traumatic Stress Disorder: Implications for Primary Care

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APPENDIX D

Screening Tools

Several screening tools have been advocated for use with veterans in the primary care setting:

1. **Primary Care PTSD Screen** (PC-PTSD; Prins, Kimerling, Cameron, Oumiette, Shaw, Thrailkill, Sheikh & Gusman, 1999): To date, over 200 male and female VA patients have completed the screen and participated in a diagnostic interview two weeks later. Internal consistency ($KR20 = .79$) and test-retest reliability ($r = .84$) of the PC-PTSD are good. The operating characteristics of the screen suggest that the overall efficiency (i.e., optimal sensitivity and specificity) is best when any two items are endorsed OR when the item “constantly on guard, watchful, or easily startled” is endorsed (.87 and .80, respectively).

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

- | | | |
|-----|----|--|
| YES | NO | 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? |

Scoring: Current research suggests that, if a patient endorses *any* two items or the single hyper-arousal item (#3), referral to a mental health professional for further evaluation and treatment of probable PTSD should be considered.