

Name :

DOB :

WORKSITE+WELLNESS

OCCUPATIONAL HEALTH SERVICES, LLC

PTSD Screening Questionnaire /PCL-5 with Criterion A

Instructions:

Firefighters/EMTs are faced with life threatening situations on a daily basis and often push off exposure to these life altering events as "part of the job". The reality is, it is part of the job, but we now need to recognize the stress it plays on our physical and emotional well-being. If you feel you struggle with a stressful experience or event, complete the following questionnaire to assist your provider during your examination appointment. All information is kept in confidence and will not be shared with your employer.

This questionnaire asks about problems you may have had after a very stressful experience involving actual or threatened death, serious injury, or sexual violence. It could be something that happened to you directly, something you witnessed, or something you learned happened to a close family member or close friend. *Some examples are a serious accident; fire; disaster such as a hurricane, tornado, or earthquake; physical or sexual attack or abuse; war; homicide; or suicide. First, please answer a few questions about your worst event, which for this questionnaire means the event that currently bothers you the most. This could be one of the examples above or some other very stressful experience. Also, it could be a single event (for example, a car crash) or multiple similar events (for example, multiple stressful events in a war-zone or repeated sexual abuse).*

Briefly identify the worst event (if you feel comfortable doing so):

1. How long ago did it happen? _____
2. Did it involve actual or threatened death, serious injury, or sexual violence? ____Yes ____No
3. How did you experience it?
 - a. ____It happened to me directly
 - b. ____I witnessed it
 - c. ____I learned about it happening to a close family member or close friend
 - d. ____I was repeatedly exposed to details about it as part of my job *(for example,*
 - e. *paramedic, police, military, or other first responder)*
 - f. ____Other, please describe_____
4. If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?
 - a. ____Accident or violence
 - b. ____Natural causes
 - c. ____Not applicable (event did not involve the death of a close family member or close friend)

Date:

W+W/PTSD Screening 1

Name :

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W+W/PTSD Screening 2