Recommended time for assessment:			
	Basic	Intermediate	

Discharge acute care facility or admission to study if at least one week	
after injury	
- Entry to rehab	
- Discharge rehab	

- 1 month outcome - 3 months outcome

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Advanced

Neurological assessments: PCL-C

PTSD CHECKLIST: Post Traumatic Stress Disorder Checklist – Civilian Version (PCL-C):	
Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by the following IN THE PAST MONTH. (ONLY TO BE COMPLETED BY PERSON WITH TBI)	
1. Repeated, disturbing memories, thoughts or images of a stressful experience from the past	
2. Repeated, disturbing dreams of a stressful experience from the past	
3. Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)	
4. Feeling very upset when something reminded you of a stressful experience from the past	
5. Having physical reactions (i.e. heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past	
6. Avoiding thinking about or talking about a stressful experience from the past or avoiding having feeling related to it	
7. Avoiding activities or situations because they reminded you of a stressful experience from the past	
8. Trouble remembering important parts of a stressful experience from the past	
9. Loss of interest in activities that you used to enjoy	
10. Feeling distant or cut off from other people	
11. Feeling emotionally numb or being unable to have loving feelings to those close to you	
12. Feeling as if your future will somehow be cut short	
13. Trouble falling or staying asleep	
14. Feeling irritable or having angry outbursts	
15. Having difficulty concentrating	
16. Being super alert or watchful or on guard	
17. Feeling jumpy or easily startled	
1 = not at all 2 = a little bit 3 = moderately 4 = quite a bit 9 = unknown/not sure	5 = extremely