







SCRPTSD5I9 (MH)

During the time frame from (computer to display stdybeg

- 5 years to 12/31/2020) , was the patient screened for PTSD using the Primary Care PTSD5 +I9?
- 1. Yes
- 2. No

98. Patient refused screening by the PC-PTSD5 +I9

PCPTSD5DT (MH)

Enter the date of the most recent screen for PTSD using the PC-PTSD5+ I9.



| TRAUMEVT (MH) Enter the response documented in the record for PC-PTSD5 exposure to traumatic event(s). Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example: a serious accident or fire a physical or sexual assault or abuse an earthquake or flood a war seeing someone be killed or seriously injured having a loved one die through homicide or suicide. | (MH) Enter the patient's answers to each of the PC-PTSD5 Screen questions: In the past month, have you: SCRPTSD1. Had nightmares about the event(s) or thought about the event(s) when you did not want to? SCRPTSD2. Tried hard not to think about the event(s) or went out of your way to avoid situations that remind you of the event(s)? SCRPTSD3. Been constantly on guard, watchful, or easily startled? SCRPTSD4. Felt numb or detached from people, activities, or your surroundings? SCRPTSD5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused? | SCORPTSD5 (MH) |
|---|--|--|
| Yes No Response not documented | 1. Yes 2. No 99. Response not documented | Enter the total score for the PC-PTSD5 screen documented in the record |