Post-traumatic Diagnostic Scale for the DSM-5 (PDS-5)

Introduction

The Posttraumatic Stress Diagnostic Scale – Self- Report Version for DSM-5 (PDS-5) was designed as a self-report measure meant to supplement the administration of the PTSD Symptom Scale – Interview for DSM-5 (PSS-I-5), and to offer an estimate of the severity of a respondent's PTSD symptoms. When completing the PDS-5, respondents are asked to link their symptoms to a single identified "target" trauma. In most cases, this will be the trauma identified by the respondent as the one that causes the most current distress. However, the PDS-5 can be completed in reference to any identifiable traumatic event.

To establish reliable rating of PTSD symptoms, the PDS-5 instructs respondents to report on symptoms occurring in the past month only. In theory, this version of the measure could be used to assess symptoms over longer and shorter periods of time, but the validity of respondents' self-reported responses under these conditions has not been examined.

Administration

Respondents should be given appropriate time and space to complete the questionnaire. A quiet or private room is ideal for administration. Completion of the PDS-5 typically takes 5-15 minutes. The clinician administering the PDS-5 should introduce it as follows:

"This questionnaire can give me an idea of how things have been going for you in the past month in terms of trauma related difficulties. So, today is (insert date). One month ago takes us back to (insert date). This is the period of time that the questionnaire focuses on. The questionnaire asks you to identify one traumatic event that bothers you the most right now, or that gets in the way of your life the most and that you have the most upsetting and unwanted thoughts about. Please answer each question, thinking about how often the difficulty has been occurring and how severe it has been in the past month. As you can see, you can answer:

0 = Not at all
1 = Once per week or less / a little
2 = 2 to 3 times per week / somewhat
3 = 4 to 5 times per week / a lot
4 = 6 or more times a week / severe

Do you have any questions?"

The clinician should be sure to be available to the respondent during administration to answer any questions that arise during completion of the PDS-5. After completion of the measure, the clinician should make sure that all questions were answered. If items were skipped, the clinician may direct the respondent's attention to those items and ask the respondent to complete them.

In order to aid the clinician in answering questions the respondent may have about PDS-5 items, the following are explanations of the symptoms described for each item.

RE-EXPERIENCING SYMPTOMS (one symptom required)

1) Unwanted upsetting memories about the trauma

This item refers to unwanted trauma-related intrusive thoughts that are currently distressing – whether cued or uncued by trauma reminders. If the respondent is recalling the index trauma purposely, this does not count.

2) Bad dreams or nightmares related to the trauma

Bad dreams or nightmares do not have to be exact accounts of the index trauma. Bad dreams or nightmares that contain themes of danger (such as being chased by an assailant) or produce affect similar to that of the trauma should count as well.

3) Reliving the traumatic event or feeling as if it were actually happening again

Flashbacks should include an at least momentary sense that the trauma is re-occurring (e.g., "it is happening again" or "I am back in time"). A very distressing sensory or emotional experience that is similar to the feelings experienced during the trauma, but that was not accompanied by some dissociation, would instead count for item 4 or 5 below.

4) Feeling very EMOTIONALLY upset when reminded of the trauma

This question refers to emotional upset in response to trauma reminders. Emotional upset is not limited to fear, but can encompass sadness, anger, guilt or shame, and worry. Difficulty experiencing positive feelings would instead correspond to item 14, and uncued intense negative feelings would correspond to item 11.

5) Having PHYSICAL reactions when reminded of the trauma (for example, sweating, heart racing)

Physical reactions in response to trauma reminders can include heart racing, changes in breathing, nausea, sweating, shakiness, and other physical symptoms.

AVOIDANCE (one symptom required)

6) Trying to avoid thoughts or feelings related to the trauma

Examples of avoidance strategies include pushing the thoughts away, talking on the phone, keeping busy, or playing music. If the respondent is unclear on whether a particular instance counts as cognitive avoidance (e.g., avoiding thoughts of the legal proceeding related to the trauma, but not the trauma itself), distress or fear should be the motivating factor for the avoidance. If the respondent is reporting fear or other negative emotions related to the thoughts, this would count as cognitive avoidance.

7) Trying to avoid activities, situations, or places that remind you of the trauma or that feel more dangerous since the trauma

Avoidance is motivated by not wanting to confront trauma reminders or be in situations that feel more dangerous since the traumatic event. Avoided situations must be objectively safe to count as avoidance; appropriate avoidance of actually dangerous situations should not be counted.

CHANGES IN COGNITION AND MOOD (two symptoms required)

8) Not being able to remember important parts of the trauma

Dissociative amnesia occurs when the respondent's memory of the index trauma has important or significant gaps or missing details. Cases in which the loss of memory is associated with the passage of time (memory decay or aging) or is the result of loss of consciousness during the trauma (e.g., due to being hit on the head or under the influence of alcohol or drugs) do not count. An example of dissociative amnesia is if the respondent possesses a fairly detailed memory of the trauma up to a certain point, then a gap in time or detail, followed by more details about what happened after that gap.

9) Seeing yourself, others, or the world in a more negative way (for example, "I can't trust people," "I'm a weak person")

Persistent and exaggerated negative expectations about one's self, the world, and others may include such things as believing that one is "a loser" for not being able to deal with the trauma, thinking that the world is a completely dangerous place, and believing that no one can be trusted, among other thoughts and beliefs.

10) Blaming yourself or others (besides the person who hurt you) for what happened

Persistent distorted blame about the cause or the consequences of the trauma refers to blame placed on oneself or others who are not directly responsible for the event. Examples may include respondents believing that they "should have known" a situation was dangerous or that others should have helped.

11) Having intense negative feelings like fear, horror, anger, guilt or shame

Persistent negative emotions that are pervasive and not just cued by trauma reminders still count towards this item.

12) Losing interest or not participating in activities you used to do

Loss of interest encompasses both the amount of activities affected as well as the intensity of the loss of interest. Loss of interest must be a change from pre-trauma levels. It also does not include reduction in activity related to avoidance of trauma reminders. If the respondent is afraid to do an

activity or does not engage in the activity because it will remind them of their trauma, this should be counted towards item 7.

13) Feeling distant or cut off from others

Detachment from others is often described as feeling cut off, disconnected, different, or unable to feel close to or trusting of others.

14) Having difficulty experiencing positive feelings

This question refers to emotional numbing or flatness, as well as difficulty having positive feelings or lack of responsivity despite good things happening.

INCREASED AROUSAL AND REACTIVITY (two symptoms needed)

15) Acting more irritable or aggressive with others

This question refers to irritability and aggressive behaviors. This differs from item 4 (intense emotional reactions to trauma reminders) in regards to being concerned with irritable or aggressive *behaviors* and not just emotional states. Symptoms must represent a change from functioning prior to the trauma in order to count.

16) Taking more risks or doing things that might cause you or others harm (for example, driving recklessly, taking drugs, having unprotected sex)

Reckless or self-destructive behavior can also include promiscuity, drug or alcohol abuse, self-injurious behaviors, and other impulsive behaviors. It should represent a change in normal functioning since the trauma; or, if the respondent cannot determine their level of prior functioning, they should feel that this behavior is related to their index trauma in order to count it.

17) Being overly alert or on-guard (for example, checking to see who is around you, being uncomfortable with your back to a door)

Hypervigilance has been described using terms like “wariness”, “on patrol” or “paranoid.”

18) Being jumpy or more easily startled (for example, when someone walks up behind you)

The respondent should differentiate an exaggerated startle response from a reasonable startle response (e.g., car coming toward person).

19) Having trouble concentrating

Examples of troubled concentration include the inability to follow a conversation, to watch and comprehend a short TV show, to complete required tasks at work, to read and comprehend a paragraph, or to maintain a train of thought.

20) Having trouble falling or staying asleep

Sleep difficulties pertain to how the respondent is currently sleeping, regardless of the use of medication or other sleep aids, and not respondent's ability to sleep without sleep aids. General sleep difficulties should also be differentiated from sleep difficulties caused by nightmares (item 2) by the respondent.

Scoring

PTSD severity is determined by totaling the 20 PDS-5 symptom ratings (items 1-20). Scores range from 0-80. The following are clinical guidelines for PTSD symptom severity:

0 – 10	Minimal symptoms
11 – 23	Mild symptoms
24 – 42	Moderate symptoms
43 – 59	Severe symptoms
60 – 80	Very severe symptoms

In addition, a score of 28 can be used as a cutoff point for possible diagnosis of PTSD, with scores between 0 – 27 suggesting no diagnosis, and 28 – 80 suggesting probable diagnosis.