# CAPS-5 Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026 · Reproduces no items, prompts, anchors, or scoring

**The CAPS-5** (Clinician-Administered PTSD Scale for DSM-5; National Center for PTSD) is the structured-interview reference standard for PTSD: 20 symptoms rated 0 to 4 against an index trauma (0-80 total), plus onset, impairment, validity, and dissociative-subtype items. The documentation's hard parts are the form (Past Month diagnoses; Past Week only monitors), the algorithm (the diagnosis; the total is dimensional), the index event (structural, never graphic), and the PCL-5 boundary (same 0-80 range, different instrument and metric).

**Instrument, form + administration** which form, what conditions
**Do:** name the form and time frame with its version date, modality, interpreter, duration, breaks or split sessions.
**Pitfall:** "CAPS administered": a Past Week total cannot carry a current diagnosis.

**Index event, structural** category + period, no narrative
**Do:** record event category, approximate period, Criterion A pathway, single incident or coherent series; LEC-5 noted.
**Pitfall:** "trauma history positive," or a graphic reconstruction the referral never needed.

**Cluster results** counts, not item content
**Do:** report symptoms rated 2+ per cluster (B of 5, C of 2, D of 7, E of 6), cluster sums when useful.
**Pitfall:** item-by-item narratives, or gated prompts and anchors paraphrased into the chart.

**Diagnostic determination** every element visible
**Do:** show A, the B/C/D/E minimums, F duration over one month, G distress or impairment, H exclusion addressed; then met or not met.
**Pitfall:** "CAPS-5 positive" or "met cutoff": the standard algorithm has no total cutoff.

**Total severity** dimensional, no bands
**Do:** report the 0-80 total beside the determination; characterize severity clinically and say so.
**Pitfall:** 12 or 26 treated as cutoffs, or trial-registration bands passed off as official.

**Subtype + validity** from the dedicated items
**Do:** state the dissociative subtype (present / absent / not determinable) from the additional items; record response validity and limits.
**Pitfall:** a "dissociation score" summed from two symptom items; those are arousal-cluster ratings.

**Change + the PCL-5 lane** same form, same index
**Do:** compare only same-form, same-index priors; name each benchmark's source; chart the PCL-5 separately on its own metric.
**Pitfall:** "CAPS/PCL score 38," or CAPS-IV and CAPS-5-R totals mixed onto one scale.

## Before the note is signed

- [ ] Form and time frame named, with version date
- [ ] Index event structural; Criterion A pathway stated
- [ ] Cluster counts at severity 2+ recorded (B/C/D/E)
- [ ] All algorithm elements visible, including exclusion
- [ ] Total reported as dimensional; no invented cutoffs
- [ ] Dissociative subtype and validity judgments stated
- [ ] PCL-5 documented separately; metrics never merged

## Drafting with AI

Give it the facts: form and time frame, administration conditions, the structural index event, cluster counts, duration, impairment, exclusions, subtype and validity, totals with any true prior.

*"Draft a CAPS-5 results summary: Past Month form, in person, 55 minutes, index event a 2023 workplace vehicle collision stated structurally, B=3 C=1 D=4 E=3 at threshold, duration eight months, occupational impairment, exclusions addressed, subtype absent, total 32, PCL-5 44 documented separately."*

**Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.**

| Diagnosis = algorithm | Name form + time frame | Index event, structural | PCL-5 is not a CAPS |
|---|---|---|---|
| never the 0-80 total | Past Week cannot diagnose | category + period, not narrative | 31-33 belongs to the PCL-5 |

# CAPS-5 Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no interview content.

Client (initials): Age: Form + time frame: Interviewer:

Index trauma (category, period): Administration (modality, duration):

**Instrument, form, and administration**
Exact form (Past Month / Worst Month / Past Week) + version date · modality · interpreter · duration · breaks or split sessions · trained interviewer

**Index event and Criterion A**
Event category + approximate period · Criterion A pathway · single incident or coherent series · LEC-5 noted · no graphic narrative

**Cluster results**
Symptoms rated 2+ per cluster: B [ ] of 5 · C [ ] of 2 · D [ ] of 7 · E [ ] of 6 · cluster sums optional · no item content

**Diagnostic determination**
A met · B/C/D/E minimums satisfied or not · F duration over one month · G distress or impairment · H exclusion addressed · attribution to index event · met / not met

**Total severity and change**
0-80 total as a dimensional index · no invented cutoffs or bands · prior total (same form + index) · point change with named, sourced benchmark

**Dissociative subtype and validity**
Subtype present / absent / not determinable (additional items, outside the 20 and the total) · overall response validity · limitations

**Plan and complementary measures**
Treatment plan · PCL-5 documented separately (own metric and cut-points) · monitoring interval · booklet secured, summary in the open chart

Clinician (name and credentials): Signature: Date: