PCL-5 Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · August 2026

The PCL-5 is a free, public-domain, 20-item PTSD symptom measure scored 0 to 80 from the VA's National Center for PTSD. Results are provisional, never diagnostic (the CAPS-5 interview is the gold standard), the steward publishes no severity bands, and the cutoff is chosen by purpose: 31 to 33 indicates probable PTSD across many samples.

Version and Criterion A label every administration
Do: name past-month or past-week, and how Criterion A was handled (not here / brief form / LEC-5 / established previously).
Pitfall: a weekly score charted as change from a monthly baseline; the series must stay separate.

Index event same event, every time
Do: confirm the same index trauma as prior administrations, with minimum necessary description.
Pitfall: index drift; a switched event measures something new under the old heading.

Completeness and total over 80, clusters descriptive
Do: confirm all 20 items, then the total /80; clusters (B /20, C /8, D /28, E /24) as description.
Pitfall: silent proration (no official rule) or invented cluster cutoffs.

Interpretation method, named cutoff or symptom count
Do: name the threshold and its purpose, or the DSM-aligned symptom-count method; keep language provisional.
Pitfall: "33+ = PTSD" or severity bands; validated optima span roughly 22 to 49 and no official bands exist.

Change with named constructs 10 points, not 5
Do: raw change + construct: 10-point response indicator; reliable change 9 to 18 by sample; final score vs the 28 indicator.
Pitfall: the DSM-IV five-point rule imported into PCL-5 notes.

Context for any rise verify before interpreting
Do: check comparability, then record anniversaries, exposure work, stressors, sleep, substances, safety.
Pitfall: one spike charted as failure or exaggeration; claim-context elevation is not invalidity.

Plan and cadence authority manual vs policy vs payer
Do: link the result to the plan and name whose cadence governs: CPT manual, VHA policy, TRICARE interval, or clinic protocol.
Pitfall: conflated cadences; the three authorities set different clocks.

Before the note is signed

- [ ] Form and time frame labeled on this administration
- [ ] Criterion A handling and index event stated
- [ ] All 20 items confirmed; total written over 80
- [ ] Interpretation method named, language provisional
- [ ] Change stated with its construct and authority
- [ ] Any rise verified and contextualized
- [ ] Plan linkage and governing cadence written

Drafting with AI

Give it the score facts: form, total, clusters, prior scores with dates, and the plan decision.

"Draft PCL-5 documentation: past-month 22/80 at CPT session 12, baseline 52, weekly series separate, response documented, booster in one month."

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

0 to 80	3 to 7 chart lines	5 to 10 minutes	Public domain
20 items, clusters B to E	per administration	patient completion	free from the VA steward

PCL-5 Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Practice/clinic: | Patient (initials): | Date administered:

Form: past-month / past-week: | Criterion A: not here / brief form / LEC-5 / established previously:

Index event and completeness
Same index event as prior administrations · minimum necessary description · all 20 items completed, or n missing and not totaled

Score
Total ___/80 · clusters descriptive: B ___/20 · C ___/8 · D ___/28 · E ___/24 · no official cluster cutoffs or severity bands

Interpretation (provisional language only)
Method named: cutoff with value and purpose / DSM-aligned symptom count · probable or provisional, never diagnostic · CAPS-5 is the interview gold standard

Change and trajectory
Prior comparable score and date · change in points and direction · construct: 10-point response indicator / sample reliable-change estimate / final score vs the 28 indicator

Context (especially for any rise)
Comparability verified · anniversary / exposure or written-account work / stressors / sleep / substances · safety assessed on its own track

Plan linkage and next administration
What the result changed · next administration date · governing cadence: treatment manual / health-system policy / payer contract / clinic protocol

Clinician (name and credentials): | Signature: | Date: