NIMH-LCM™ Self/PROSPECTIVE Ratings: The LCM-PTSD-S/P

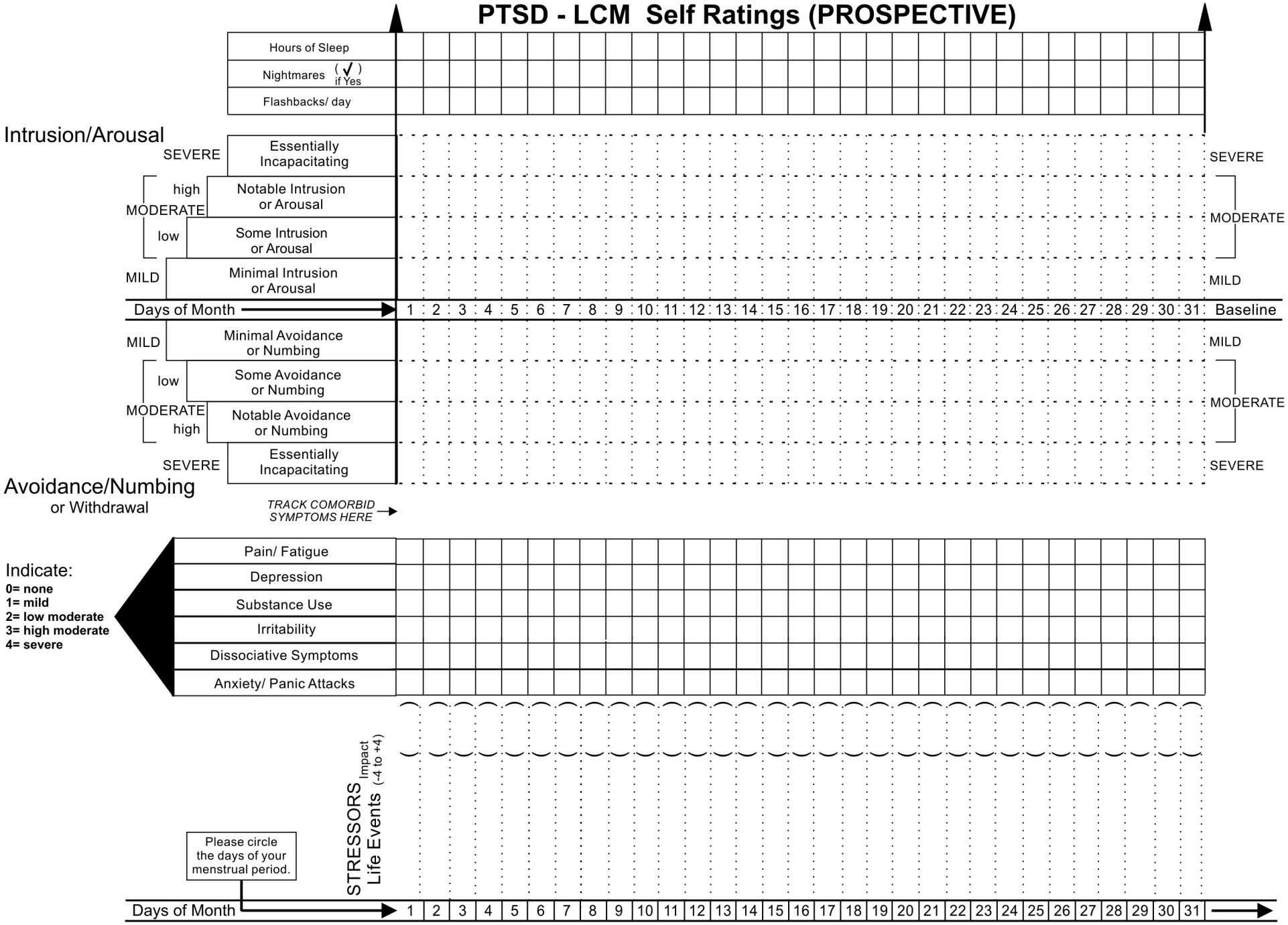
Patient ID ☐☐☐-☐☐☐ Patient Initials ☐ (F) ☐ (M) ☐ (L) Month ☐☐ Year ☐☐☐☐

Protocol Code ☐☐☐☐☐ Level ☐ Clinician Initials ☐ (F) ☐ (M) ☐ (L) Blinded Rating? ☐ No ☐ Yes ☐ N/A

Days of Month →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	→

Medication Name	*DOSE per tablet*	*UNIT (mg, mcg, gm)*	*Please track all medications that you are currently taking.*	*Enter total # of tablets TAKEN per day*

Days of Month →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	→


PTSD - LCM Self Ratings (PROSPECTIVE)
Hours of Sleep
Nightmares (✓) if Yes
Flashbacks/ day
Intrusion/Arousal
SEVERE
Essentially Incapacitating
high
MODERATE
Notable Intrusion or Arousal
low
Some Intrusion or Arousal
MILD
Minimal Intrusion or Arousal
SEVERE
MODERATE
MILD
Days of Month
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Baseline
MILD
Minimal Avoidance or Numbing
low
Some Avoidance or Numbing
MODERATE
high
Notable Avoidance or Numbing
SEVERE
Essentially Incapacitating
MILD
MODERATE
SEVERE
Avoidance/Numbing
or Withdrawal
TRACK COMORBID SYMPTOMS HERE
Indicate:
0= none
1= mild
2= low moderate
3= high moderate
4= severe
Pain/ Fatigue
Depression
Substance Use
Irritability
Dissociative Symptoms
Anxiety/ Panic Attacks
STRESSORS Life Events Impact (-4 to +4)
Please circle the days of your menstrual period.
Days of Month
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31