

**CHILD and ADOLESCENT PTSD SCREEN – Child and Adolescent Version
(CAPS-C)**

Name _____ ID _____ Date _____

TRAUMATIC EVENTS

An event must have led to serious injury or be perceived as if it could have led to serious injury to you, or to another person (usually a loved one) and you witnessed it, and is usually sudden and/or unexpected.

0 = Absent 1 = Present

Circle 0 if the event has not happened and 1 if the event has happened to you.

Frequency is the number of events that you can remember.

			<u>Frequency</u>
P1. Accident or crash with automobile, plane or boat.	0	1	_____
P2. Attacked by an animal.	0	1	_____
P3. Man-made disasters (fires, war, etc)	0	1	_____
P4. Natural disasters (hurricane, tornado, flood)	0	1	_____
P5. Hospitalization or invasive medical procedures	0	1	_____
P6. Physical abuse	0	1	_____
P7. Sexual abuse, sexual assault, or rape	0	1	_____
P8. Accidental burning	0	1	_____
P9. Near drowning	0	1	_____
P10. Witnessed another person being beaten, raped, threatened with serious harm, shot at seriously wounded, or killed.	0	1	_____
P11. Kidnapped	0	1	_____
P12. Other: _____	0	1	_____

Below is a list of symptoms that youth can have after life-threatening events. Circle the number (0, 1, or 2) that best describes how often the symptom has bothered you in the LAST 2 WEEKS. Circle a 1 or 2 only if the symptom began or worsened after a traumatic event.

	0	1	2
	No	A little	A lot
1. Do you have intrusive memories of the trauma(s)? Does the memory pop up in your mind when you do not want it to?	0	1	2
2. Are you having more nightmares since the trauma(s) occurred?	0	1	2
3. Would you get upset if exposed to reminders of the event(s)?	0	1	2
For example:			
If you were in a car crash, you might be nervous while riding in a car now.			
Or, if you were in a hurricane, you might be nervous when it is raining.			
Or, if you saw domestic violence, you might be nervous when other people argue.			
Or, if you were sexually abused, you might be nervous when someone touches you anywhere on your body.			
4. Have you had a hard time falling asleep or staying asleep since the trauma(s)?	0	1	2
5. Have you become more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma(s)?	0	1	2
6. Do you startle more easily than before the trauma(s)? For example, if there's a loud noise or someone sneaks up behind you, do you jump or seem startled?	0	1	2

Two symptoms endorsed (either 1 or 2) is a positive test and should be referred for treatment.

A youth with one only symptom endorsed is marginal, and should be referred for further assessment at a minimum.

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