

**CHILD and ADOLESCENT PTSD SCREEN - Parent Version
(CAPS-P)**

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 the child, or to another person (usually a loved one) and the child 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 your child.

Frequency is the number of events that the child can remember. Generally, children start remembering events around 3 years of age.

			<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 children can have after life-threatening events. Circle the number (0, 1, or 2) that best describes how often the symptom has bothered your child 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. Does your child have intrusive memories of the trauma(s)? Does s/he bring it up on his/her own?	0	1	2
2. Is your child having more nightmares since the trauma(s) occurred?	0	1	2
3. Would s/he get upset if exposed to reminders of the event(s)?	0	1	2
<p>For example, a child who was in a car crash might be nervous while riding in a car now. Or, a child who was in a hurricane might be nervous when it is raining. Or, a child who saw domestic violence might be nervous when other people argue. Or, a girl who was sexually abused might be nervous when someone touches her.</p>			
4. Has s/he had a hard time falling asleep or staying asleep since the trauma(s)?	0	1	2
5. Has your child become more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma(s)?	0	1	2
6. Does your child startle more easily than before the trauma(s)? For example, if there's a loud noise or someone sneaks up behind him/her, does s/he jump or seem startled?	0	1	2

Two symptoms endorsed (either 1 or 2) is considered a positive screen and should be referred for treatment. One symptom endorsed is marginally positive and should be referred for further assessment at a minimum.

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