

## CHILD PTSD CHECKLIST – CHILD VERSION (CPC-C)

7-18 years. (Version May 23, 2014.)

Name \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

### TRAUMATIC EVENTS

TO COUNT AN EVENT, YOU MUST HAVE FELT ONE OF THESE:

- (1) YOU FELT LIKE YOU MIGHT DIE, OR
- (2) YOU HAD A SERIOUS INJURY OR FELT LIKE YOU MIGHT GET A SERIOUS INJURY, OR
- (3) YOU SAW (1) OR (2) HAPPEN TO ANOTHER PERSON, OR YOU SAW SOMEONE DIE.

	Circle 0 if this <u>did not</u> happen to you.	Circle 1 if this <u>did</u> happen to you.	Write your <u>age</u> when this happened to you the <u>first</u> time.	Write your <u>age</u> when this happened to you the <u>last</u> time.	Write <u>how many times</u> this happened to you. If it happened lots of times, please make your best guess.
1. Accident or crash with automobile, plane or boat.	0	1			
2. Attacked by an animal.	0	1			
3. Man-made disasters (fires, war, etc.).	0	1			
4. Natural disasters (hurricane, tornado, flood).	0	1			
5. Hospitalization or invasive medical procedures.	0	1			
6. Physical abuse.	0	1			
7. Sexual abuse, sexual assault, or rape.	0	1			
8. Accidental burning.	0	1			
9. Near drowning.	0	1			
10. Witnessed <u>another person</u> being beaten, raped, threatened with serious harm, shot at seriously wounded, or killed.	0	1			
11. Kidnapped.	0	1			
12. Other:	0	1			

13. If more than one event happened to you: write the number of the event that you think caused the most distress to you:	
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**IF THERE WERE NO TRAUMATIC EVENTS ENDORSED ABOVE, STOP HERE.  
OTHERWISE, PLEASE CONTINUE ON NEXT PAGE.....**

**CPC-C**

Below is a list of symptoms that children can have after life-threatening events.

When you think of ALL the life-threatening traumatic events from the first page, circle the number below (0-4) that best describes how often the symptom has bothered you in the LAST 2 WEEKS.

0 Not at all	1 Once a week or less/ once in a while	2 2 to 4 times a week/ half the time	3 5 or more times a week/ almost always	4 Everyday	
14. Do you have unwanted memories of the trauma that intrude into your mind?	0	1	2	3	4
15. Are you having more nightmares since the trauma(s) occurred?	0	1	2	3	4
16. Do you act like the traumatic event is happening to you again, even when it isn't? This is where you act like you are back in the traumatic event and aren't in touch with reality. This is a pretty obvious thing when it happens.	0	1	2	3	4
17. Since the trauma(s) have you had episodes when you seem to freeze? Someone else may have tried to snap you out of it but you were unresponsive.	0	1	2	3	4
18. Do you get upset when exposed to reminders of the event(s)? For example, a person who was in a car wreck might be nervous while riding in a car now. Or, a person who was in a hurricane might be nervous when it is raining. Or, a person 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.	0	1	2	3	4
19. Do you get physically distressed when exposed to reminders? Like heart racing, shaking hands, sweaty, short of breath, or sick to your stomach?"  Think of the same type of examples as in #18.	0	1	2	3	4
20. Do you show persistent negative emotions (fear, guilt, sadness, shame, confusion) that are <u>not</u> triggered by exposure to reminders of the event as in #18?	0	1	2	3	4
21. Do you try to avoid conversations that might remind you of the trauma(s)? For example, if other people talk about what happened, do you walk away or change the topic?	0	1	2	3	4

**PLEASE CONTINUE ON NEXT PAGE.....**

0	1	2	3	4	
Not at all	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/ almost always	Everyday	
22. Do you try to avoid things or places that remind you of the trauma(s)? For example, a person who was in a car wreck might try to avoid getting into a car. Or, a person who was in a flood might not want to drive over a bridge. Or, a person who saw domestic violence might be nervous to go in the house where it occurred. Or, a girl who was sexually abused might be nervous about going to bed because that's where she was abused before.	0	1	2	3	4
23. Do you have difficulty remembering the whole incident? Have you blocked out the entire event?	0	1	2	3	4
24. Do you have exaggerated negative beliefs about yourself, others, or the world?	0	1	2	3	4
25. Do you have distorted thoughts about the cause or consequences of the traumatic event(s)?	0	1	2	3	4
26. Have you lost interest in doing things that you used to like to do since the trauma(s)?	0	1	2	3	4
27. Since the trauma(s) have you become more distant and detached from family members, relatives, or friends?	0	1	2	3	4
28. Since the trauma(s), do you show a restricted range of positive emotions on your face compared to before?	0	1	2	3	4
29. Have you become more irritable, or had outbursts of anger since the trauma(s)?	0	1	2	3	4
30. Have you engaged in reckless and self-destructive behavior since the trauma(s)?	0	1	2	3	4
31. Have you been more "on the alert" for bad things to happen? For example, do you look around for danger?	0	1	2	3	4
32. 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	3	4
33. Have you had more trouble concentrating since the trauma(s)?	0	1	2	3	4
34. Have you had a hard time falling asleep or staying asleep since the trauma(s)?	0	1	2	3	4

**PLEASE CONTINUE ON NEXT PAGE.....**

FUNCTIONAL IMPAIRMENT

Do the symptoms that you endorsed above get in the way of your ability to function in the following areas?

	0	1	2	3	4
	Hardly ever/ none	Some of the time	About half the days	More than half the days	Everyday
35. Do (symptoms) substantially “get in the way” of how you get along with your parents, interfere in your relationship, or make them feel upset or annoyed?	0	1	2	3	4
36. Do these (symptoms) “get in the way” of how you get along with brothers or sisters, and make them feel upset or annoyed?	0	1	2	3	4
37. Do these (symptoms) “get in the way” with the teacher or your classroom behavior more than average?	0	1	2	3	4
38. Do (symptoms) “get in the way” of how you get along with friends – at school, or in your neighborhood?	0	1	2	3	4
39. Do (symptoms) make it harder for you to go out in public than it would be for an average child? Is it harder to go out to places like the grocery store? Or to a restaurant?	0	1	2	3	4
40. Do you think that these behaviors cause you to feel upset?	0	1	2	3	4

## SCORING

The Traumatic Events page (items 1-13) is important to include before administering the symptom portion because it is important to know all of the traumatic events one has experienced that may be linked to symptoms. This page provides a systematic menu to facilitate recall of all events.

Symptoms are scored for totality of events in contrast to many other checklists that rate for only one event.

Items 14-34 are PTSD symptom items. Sum the scores from items 14-34. The suggested cutoff is based on a “probable diagnosis” of PTSD, which is a score of 20 or more for items 14-34. When youth have scores lower than 20 they can still have symptoms and functional impairment that would benefit treatment.

Items 35-40 are functional impairment items. These can be summed for an impairment score but are not used for the PTSD symptoms score. A suggested cutoff of  $\geq 4$  indicates that individuals might benefit from treatment even if their PTSD Symptoms score is below 20.

	<u>Items</u>	Probable <u>Diagnosis Cutoff</u>
PTSD Symptoms	14-34	$\geq 20$
Functional impairment	35-40	$\geq 4$