

TBH: CHILD & ADOLESCENT VERSION

TRAUMATIC EVENTS for 7-18 year-old children and adolescents

(Adapted from the Child PTSD Checklist, © Michael Scheeringa, MD, MPH, 2010, Tulane University, New Orleans, LA)

YOUTH TIPS # _____ **Age of Child:** ____ _ **Today's Date:** _____

For 7-18 Year-Old Children/Adolescents to fill out about themselves:

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

- (1) Felt like you might die, or
- (2) Had a serious injury or felt like you might get a serious injury, or
- (3) Saw #1 or #2 happen to another person, or saw someone die.

	0 = Did not happen to me. 1 = Did happen to me.	Circle your <u>age</u> when this happened to you the <u>first</u> time.	Circle your <u>age</u> when this happened to you the <u>last</u> time.	Circle <u>how many times</u> this happened to you.
1. Crash in automobile, plane or boat.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
2. Attacked by an animal.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
3. Disasters (flood, hurricane, tornado, house fire, war, etc.).	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
4. Unusually scary medical procedures or hospitalization.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
5. Physical abuse.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
6. Sexual abuse, sexual assault, or rape.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
7. Life-threatening injuries (burns, falls, near drowning, etc.).	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
8. Witnessed <u>another person</u> being beaten, raped, threatened with serious harm, shot at, seriously wounded, or killed.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
9. Other:	0 1	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
10. 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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For 7-18 Year-Old Children/Adolescents:

Below is a list of problems that kids sometimes have after experiencing events from the previous page. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered you IN THE LAST 2 WEEKS. Fill this out even if no events were experienced on the previous page.

	0 Not at all or only at one time	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		
11. Having upsetting thoughts or images about the event that came into my head when I didn't want them to			0	1	2	3
12. Having bad dreams or nightmares			0	1	2	3
13. Acting or feeling as if the event was happening again (hearing something or seeing a picture about it and feeling as if I was there again)			0	1	2	3
14. Feeling upset when I think about it or hear about the event (for example, feeling scared, angry, sad, guilty, etc.)			0	1	2	3
15. Having feelings in my body when thinking about or hearing about the event (for example, breaking out into a sweat, heart beating fast)			0	1	2	3
16. Trying not to think about, talk about, or have feelings about the event			0	1	2	3
17. Trying to avoid activities, people, or places that remind me of the traumatic event			0	1	2	3
18. Having much less interest in doing things I used to do			0	1	2	3
19. Not feeling close to people around me			0	1	2	3
20. Not being able to have strong feelings (for example being unable to cry or unable to feel happy)			0	1	2	3
21. Feeling as if my future plans or hopes will not come true (for example, I will not have a job or get married or have kids)			0	1	2	3
22. Having trouble falling or staying asleep			0	1	2	3
23. Feeling irritable or having fits of anger			0	1	2	3
24. Being overly careful (for example, checking to see who is around and what is around)			0	1	2	3
25. Being jumpy or easily startled (for example, when someone walks up behind me)			0	1	2	3

CONTINUED ON NEXT PAGE...

(Items 11-25 are from the Child PTSD Symptom Scale (CPSS), Caregiver Version [Foa et al., 2001])

For 7-18 Year-Old Children/Adolescents:

Please circle the number under the heading that best describes you:

	(0) NEVER	(1) SOMETIMES	(2) OFTEN
26. Feel sad, unhappy	0	1	2
27. Feel hopeless	0	1	2
28. Down on yourself	0	1	2
29. Worry a lot	0	1	2
30. Seem to be having less fun	0	1	2
31. Fidgety, unable to sit still	0	1	2
32. Daydream too much	0	1	2
33. Distract easily	0	1	2
34. Have trouble concentrating	0	1	2
35. Act as if driven by a motor	0	1	2
36. Fight with other children	0	1	2
37. Do not listen to rules	0	1	2
38. Do not understand other people's feelings	0	1	2
39. Tease others	0	1	2
40. Blame others for your troubles	0	1	2
41. Refuse to share	0	1	2
42. Take things that do not belong to you	0	1	2
43. Worry about things working out for you	0	1	2
44. Worry about being as good as other kids	0	1	2
45. Feel afraid to be alone at home	0	1	2

(Items 26-42 are from the Pediatric Symptom Checklist [Murphy et al., 1989])

(Items 43-45 are from the SCARED [Birmaher et al., 1999])

	No or Unknown	Yes
46. In the last 90 days, have you had suicidal ideas or attempted suicide?	0	1
47. Have you heard voices or seen things that other people don't hear or see?	0	1

For 13-18 Year-Old Adolescents ONLY:

	No or Unknown	Yes
48. In the last 90 days, have you abused alcohol and/or drugs?	0	1

(Items 46-48 are from the Behavioral Health Screening Form [DCFS])

Thank you.