

CHILD PTSD CHECKLIST – PARENT VERSION (CPC-P)

7-18 years. Version May 23, 2014.

Name _____ ID _____ Date _____

TRAUMATIC EVENTS

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

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

	Circle 0 if this <u>did not</u> happen to your child.	Circle 1 if this <u>did</u> happen to your child.	Write your child's <u>age</u> when this happened to him/her the <u>first</u> time.	Write your child's <u>age</u> when this happened to him/her the <u>last</u> time.	Write <u>how many times</u> this happened to your child. 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 your child: write the number of the event that you think caused the most distress to him/her:	
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**IF THERE WERE NO TRAUMATIC EVENTS ENDORSED ABOVE, STOP HERE.
OTHERWISE, PLEASE CONTINUE ON NEXT PAGE.....**

CPC-P

ID _____

Date _____

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	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
14. Does your child have intrusive memories of the trauma? Does s/he bring it up on his/her own?				
15. Is your child having more nightmares since the trauma(s) occurred?				
16. Child acts like the traumatic event is happening to him/her again, even when it isn't? This is where a child is acting like they are back in the traumatic event and aren't in touch with reality. This is a pretty obvious thing when it happens.				
17. Since the trauma(s) has s/he had episodes when s/he seems to freeze? You may have tried to snap him/her out of it but s/he was unresponsive.				
18. Does s/he get upset when exposed to reminders of the event(s)? For example, a child who was in a car wreck 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.				
19. Does your child get physically distressed when exposed to reminders? Like heart racing, shaking hands, sweaty, short of breath, or sick to his/her stomach?" Think of the same type of examples as in #18.				
20. Does your child 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?				
21. Does your child try to avoid conversations that might remind him/her of the trauma(s)? For example, if other people talk about what happened, does s/he walk away or change the topic?				

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. Does your child try to avoid things or places that remind him/her of the trauma(s)? For example, a child who was in a car wreck might try to avoid getting into a car. Or, a child who was in a flood might tell you not to drive over a bridge. Or, a child 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. Does your child have difficulty remembering the whole incident? Has s/he blocked out the entire event?	0	1	2	3	4
24. Does your child have exaggerated negative beliefs about him/herself, others, or the world?	0	1	2	3	4
25. Does your child have distorted thoughts about the cause or consequences of the traumatic event(s)?	0	1	2	3	4
26. Has s/he lost interest in doing things that s/he used to like to do since the trauma(s)?	0	1	2	3	4
27. Since the trauma(s) has your child become more distant and detached from family members, relatives, or friends?	0	1	2	3	4
28. Since the trauma(s), does your child show a restricted range of positive emotions on his/her face compared to before?	0	1	2	3	4
29. Has your child become more irritable, or had outbursts of anger since the trauma(s)?	0	1	2	3	4
30. Has your child engaged in reckless and self-destructive behavior since the trauma(s)?	0	1	2	3	4
31. Has s/he been more "on the alert" for bad things to happen? For example, does s/he look around for danger?	0	1	2	3	4
32. 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	3	4
33. Has your child had more trouble concentrating since the trauma(s)?	0	1	2	3	4
34. Has s/he 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 child’s 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 s/he gets along with you, interfere in your relationship, or make you feel upset or annoyed?	0	1	2	3	4
36. Do these (symptoms) “get in the way” of how s/he gets 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 the class more than average?	0	1	2	3	4
38. Do (symptoms) “get in the way” of how s/he gets along with friends – at daycare, school, or in your neighborhood?	0	1	2	3	4
39. Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child? Is it harder to go out with your child to places like the grocery store? Or to a restaurant?	0	1	2	3	4
40. Do you think that these behaviors cause your child 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 ≥ 4 indicates that individuals might benefit from treatment even if their PTSD Symptoms score is below 20.

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