

National Center for PTSD

CLINICIAN-ADMINISTERED PTSD SCALE FOR *DSM-5* CHILD/ADOLESCENT VERSION

(Revised September 2015)

Child's Name: _____ ID # _____ Age: _____ Sex: ☐ Girl ☐ Boy

Grade in School: _____ School: _____

Teacher: _____ City/State: _____

Interviewer Name/ID # _____

Date (*month, day, year*): ____/____/____ (Session # _____)

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National Center for Posttraumatic Stress Disorder and National Center for Child Traumatic Stress

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Instructions

Standard administration and scoring of the Clinician-Administered PTSD Scale for *DSM-5* – Child/Adolescent Version (CAPS-CA-5) are essential for producing reliable and valid scores and diagnostic decisions. The CAPS-CA-5 should be administered only by qualified interviewers who have formal training in structured clinical interviewing and differential diagnosis, a thorough understanding of the *DSM-5* symptom criteria for PTSD, and detailed knowledge of the features and conventions of the CAPS-CA-5 itself.

The CAPS-CA-5 is based upon *DSM-5* criteria for PTSD for children and adolescents ages 7 and above. Because the criteria and diagnostic thresholds are different for the Pre-school Subtype, the CAPS-CA-5 is not intended for the evaluation of PTSD based on *DSM-5* criteria for children ages 6 and younger.

Administration

1. Identify an index traumatic event to serve as the basis for symptom inquiry: administer a structured, evidence-based method for taking a comprehensive trauma history, such as the Life Events Checklist – Child Version for *DSM-IV* and Criterion A inquiry provided on p. 6. Alternatively, use the Trauma History Profile portion of the UCLA Child/Adolescent PTSD Reaction Index for *DSM-5*®. The index event may involve either a single incident (e.g., the accident) or multiple related incidents (e.g., experiencing physical or sexual abuse, witnessing domestic violence affecting an adult in the home).
2. Read prompts verbatim, one at a time, and in the order presented, EXCEPT:
 - a. Use the respondent's own words for labeling the index event or describing specific symptoms.
 - b. Rephrase standard prompts to acknowledge previously reported information, but return to verbatim phrasing as soon as possible. For example, inquiry for item 20 might begin: "You already mentioned having problems sleeping. What kinds of problems?"
 - c. If you don't have sufficient information after exhausting all standard prompts, follow up ad lib. In this situation, repeating the initial prompt often helps refocus the respondent.
 - d. As needed, ask for specific examples or direct the respondent to elaborate even when such prompts are not provided explicitly.
3. In general, DO NOT suggest responses. If a respondent has pronounced difficulty understanding a prompt it may be necessary to offer a brief example to clarify and illustrate. However, this should be done rarely and only after the respondent has been given ample opportunity to answer spontaneously.
4. DO NOT read rating scale anchors to the respondent. They are intended only for you, the interviewer, because appropriate use requires clinical judgment and a thorough understanding of CAPS-CA-5 scoring conventions.
5. Move through the interview as efficiently as possible to minimize respondent burden. Some useful strategies:
 - a. Be thoroughly familiar with the CAPS-CA-5 so that prompts flow smoothly.
 - b. Ask the fewest number of prompts needed to obtain sufficient information to support a valid rating.
 - c. Minimize note-taking and write while the respondent is talking to avoid long pauses.

- d. Take charge of the interview. Be respectful but firm in keeping the respondent on task, transitioning between questions, pressing for examples, or pointing out contradictions.

Scoring

1. As with previous versions of the CAPS-CA, CAPS-CA-5 symptom severity ratings are based on symptom frequency and intensity, except for items 8 (amnesia) and 12 (diminished interest), which are based on amount and intensity. However, CAPS-CA-5 items are rated with a single severity score, in contrast to previous versions of the CAPS-CA which required separate frequency and intensity scores for each item that were either summed to create a symptom severity score or combined in various scoring rules to create a dichotomous (present/absent) symptom score. Thus, on the CAPS-CA-5 the clinician combines information about frequency and intensity before making a single severity rating. Depending on the item, frequency is rated as either the number of occurrences (how often in the past month) or percent of time (how much of the time in the past month). Intensity is rated on a four-point ordinal scale with ratings of *Minimal*, *Clearly Present*, *Pronounced*, and *Extreme*. Intensity and severity are related but distinct. Intensity refers to the strength of a typical occurrence of a symptom. Severity refers to the total symptom load over a given time period, and is a combination of intensity and frequency. This is similar to the quantity/frequency assessment approach to alcohol consumption. In general, intensity rating anchors correspond to severity scale anchors described below and should be interpreted and used in the same way, except that severity ratings require joint consideration of intensity and frequency. Thus, before taking frequency into account, an intensity rating of *Minimal* corresponds to a severity rating of *Mild / subthreshold*, *Clearly Present* corresponds with *Moderate / threshold*, *Pronounced* corresponds with *Severe / markedly elevated*, and *Extreme* corresponds with *Extreme / incapacitating*.
2. The five-point CAPS-CA-5 symptom severity rating scale is used for all symptoms. Rating scale anchors should be interpreted and used as follows:
 - 0 Absent** The respondent denied the problem or the respondent's report doesn't fit the *DSM-5* symptom criterion.
 - 1 Mild / subthreshold** The respondent described a problem that is consistent with the symptom criterion but isn't severe enough to be considered clinically significant. The problem doesn't satisfy the *DSM-5* symptom criterion and thus doesn't count toward a PTSD diagnosis.
 - 2 Moderate / threshold** The respondent described a clinically significant problem. The problem satisfies the *DSM-5* symptom criterion and thus counts toward a PTSD diagnosis. The problem would be a target for intervention. This rating requires a minimum frequency of *2 X month* or *some of the time (20-30%)* PLUS a minimum intensity of *Clearly Present*.
 - 3 Severe / markedly elevated** The respondent described a problem that is well above threshold. The problem is difficult to manage and at times overwhelming, and would be a prominent target for intervention. This rating requires a minimum frequency of *2 X week* or *much of the time (50-60%)* PLUS a minimum intensity of *Pronounced*.
 - 4 Extreme / incapacitating** The respondent described a dramatic symptom, far above threshold. The problem is pervasive, unmanageable, and overwhelming, and would be a high-priority target for intervention.
3. In general, make a given severity rating only if the minimum frequency and intensity for that rating are both met. However, you may exercise clinical judgment in making a given severity rating if the reported frequency is somewhat lower than required, but the intensity is higher. For example, you may make a severity rating of *Moderate / threshold* if a symptom occurs *1 X month* (instead of the required *2 X month*) as long as intensity is rated *Pronounced* or *Extreme* (instead of the required *Clearly Present*). Similarly, you may make a severity rating of *Severe / markedly elevated* if a symptom occurs *1 X week* (instead of the required *2 X week*) as long as the intensity is rated *Extreme* (instead of the required *Pronounced*). If you are unable to decide between two severity ratings, make the lower rating.

4. You need to establish that a symptom not only meets the *DSM-5* criterion phenomenologically, but is also functionally related to the index traumatic event, i.e., started or got worse as a result of the event. CAPS-CA-5 items 1-8 and 10 (reexperiencing, effortful avoidance, amnesia, and blame) are inherently linked to the event. Evaluate the remaining items for trauma-relatedness (TR) using the TR inquiry and rating scale. The three TR ratings are:
 - a. **Definite** = the symptom can clearly be attributed to the index trauma, because (1) there is an obvious change from the pre-trauma level of functioning and/or (2) the respondent makes the attribution to the index trauma with confidence.
 - b. **Probable** = the symptom is likely related to the index trauma, but an unequivocal connection can't be made. Situations in which this rating would be given include the following: (1) there seems to be a change from the pre-trauma level of functioning, but it isn't as clear and explicit as it would be for a "definite;" (2) the respondent attributes a causal link between the symptom and the index trauma, but with less confidence than for a rating of *Definite*; (3) there appears to be a functional relationship between the symptom and inherently trauma-linked symptoms such as reexperiencing symptoms (e.g., numbing or withdrawal increases when reexperiencing increases).
 - c. **Unlikely** = the symptom can be attributed to a cause other than the index trauma because (1) there is an obvious functional link with this other cause and/or (2) the respondent makes a confident attribution to this other cause and denies a link to the index trauma. Because it can be difficult to rule out a functional link between a symptom and the index trauma, a rating of *Unlikely* should be used only when the available evidence strongly points to a cause other than the index trauma. NOTE: Symptoms with a TR rating of *Unlikely* should not be counted toward a PTSD diagnosis or included in the total CAPS-CA-5 symptom severity score.
5. **CAPS-CA-5 total symptom severity score** is calculated by summing severity scores for items 1-20. NOTE: Severity scores for the two dissociation items (29 and 30) should NOT be included in the calculation of the total CAPS-CA-5 severity score.
6. **CAPS-CA-5 symptom cluster severity scores** are calculated by summing the individual item severity scores for symptoms contained in a given *DSM-5* cluster. Thus, the Criterion B (reexperiencing) severity score is the sum of the individual severity scores for items 1-5; the Criterion C (avoidance) severity score is the sum of items 6 and 7; the Criterion D (negative alterations in cognitions and mood) severity score is the sum of items 8-14; and the Criterion E (hyperarousal) severity score is the sum of items 15-20. A symptom cluster score may also be calculated for dissociation by summing items 29 and 30.
7. **PTSD diagnostic status** is determined by first dichotomizing individual symptoms as "present" or "absent," then following the *DSM-5* diagnostic rule. A symptom is considered present only if the corresponding item severity score is rated 2=*Moderate/threshold* or higher. Items 9 and 11-20 have the additional requirement of a trauma-relatedness rating of *Definite* or *Probable*. Otherwise a symptom is considered absent. The *DSM-5* diagnostic rule requires the presence of least one Criterion B symptom, one Criterion C symptom, two Criterion D symptoms, and two Criterion E symptoms. In addition, Criteria F and G must be met. Criterion F requires that the disturbance has lasted at least one month. Criterion G requires that the disturbance cause either clinically significant distress or functional impairment, as indicated by a rating of 2=*moderate* or higher on items 23-25.
8. Use the Frequency Rating Sheet (Appendix A) to help the child answer HOW MANY DAYS the reaction has happened in the past MONTH. Hand the *Frequency Rating Sheet* to child and point to the calendar as you explain the rating choices as follows: '0' means that in the past month, you have not had the reaction at all, not even on one day. '1' means that you have had the reaction around 1 to 3 days in the past month. '2' means that you have had the reaction around 2 to 3 days a week in the past month. '3' means that you have had the reaction around 3 to 4 days a week over the past month. And '4' means that you have had the reaction almost every day over the past month.

Interviewer: Note that a score of '0' corresponds to a score of "Absent"; a score of '1' corresponds to 5-10% of the time; a score of '2' corresponds to 20-30% of the time; a score of '3' corresponds to approximately 50% of the time; and a score of '4' corresponds to a rating of "Pervasive."

Practice trial questions using the calendar as follows: "Let's do some practice questions to make sure that you understand how to use the calendar. If I asked, 'How many days in the past month have you had a headache,' which calendar tells how many days in the past month you have had a headache? What about, 'How many days in the past month have you watched television?' Point to the calendar that tells how many days in the past month you have watched television. How about if I asked, 'How many days in the past month have you done homework? Point to the calendar that tells how many days in the past month you have done homework.'" *Continue with these types of questions until you are confident that the child can use the calendar to rate how many days the reaction has happened in the past month.* With school aged children, it is helpful to work with the child to identify a day 30 days prior to the interview to serve as a temporal reference, (e.g., since your brother's birthday, since school began, etc).

Use the Intensity Rating Sheet (Appendix B) to help the child answer HOW MUCH the problem has bothered him/her over the past MONTH. The choices are: 'Absent,' 'Mild,' 'Moderate,' 'Severe,' and 'Extreme.' A rating of 'Absent' means that the child denied the problem or that the report doesn't fit the *DSM-5* symptom criterion. A rating of "Mild" means that the child described the problem, but the problem is not severe enough to be clinically significant. A rating of 'Moderate' means that the child described a clinically significant problem. A rating of 'Severe' means that the child described a problem that is well above threshold. A rating of 'Extreme' means that the child described a dramatic symptom far above threshold. See Section 2 above for instructions on the interpretation of symptom severity score using both frequency and intensity ratings.

Hand the Intensity Rating Sheet to child and point to the glasses as you explain the rating choices for how much the child is bothered by the problem as follows: The first glass (marked 'Not at all') that is empty, means that the problem doesn't bother you at all. The second glass (marked 'Mild'), that has just a little bit in it, means that the problem bothers you only a little bit. The third glass (marked 'Moderate'), that is almost half full, means that the problem bothers you quite a bit. The fourth glass (marked 'Severe'), that is much more than half full, means that the problem bothers you a lot and it is hard to know how to handle it. And the fifth glass (marked 'Extreme') that is totally full means that the problem is so bad that it couldn't be worse.

Criterion A: Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). **Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.**

[Administer Life Events Checklist – Child Version for *DSM-IV* or other structured trauma screen.]

I'm going to ask you about the stressful experiences questionnaire you filled out. First I'll ask you to tell me a little bit about the event you said was the worst for you. Then I'll ask how that event may have affected you over the past month. In general I don't need a lot of information – just enough so I can understand any problems you may have had. Please let me know if you find yourself becoming upset as we go through the questions so we can slow down and talk about it. Also, let me know if you have any questions or don't understand something. Do you have any questions before we start?

The event you said was the worst was (EVENT). What I'd like for you to do is briefly describe what happened.

Index event (specify):

<p>What happened? (<i>How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?</i>)</p>	<p>Exposure type:</p> <p>Experienced ____</p> <p>Witnessed ____</p> <p>Learned about ____</p> <p>Exposed to aversive details ____</p> <p>Life threat? NO YES [self ____ other ____]</p> <p>Serious injury? NO YES [self ____ other ____]</p> <p>Sexual violence? NO YES [self ____ other ____]</p> <p>Criterion A met? NO PROBABLE YES</p>
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For the rest of the interview, I want you to keep (EVENT) in mind as I ask you about different problems it may have caused you. You may have had some of these problems before, but for this interview we're going to focus just on the past month. For each problem I'll ask if you've had it in the past month, and if so, how often and how much it bothered you.

Criterion B: Presence of one or more of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. (B1) Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

In the past month, have you had upsetting thoughts, pictures or sounds of what happened come into your mind when you didn't want them to? Did this happen while you were awake, so not counting dreams? [Rate 0=Absent if only during dreams]

How did these upsetting thoughts, pictures or sounds of what happened come into your mind?

[If not clear:] Do these unwanted thoughts, pictures or sounds just pop into your head, or do you think about what happened on purpose?

[Rate 0=Absent unless perceived as involuntary and intrusive]

How much do these thoughts, pictures or sounds bother you?

Are you able to put these thoughts, pictures or sounds out of your mind and think about something else?

Circle: Distress = Minimal Clearly Present Pronounced Extreme

How often have you had these thoughts, pictures or sounds come into your mind in the past month? # of times _____

Key rating dimensions = frequency / intensity of distress

Moderate = at least 2 X month / distress clearly present, some difficulty dismissing memories

Severe = at least 2 X week / pronounced distress, considerable difficulty dismissing memories

0 Absent

1 Mild / subthreshold

2 Moderate / threshold

3 Severe / markedly elevated

4 Extreme / incapacitating

2. (B2) Recurrent distressing dreams in which the content and/or affect of the dream are related to the event(s). Note: In children, there may be frightening dreams without recognizable content.

In the past month, have you had any bad dreams about the bad thing that happened or other bad dreams?

Describe one of these dreams for me. (What happens?)

[If not clear:] (Do these bad dreams wake you up?)

[If yes:] (How do you feel when you wake up? How long does it take you to get back to sleep?)

How much do these bad dreams bother you?

Circle: Distress = Minimal Clearly Present Pronounced Extreme

How often have you had these bad dreams in the past month? # of times _____

Key rating dimensions = frequency / intensity of distress

Moderate = at least 2 X month / distress clearly present, less than 1 hour sleep loss

Severe = at least 2 X week / pronounced distress, more than 1 hour sleep loss

0 Absent

1 Mild / subthreshold

2 Moderate / threshold

3 Severe / markedly elevated

4 Extreme / incapacitating

3. (B3) Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Note: In children, trauma-specific reenactment may occur in play.

<p>In the past month, have there been times when you <u>suddenly feel like you are back at the time when the bad thing happened, like it's happening all over again?</u></p> <p>[If not clear:] <i>(This is different than thinking about it or dreaming about it – now I'm asking about feeling like you're <u>actually back at the time</u> of the bad thing happening, actually going through it again.)</i></p> <p>How much does it seem as if the bad thing was happening again? <i>(Are you confused about where you actually are?)</i></p> <p>What do you do when it feels like the bad thing is happening again? <i>(Do other people notice how you are acting? What do they say?)</i></p> <p>How long does the feeling that the bad thing is happening all over again last?</p> <p><u>Circle:</u> Dissociation = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How often has this feeling happened in the past month? # of times _____</p> <hr/> <p>Key rating dimensions = frequency / intensity of dissociation Moderate = at least 2 X month / dissociative quality clearly present, may retain some awareness of surroundings but relives event in a manner clearly distinct from thoughts and memories Severe = at least 2 X week / pronounced dissociative quality, reports vivid reliving, e.g., with images, sounds, smells</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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4. (B4) Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

<p>In the past month, did you get very <u>upset, afraid, or sad when something reminded you</u> of the bad thing that happened?</p> <p>What kinds of things reminded you of the bad thing that happened?</p> <p>How much do these reminders bother you?</p> <p>Are you able to calm yourself down when this happens? <i>(How long does it take?)</i></p> <p><u>Circle:</u> Distress = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How often in the past month have you been reminded of the bad thing that happened? # of times _____</p> <hr/> <p>Key rating dimensions = frequency / intensity of distress Moderate = at least 2 X month / distress clearly present, some difficulty recovering Severe = at least 2 X week / pronounced distress, considerable difficulty recovering</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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5. (B5) Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

<p>In the past month, have you had <u>strong feelings in your body when something reminded you</u> of the bad thing that happened, like your heart beats fast, your head aches or your stomach aches?</p> <p>Can you give me some examples of these strong feelings in your body? <i>(Does your heart race or your breathing change? What about sweating or feeling really nervous or shaky?)</i></p> <p>What kinds of reminders (things that remind you of the bad thing that happened) make you have strong feelings in your body?</p> <p>How long does it take you to feel better?</p> <p><u>Circle:</u> Physiological reactivity = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How often has this happened in the past month? # of times _____</p> <hr/> <p>Key rating dimensions = frequency / intensity of physiological arousal Moderate = at least 2 X month / reactivity clearly present, some difficulty recovering Severe = at least 2 X week / pronounced reactivity, sustained arousal, considerable difficulty recovering</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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Criterion C: Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

6. (C1) Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

<p>In the past month, have you tried <u>not to think about or have feelings about</u> the bad thing that happened?</p> <p>What kinds of thoughts or feelings do you try to stay away from or avoid?</p> <p>How hard do you try to avoid these thoughts or feelings? <i>(What kinds of things do you do?)</i></p> <p><u>Circle:</u> Avoidance = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How often has this happened in the past month? # of times _____</p> <hr/> <p>Key rating dimensions = frequency / intensity of avoidance Moderate = at least 2 X month / avoidance clearly present Severe = at least 2 X week / pronounced avoidance</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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7. (C2) Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

<p>In the past month, have you tried to <u>stay away from people, places, or things that remind you</u> of the bad thing that happened?</p> <p>What kinds of things do you try to stay away from or avoid?</p> <p>How hard do you try to stay away from or avoid these people, places or things? (Do you have to make a plan or change your activities to avoid them?)</p> <p>[If not clear:] (Overall, how much of a problem is this for you? How would things be different if you didn't have to avoid these reminders?)</p> <p><u>Circle:</u> Avoidance = Minimal Clearly Present Pronounced Extreme</p> <p>How often have you tried to stay away from or avoid people, places or things in the past month?</p> <p># of times _____</p> <hr/> <p>Key rating dimensions = frequency / intensity of avoidance Moderate = at least 2 X month / avoidance clearly present Severe = at least 2 X week / pronounced avoidance</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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Criterion D: Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

8. (D1) Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

<p>In the past month, have you had <u>trouble remembering important parts</u> of the bad thing that happened? (Do you feel there are gaps in your memory of [EVENT]?)</p> <p>What parts have you had trouble remembering?</p> <p>Do you feel like you <u>should</u> be able to remember these things and just can't?</p> <p>[If not clear:] Prompts for younger children: Did you hurt your head when the bad thing happened? Did things seem really blurry or fuzzy at the time? Prompts for older children/adolescents: Why do you think you can't remember? Did you hurt your head when the bad thing happened? Did things seem blurry or fuzzy at the time? Were you knocked out? Were you intoxicated from alcohol or drugs?</p> <p>[Rate 0=Absent if due to head injury or loss of consciousness or intoxication during event]</p> <p>[If still not clear:] (Is this just normal forgetting? Or do you think you may have blocked it out because it would be too painful to remember?) [Rate 0=Absent if due only to normal forgetting]</p> <p><u>Circle:</u> Difficulty remembering = Minimal Clearly Present Pronounced Extreme</p> <p>In the past month, how many of the important parts of what happened have you had trouble remembering? (What parts do you still remember?)</p> <p># of important aspects _____</p> <p>Would you be able to remember these things if you tried?</p> <hr/> <p>Key rating dimensions = amount of event not recalled / intensity of inability to recall Moderate = at least one important aspect / difficulty remembering clearly present, some recall possible with effort Severe = several important aspects / pronounced difficulty remembering, little recall even with effort</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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9. (D2) Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”).

<p>In the past month, have you had <u>bad thoughts about yourself</u>, like “I am bad”?</p> <p>In the past month, have you had <u>bad thoughts about the world</u>, like “The world is really dangerous”?</p> <p>In the past month, have you had <u>bad thoughts about other people</u>, like “I will never be able to trust other people”?</p> <p>Can you give me some examples?</p> <p>How strong are these beliefs? (<i>How sure are you that these beliefs are actually true? Can you see other ways of thinking about it?</i>)</p> <p><u>Circle</u>: Conviction = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How much of the time in the past month have you had these kinds of beliefs?</p> <p>% of time _____</p> <p>Did these beliefs start or get worse after the bad thing happened? (<i>Do you think they are related to what happened? How so?</i>) <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i></p> <hr/> <p>Key rating dimensions = frequency / intensity of beliefs Moderate = some of the time (20-30%) / exaggerated negative expectations clearly present, some difficulty considering more realistic beliefs Severe = much of the time (50-60%) / pronounced exaggerated negative expectations, considerable difficulty considering more realistic beliefs</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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10. (D3) Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

<p>In the past month, have you felt that part or even all of what happened was <u>your fault</u>? Tell me more about that. (<i>In what sense do you see yourself as having caused the bad thing to happen? Is it because of something you did? Or something you think you should have done but didn't?</i>)</p> <p>What about being angry with <u>someone</u> or <u>something</u> for making the bad thing happen, not doing more to stop it, or to help after? Tell me more about that. (<i>In what sense do you see other people as having caused the bad thing to happen? Is it because of something they did? Or something you think they should have done but didn't?</i>)</p> <p>How much do you blame yourself?</p> <p>How much do you blame others?</p> <p>How much do you believe that you or other people are really responsible for what happened? (<i>Do other people agree with you? Can you see other ways of thinking about it?</i>)</p> <p>[Rate 0=Absent if only blames perpetrator, i.e., someone who deliberately caused the event and intended harm]</p> <p><u>Circle</u>: Conviction = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How much of the time in the past month have you felt that way? % of time _____</p> <hr/> <p>Key rating dimensions = frequency / intensity of blame Moderate = some of the time (20-30%) / distorted blame clearly present, some difficulty considering more realistic beliefs Severe = much of the time (50-60%) / pronounced distorted blame, considerable difficulty considering more realistic beliefs</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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11. (D4) Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame) associated with the traumatic event.

<p>In the past month, have you felt that what happened was sickening or gross?</p> <p>In the past month, have you felt ashamed or embarrassed over what happened?</p> <p>In the past month, have you felt guilty about what happened?</p> <p>In the past month, have you felt very afraid or scared?</p> <p>In the past month, have you wanted to get back at someone for what happened or get revenge?</p> <p>Can you give me some examples of having these feelings? (<i>What negative feelings do you experience?</i>)</p> <p>How strong are these upsetting feelings?</p> <p>How well are you able to handle or cope with these feelings?</p> <p><u>Circle:</u> Negative emotions = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How much of the time in the past month have you had these upsetting feelings? % of time _____</p> <p>Did these upsetting feelings start or get worse after the bad thing that happened? (<i>Do you think they're related to [EVENT]? How so?</i>) <u>Circle:</u> Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i></p> <hr/> <p>Key rating dimensions = frequency / intensity of negative emotions Moderate = some of the time (20-30%) / negative emotions clearly present, some difficulty managing Severe = much of the time (50-60%) / pronounced negative emotions, considerable difficulty managing</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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12. (D5) Markedly diminished interest or participation in significant activities.

<p>In the past month, have you <u>not felt like doing things with your family, friends or other things that you liked to do</u>?</p> <p>What kinds of things have you lost interest in or don't want to do as much as you used to? (<i>Anything else?</i>)</p> <p>Why is that? [Rate 0=Absent if diminished participation is due to lack of opportunity, physical inability, or developmentally appropriate change in preferred activities]</p> <p>How strongly do you not want to do those things anymore? (<i>How much interest have you lost? Would you still enjoy [ACTIVITIES] once you got started?</i>)</p> <p><u>Circle:</u> Loss of interest= <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>Overall, in the past month, how many of your usual activities have you been less interested in? % of activities _____</p> <p>What kinds of things do you still enjoy doing?</p> <p>Did this loss of interest start or get worse after the bad thing happened? (<i>Do you think it's related to [EVENT]? How so?</i>) <u>Circle:</u> Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i></p> <hr/> <p>Key rating dimensions = percent of activities affected / intensity of loss of interest Moderate = some activities (20-30%) / loss of interest clearly present but still has some enjoyment of activities Severe = many activities (50-60%) / pronounced loss of interest, little interest or participation in activities</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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13. (D6) Feelings of detachment or estrangement from others.

<p>In the past month, have you <u>felt alone even when you are around other people</u>?</p> <p>Tell me more about that.</p> <p>How strong are your feelings of being alone or distant from others? (<i>Who do you feel closest to? How many people do you feel comfortable talking with about personal things?</i>)</p> <p><u>Circle:</u> Detachment or estrangement = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How much of the time in the past month have you felt that way? % of time _____</p> <p>Did this feeling of being alone or distant from others start or get worse after what happened? (<i>Do you think it's related to what happened? How so?</i>) <u>Circle:</u> Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i></p> <hr/> <p>Key rating dimensions = frequency / intensity of detachment or estrangement Moderate = some of the time (20-30%) / feelings of detachment clearly present but still feels some interpersonal connection Severe = much of the time (50-60%) / pronounced feelings of detachment or estrangement from most people, may feel close to only one or two people</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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14. (D7) Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

<p>In the past month, have there been times when you had <u>trouble feeling happiness, love or other good feelings</u>?</p> <p>Tell me more about that. (<i>What feelings are hard (difficult) to experience?</i>)</p> <p>How hard is it for you to have happy, positive feelings? (<i>Are you still able to experience any positive feelings?</i>)</p> <p><u>Circle:</u> Reduction of positive emotions = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How much of the time in the past month has it been hard to have positive feelings? % of time _____</p> <p>Did this trouble having positive feelings start or get worse after the bad thing happened? (<i>Do you think it's related to the bad thing that happened? How so?</i>) <u>Circle:</u> Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i></p> <hr/> <p>Key rating dimensions = frequency / intensity of reduction in positive emotions Moderate = some of the time (20-30%) / reduction of positive emotional experience clearly present but still able to experience some positive emotions Severe = much of the time (50-60%) / pronounced reduction of experience across range of positive emotions</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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Criterion E: Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

15. (E1) Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

<p>In the past month, have there been times when you were quick to show your anger or got into arguments or physical fights?</p> <p>Can you give me some examples? <i>(How do you show it? Do you raise your voice or yell? Throw or hit things? Push or hit other people?)</i></p> <p><u>Circle</u>: Aggression = Minimal Clearly Present Pronounced Extreme</p> <p>How often in the past month? # of times _____</p> <p>Did this behavior start or get worse after (EVENT)? <i>(Do you think it's related to what happened? How so?)</i> <u>Circle</u>: Trauma-relatedness = Definite Probable Unlikely</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
<p>Key rating dimensions = frequency / intensity of aggressive behavior Moderate = at least 2 X month / aggression clearly present, primarily verbal Severe = at least 2 X week / pronounced aggression, at least some physical aggression</p>	

16. (E2) Reckless or self-destructive behavior.

<p>In the past month, have you <u>hurt yourself on purpose</u>?</p> <p>In the past month, have you <u>done risky or unsafe things that could really hurt you or someone else</u>?</p> <p>Can you give me some examples?</p> <p>How dangerous are doing these things? <i>(Did you or someone else get hurt badly?)</i></p> <p><u>Circle</u>: Risk = Minimal Clearly Present Pronounced Extreme</p> <p>How often have you done these kinds of things in the past month? # of times _____</p> <p>Did this behavior start or get worse after (EVENT)? <i>(Do you think it's related to [EVENT]? How so?)</i> <u>Circle</u>: Trauma-relatedness = Definite Probable Unlikely</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
<p>Key rating dimensions = frequency / degree of risk Moderate = at least 2 X month / risk clearly present, may have been harmed Severe = at least 2 X week / pronounced risk, actual harm or high probability of harm</p>	

17. (E3) Hypervigilance.

<p>In the past month, have you been on the <u>lookout for danger or things that you are afraid of</u> (like looking over your shoulder even when nothing is there)? <i>(Have you felt as if you had to be on guard?)</i></p> <p>Can you give me some examples? <i>(What kinds of things do you do when you're looking out for danger?)</i></p> <p>[If not clear:] <i>(What makes you feel this way? Do you feel like you're in danger or that someone might hurt you in some way? Do you feel that way more than most people would in the same situation?)</i></p> <p><u>Circle</u>: Hypervigilance = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How much of the time in the past month have you felt that way? % of time _____</p> <p>Did being on the lookout for danger start or get worse after what happened? <i>(Do you think it's related to the bad thing that happened? How so?)</i> <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i></p> <hr/> <p>Key rating dimensions = frequency / intensity of hypervigilance Moderate = some of the time (20-30%) / hypervigilance clearly present, e.g., watchful in public, heightened awareness of threat Severe = much of the time (50-60%) / pronounced hypervigilance, e.g., scans environment for danger, may have safety rituals, exaggerated concern for safety of self/family/home</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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18. (E4) Exaggerated startle response.

<p>In the past month, have you felt <u>jumpy or startled easily</u>, like when you hear a loud noise or when something surprises you?</p> <p>What kinds of things made you jumpy or startled?</p> <p>How strong are these jumpy feelings or startle reactions? <i>(How strong are they compared to how most people would respond? Do you do anything other people would notice?)</i></p> <p>How long does it take you to calm down?</p> <p><u>Circle</u>: Startle = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How often has this happened in the past month? # of times _____</p> <p>Did these startle reactions start or get worse after what happened? <i>(Do you think they're related to [EVENT]? How so?)</i> <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i></p> <hr/> <p>Key rating dimensions = frequency / intensity of startle Moderate = at least 2 X month / startle clearly present, some difficulty recovering Severe = at least 2 X week / pronounced startle, sustained arousal, considerable difficulty recovering</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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19. (E5) Problems with concentration.

<p>In the past month, have you had any <u>trouble concentrating or paying attention</u>?</p> <p>Can you give me some examples?</p> <p>Are you able to concentrate if you really try?</p> <p>How strong are your problems with concentrating or paying attention?</p> <p><u>Circle</u>: Problem concentrating = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How much of the time in the past month have you had problems with concentration?</p> <p>% of time _____</p> <p>Did these problems with concentration start or get worse after what happened? (Do you think they're related to what happened? How so?) <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i></p> <hr/> <p>Key rating dimensions = frequency / intensity of concentration problems Moderate = some of the time (20-30%) / problem concentrating clearly present, some difficulty but can concentrate with effort Severe = much of the time (50-60%) / pronounced problem concentrating, considerable difficulty even with effort</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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20. (E6) Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

<p>In the past month, have you had any <u>trouble with going to sleep, waking up often or getting back to sleep</u>?</p> <p>What kinds of problems? (How long does it take you to fall asleep? How often do you wake up in the night? Do you wake up earlier than you want to?)</p> <p>How many hours do you sleep each night?</p> <p>How many hours do you think you should be sleeping?</p> <p><u>Circle</u>: Problem sleeping = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How often in the past month have you had these problems with sleeping?</p> <p># of times _____</p> <p>Did these problems with sleeping start or get worse after what happened? (Do you think they're related to [EVENT]? How so?) <u>Circle</u>: Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i></p> <hr/> <p>Key rating dimensions = frequency / intensity of sleep problems Moderate = at least 2 X month / sleep disturbance clearly present, clearly longer latency or clear difficulty staying asleep, 30-90 minutes loss of sleep Severe = at least 2 X week / pronounced sleep disturbance, considerably longer latency or marked difficulty staying asleep, 90 min to 3 hrs loss of sleep</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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Criterion F: Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

21. Onset of symptoms

[If not clear:] **When did you first start having some of the problems that you have told me about?** (How long after what happened did they start? More than six months?)

Total # months delay in onset _____

With delayed onset (≥ 6 months)? NO YES

22. Duration of symptoms

[If not clear:] **How long have these problems lasted altogether?**

Total # months duration _____

Duration more than 1 month? NO YES

Criterion G: The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

23. Subjective distress

Overall, in the past month, how much have you been bothered by these problems that you have told me about?

[Consider distress reported on earlier items]

- 0 None
- 1 Mild, minimal distress
- 2 Moderate, distress clearly present but still manageable
- 3 Severe, considerable distress
- 4 Extreme, incapacitating distress

24. Impairment in social functioning in school, with peers, with family, with work, or other important areas of functioning

In the past month, have these problems affected your relationships (or made it hard for you to get along) with other people like family or friends? How so? [Consider impairment in social functioning reported on earlier items]

[If not clear:] **Are you in school now?**

[If yes:] **In the past month, have these problems affected your schoolwork? How so?** [Assess pre-trauma school performance and possible presence of behavior problems]

[If no:] **Have these problems affected any other important parts of your life?** [As appropriate, suggest examples such as parenting, housework, schoolwork, volunteer work, etc.] **How so?**

- 0 No adverse impact
- 1 Mild impact, minimal impairment in social functioning
- 2 Moderate impact, definite impairment but many aspects of social functioning still intact
- 3 Severe impact, marked impairment, few aspects of social functioning still intact
- 4 Extreme impact, little or no social functioning

25. Impairment in development

Do these reactions make it harder for you to do activities that other kids your age are doing?

- 0 No adverse impact
- 1 Mild impact, minimal impairment in occupational/other important functioning
- 2 Moderate impact, definite impairment but many aspects of occupational/other important functioning still intact
- 3 Severe impact, marked impairment, few aspects of occupational/other important functioning still intact
- 4 Extreme impact, little or no occupational/other important functioning

Global Ratings

26. Global validity

Estimate the overall validity of responses. Consider factors such as compliance with the interview, mental status (e.g., problems with concentration, comprehension of items, dissociation), and evidence of efforts to exaggerate or minimize symptoms.

- 0** *Excellent, no reason to suspect invalid responses*
- 1** *Good, factors present that may adversely affect validity*
- 2** *Fair, factors present that definitely reduce validity*
- 3** *Poor, substantially reduced validity*
- 4** *Invalid responses, severely impaired mental status or possible deliberate “faking bad” or “faking good”*

27. Global severity

Estimate the overall severity of PTSD symptoms. Consider degree of subjective distress, degree of functional impairment, observations of behaviors in interview, and judgment regarding reporting style.

- 0** *No clinically significant symptoms, no distress and no functional impairment*
- 1** *Mild, minimal distress or functional impairment*
- 2** *Moderate, definite distress or functional impairment but functions satisfactorily with effort*
- 3** *Severe, considerable distress or functional impairment, limited functioning even with effort*
- 4** *Extreme, marked distress or marked impairment in two or more major areas of functioning*

28. Global improvement

Rate total overall improvement since the previous rating. Rate the degree of change, whether or not, in your judgment, it is due to treatment.

- 0** *Asymptomatic*
- 1** *Considerable improvement*
- 2** *Moderate improvement*
- 3** *Slight improvement*
- 4** *No improvement*
- 5** *Insufficient information*

Specify whether with dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

29. (1) Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

<p>In the past month, have you felt like you were seeing yourself or what you were doing from outside of your body (like watching yourself in a movie)?</p> <p>In the past month, have you felt that you were not connected to your body, like not really being there inside?</p> <p>[If no:] <i>(What about feeling as if something about you wasn't real? Feeling as if time was moving more slowly?)</i></p> <p>Tell me more about that.</p> <p>How strong is this feeling when it is happening? <i>(Do you lose track of where you actually are or what's actually going on?)</i></p> <p>What do you do while this is happening? <i>(Do other people notice your behavior? What do they say?)</i></p> <p>How long does it last?</p> <p><u>Circle:</u> Dissociation = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>[If not clear:] <i>(Was this due to the effects of alcohol or drugs? What about a medical condition like seizures?)</i> [Rate 0=Absent if due to the effects of a substance or another medical condition]</p> <p>How often has this happened in the past month? # of times _____</p>	<p>0 <i>Absent</i></p> <p>1 <i>Mild / subthreshold</i></p> <p>2 <i>Moderate / threshold</i></p> <p>3 <i>Severe / markedly elevated</i></p> <p>4 <i>Extreme / incapacitating</i></p>
<p>Key rating dimensions = frequency / intensity of dissociation</p> <p>Moderate = at least 2 X month / dissociative quality clearly present but transient, retains some realistic sense of self and awareness of environment</p> <p>Severe = at least 2 X week / pronounced dissociative quality, marked sense of detachment and unreality</p>	

30. (2) Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

<p>In the past month, have you felt like things around you look strange, like you are in a fog?</p> <p>In the past month, have you felt like things around you were not real, like you were in a dream?</p> <p>[If no:] (Do things going on around seem distant or distorted?)</p> <p>Tell me more about that.</p> <p>How strong is this feeling when it is happening? <i>(Do you lose track of where you actually are or what's actually going on?)</i></p> <p>What do you do while this is happening? <i>(Do other people notice your behavior? What do they say?)</i></p> <p>How long does it last?</p> <p><u>Circle:</u> Dissociation = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>[If not clear:] (Was this due to the effects of alcohol or drugs? What about a medical condition like seizures?) [Rate 0=Absent if due to the effects of a substance or another medical condition]</p> <p>How often has this happened in the past month? # of times _____</p> <hr/> <p>Key rating dimensions = frequency / intensity of dissociation Moderate = at least 2 X month / dissociative quality clearly present but transient, retains some realistic sense of environment Severe = at least 2 X week / pronounced dissociative quality, marked sense of unreality</p>	<p>0 Absent</p> <p>1 Mild / subthreshold</p> <p>2 Moderate / threshold</p> <p>3 Severe / markedly elevated</p> <p>4 Extreme / incapacitating</p>
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CAPS-CA-5 SUMMARY SHEET

Name: _____ ID#: _____ Interviewer: _____ Study: _____ Date: _____

A. Exposure to actual or threatened death, serious injury, or sexual violence		
Criterion A met?	0 = NO 1 = YES	

B. Intrusion symptoms (need 1 for diagnosis)	Past Month	
	Sev	Sx (Sev \geq 2)?
(1) B1 – Intrusive memories		0 = NO 1 = YES
(2) B2 – Distressing dreams		0 = NO 1 = YES
(3) B3 – Dissociative reactions		0 = NO 1 = YES
(4) B4 – Cued psychological distress		0 = NO 1 = YES
(5) B5 – Cued physiological reactions		0 = NO 1 = YES
B subtotals	B Sev =	# B Sx =

C. Avoidance symptoms (need 1 for diagnosis)	Past Month	
	Sev	Sx (Sev \geq 2)?
(6) C1 – Avoidance of memories, thoughts, feelings		0 = NO 1 = YES
(7) C2 – Avoidance of external reminders		0 = NO 1 = YES
C subtotals	C Sev =	# C Sx =

D. Cognitions and mood symptoms (need 2 for diagnosis)	Past Month	
	Sev	Sx (Sev \geq 2)?
(8) D1 – Inability to recall important aspect of event		0 = NO 1 = YES
(9) D2 – Exaggerated negative beliefs or expectations		0 = NO 1 = YES
(10) D3 – Distorted cognitions leading to blame		0 = NO 1 = YES
(11) D4 – Persistent negative emotional state		0 = NO 1 = YES
(12) D5 – Diminished interest or participation in activities		0 = NO 1 = YES
(13) D6 – Detachment or estrangement from others		0 = NO 1 = YES
(14) D7 – Persistent inability to experience positive emotions		0 = NO 1 = YES
D subtotals	D Sev =	# D Sx =

E. Arousal and reactivity symptoms (need 2 for diagnosis)	Past Month	
	Sev	Sx (Sev \geq 2)?
(15) E1 – Irritable behavior and angry outbursts		0 = NO 1 = YES
(16) E2 – Reckless or self-destructive behavior		0 = NO 1 = YES
(17) E3 – Hypervigilance		0 = NO 1 = YES
(18) E4 – Exaggerated startle response		0 = NO 1 = YES
(19) E5 – Problems with concentration		0 = NO 1 = YES
(20) E6 – Sleep disturbance		0 = NO 1 = YES
E subtotals	E Sev =	# E Sx =

<i>PTSD totals</i>	<i>Past Month</i>	
	<i>Total Sev</i>	<i>Total # Sx</i>
<i>Sum of subtotals (B+C+D+E)</i>		

<i>F. Duration of disturbance</i>	<i>Current</i>
(22) Duration of disturbance \geq 1 month?	0 = NO 1 = YES

<i>G. Distress or impairment (need 1 for diagnosis)</i>	<i>Past Month</i>	
	<i>Sev</i>	<i>Cx (Sev \geq 2)?</i>
(23) Subjective distress		0 = NO 1 = YES
(24) Impairment in social functioning		0 = NO 1 = YES
(25) Impairment in occupational functioning		0 = NO 1 = YES
<i>G subtotals</i>	<i>G Sev =</i>	<i># G Cx =</i>

<i>Global ratings</i>	<i>Past Month</i>
(26) Global validity	
(27) Global severity	
(28) Global improvement	

<i>Dissociative symptoms (need 1 for subtype)</i>	<i>Past Month</i>	
	<i>Sev</i>	<i>Sx (Sev \geq 2)?</i>
(29) 1 -- Depersonalization		0 = NO 1 = YES
(30) 2 – Derealization		0 = NO 1 = YES
<i>Dissociative subtotals</i>	<i>Diss Sev =</i>	<i># Diss Sx =</i>

<i>PTSD diagnosis</i>	<i>Past Month</i>	
PTSD PRESENT – ALL CRITERIA (A-G) MET?	0 = NO 1 = YES	
With dissociative symptoms	0 = NO 1 = YES	
(21) With delayed onset (\geq 6 months)	0 = NO 1 = YES	

FREQUENCY RATING SHEET

HOW MANY DAYS DURING THE PAST MONTH
DID THE REACTION HAPPEN?

0

1

2

3

4

S	M	T	W	H	F	S

S	M	T	W	H	F	S
	X					
			X			
	X					

S	M	T	W	H	F	S
		X		X		
X					X	
	X		X			X
		X			X	

S	M	T	W	H	F	S
X	X		X		X	
X		X		X		
	X		X		X	
X	X				X	X

S	M	T	W	H	F	S
X	X	X	X		X	X
	X	X	X	X		X
X	X	X	X		X	
X	X		X	X	X	X

ABSENT

MILD

Between One and
Three Days a Month
(5-10%)

MODERATE

Between Two and
Three Days Each Week
(20-30%)

SEVERE

Between Three and
Four Days Each Week
(50%)

EXTREME

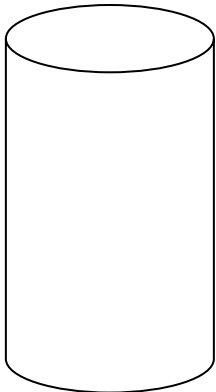
Almost Every Day
(Pervasive)

INTENSITY RATING SHEET

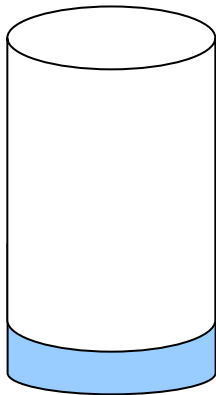
HOW MUCH HAS THE PROBLEM BOTHERED
YOU DURING THE PAST MONTH?

Directions: Below are five pictures of cups that show your different answer choices. Point to the cup that shows how much the problem bothered you in the past month.

NOT AT ALL

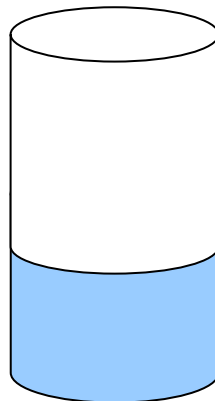


MILD



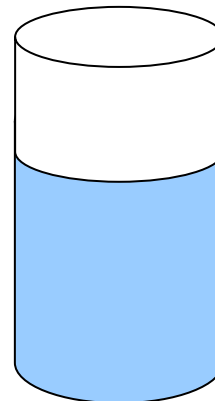
(Subthreshold)

MODERATE



(Threshold)

SEVERE



(Markedly Elevated)

EXTREME



(Incapacitating)