PCL-Child Self-report

Patient Name:			Date:				
The most upsetting event experienced was(EVENT)		on					
Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month .		Not at all	A little bit	Moderately	Quite a bit	Extremely	
1	Repeated disturbing <i>memories</i> , thoughts, or images of a stressful experience from the past?	1	2	3	4	5	
2	Repeated, disturbing <i>dreams</i> of the stressful experience?	1	2	3	4	5	
3	Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5	
4	Feeling <i>very upset</i> when <i>something reminded</i> you of the stressful experience?	1	2	3	4	5	
5	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something reminded</i> you of the stressful experience?	1	2	3	4	5	
6	Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?	1	2	3	4	5	
7	Avoiding activities or situations because they remind you of the stressful experience?	1	2	3	4	5	
8	Trouble remembering important parts of the stressful experience?	1	2	3	4	5	
9	Loss of interest in things that you used to enjoy?	1	2	3	4	5	
10	Feeling distant or cut off from other people?	1	2	3	4	5	
11	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5	
12	Feeling as if your future will somehow be cut short?	1	2	3	4	5	
13	Trouble falling or staying asleep?	1	2	3	4	5	
14	Feeling irritable or having angry outbursts?	1	2	3	4	5	
15	Having difficulty concentrating?	1	2	3	4	5	
16	Being "super alert" or watchful or on guard?	1	2	3	4	5	
17	Feeling jumpy or easily startled?	1	2	3	4	5	