UCLA PTSD REACTION INDEX FOR CHLDREN AND ADOLESCENTS – DSM-5 Version©

Child/Adolescent Name: _____ ID #_____ Age: _____ Sex: □ Girl □ Boy
Grade in School _____ School: _____ Teacher: _____ City/State _____
Interviewer Name/I.D. _____ Date (*month, day, year*) ____/____/____ (Session #_____)

CLINICIAN ADMINISTERED TRAUMA HISTORY PROFILE In completing the clinician administered trauma history profile, use child/adolescent self-report and information from parents, caregivers, and other appropriate informants. For each experience, indicate whether the specified details were present, whether the child/adolescent was a *victim*, *witness* or *learned about** the trauma, and the age(s) over which the trauma occurred. (This form may be updated over the course of treatment as additional information about trauma history is revealed or as additional traumas occur.) **Learned about* **only** refers to indirect exposure in learning aversive details of violent personal assault, homicide, suicide, serious accident, or serious injury to a close relative or friend. It does **not** include learning about death due to natural causes.

TRAUMA HISTORY PROFILE

Trauma Type	Trauma Details	Role in Event	Age(s) Experienced 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
Neglect/Maltreatment	□ Physical □ Psychological	□ Victim □ Witness	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Sexual Abuse	□ Penetration □ Non-Family □ Intra-familial □ CPS Report	□ Victim □ Witness □ Learned about	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Physical Abuse	□ Serious Injury □ Weapon Used □ CPS Report	□ Victim □ Witness □ Learned about	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Emotional Abuse	□ Caregiver Substance Abuse □ Other _____	□ Victim □ Witness	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Domestic Violence	□ Weapon Used □ Serious Injury □ Report Filed	□ Victim □ Witness □ Learned about	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Community Violence	□ Gang-Related □ High Crime Community □ Drug Traffic □ Other ____	□ Victim □ Witness □ Learned about	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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Trauma Type	Trauma Details	Role in Event	Age(s) Experienced 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
War/Political Violence	☐ Specify: _____ _____	☐ Victim ☐ Witness ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Life-Threatening Medical Illness	☐ Type _____ _____	☐ Self ☐ Family ☐ Friend	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Serious Accident	☐ Motor Vehicle ☐ Dog Bite ☐ Hospitalized ☐ Other _____	☐ Victim ☐ Witness ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
School Violence	☐ Shooting ☐ Bullying ☐ Suicide ☐ Assault ☐ Other _____	☐ Victim ☐ Witness ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Disaster	☐ Earthquake ☐ Fire ☐ Flood ☐ Hurricane ☐ Tornado ☐ Toxic Substance ☐ Other __ ☐ Lost Home ☐ Injured	☐ Victim ☐ Witness ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Terrorism	☐ Conventional Weapon ☐ Biological ☐ Chemical ☐ Radiological ☐ Other _____	☐ Victim ☐ Witness ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Kidnapping	☐ Stranger ☐ Relative ☐ Acquaintance ☐ Other ____	☐ Victim ☐ Witness ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Sexual Assault/Rape	☐ Weapon Used ☐ Stranger ☐ Date Rape ☐ Prosecution	☐ Victim ☐ Witness ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Interpersonal Violence	☐ Robbery ☐ Assault ☐ Homicide ☐ Suicide ☐ Suicide Attempt ☐ Other _	☐ Victim ☐ Witness ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Bereavement	☐ Parent ☐ Sibling ☐ Friend ☐ Other Relative ☐ Other _____ ☐ Sudden Death Cause of Death: ☐ Illness ☐ Accident ☐ Homicide ☐ Suicide ☐ Disaster ☐ Terrorism ☐ Other _____	☐ Witness ☐ Learned about (exclude death due to natural causes)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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Trauma Type	Trauma Details	Role in Event	Age(s) Experienced 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
Separation	□ Divorce □ Foster Care □ Parent Deported □ Parent/Sibling Incarcerated □ Parent Hospitalized □ Refugee □ Separation from relatives/ friends in country of origin □ Other _____		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Impaired Caregiver	□ Biological Mother □ Biological Father □ Other Relative □ Other Adult <u>Impairment Due to:</u> □ Drug use/abuse/addiction □ Mental Health Problem □ Medical Illness □ Other _____		□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

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SELF-REPORT TRAUMA HISTORY: In interviewing the child/adolescent, ask: ***Sometimes people have scary or violent things that happen to them where someone could have been or was badly hurt or killed. Has anything like this ever happened to you?***

1. Provide a brief description of what happened:

_____

_____

_____

_____

_____

*Below is a list of other scary or violent things that can happen. For each question, check **"Yes"** if this has **happened to you**; check **"No"** if this **did NOT happen to you**.*

2.	**Were you in a disaster, like an earthquake, wildfire, hurricane, tornado or flood?**	□ Yes	□ No
3.	**Were you in a bad accident, like a serious car accident or fall?**	□ Yes	□ No
4.	**Were you in a place where a war was going on around you?**	□ Yes	□ No
5.	Were you **hit, punched, or kicked very hard** at home? (**DO NOT INCLUDE** play fighting between brothers and sisters.)	□ Yes	□ No
6.	Did you see a family member being **hit, punched or kicked very hard** at home? (**DO NOT INCLUDE** play fighting between brothers and sisters).	□ Yes	□ No
7.	Were you **beaten up, shot at, or threatened to be hurt badly** in your school, neighborhood or town?	□ Yes	□ No
8.	Did you see someone who was **beaten up, shot at or killed**?	□ Yes	□ No
9.	Did you see a **dead body** (do not include funerals)?	□ Yes	□ No
10.	Did someone touch your **private parts** when you did not want them to?	□ Yes	□ No
11.	Did you see or hear about the **violent death or serious injury** of a loved one or friend?	□ Yes	□ No
12.	Did you have a **painful or scary medical treatment** when you were very sick or badly injured?	□ Yes	□ No
13.	Were you ever **forced to have sex** with someone when you didn't want to?	□ Yes	□ No
14.	Has anyone **close to you died**?	□ Yes	□ No
15.	**OTHER** than the things described above, has **ANYTHING ELSE** ever happened to you that was **REALLY SCARY OR UPSETTING?**	□ Yes	□ No

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If the answer is "YES" to only ONE question in the above list (#**1**to #**15**), place the number of that question in this blank: #_____. If the answer is "YES" to MORE THAN ONE QUESTION, choose the thing that BOTHERS YOU THE MOST NOW and place the question number in this blank: # _____

About how old were you when this bad thing happened? _____

Clinician: Provide a brief description of what happened (***if different from #1 above***):

_____
_____
_____
_____
_____
_____
_____
_____

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Here is a list of problems people can have after bad things happen. Please think about the bad thing that happened to you that bothers you the most now. For each problem **CIRCLE ONE** of the numbers (0, 1, 2, 3 or 4) that tells how often the problem happened to you **in the past month,** even if the bad thing happened a long time ago. Use the **FrequencyRating Sheet** to help you decide how often the problem happened **in the past month**.

HOW MUCH OF THE TIME DURING THE PAST MONTH…		**None**	**Little**	**Some**	**Much**	**Most**
1_{E3}	I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there).	0	1	2	3	4
2_{D2}	I have thoughts like "I am bad."		1	2	3	4
3_{C2}	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
4_{E1}	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
5_{B3}	I feel like I am back at the time when the bad thing happened, like it's happening all over again.	0	1	2	3	4
6_{D4}	I feel like what happened was sickening or gross.	0	1	2	3	4
7_{D5}	I don't feel like doing things with my family or friends or other things that I liked to do.	0	1	2	3	4
8_{E5}	I have trouble concentrating or paying attention.	0	1	2	3	4
9_{D2}	I have thoughts like, "The world is really dangerous."	0	1	2	3	4
10_{B2}	I have bad dreams about what happened, or other bad dreams.	0	1	2	3	4
11_{B4}	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
12_{D7}	I have trouble feeling happiness or love.	0	1	2	3	4
13_{C1}	I try not to think about or have feelings about what happened.	0	1	2	3	4
14_{B5}	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
15_{D3}	I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after.	0	1	2	3	4
16_{D2}	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
17_{D6}	I feel alone even when I am around other people.	0	1	2	3	4
18_{B1}	I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
19_{D3}	I feel that part of what happened was my fault.	0	1	2	3	4
20_{E2}	I hurt myself on purpose.	0	1	2	3	4
21_{E6}	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4
22_{D4}	I feel ashamed or embarrassed over what happened.	0	1	2	3	4

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23_{D1}	I have trouble remembering important parts of what happened.	0	1	2	3	4
24_{E4}	I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	0	1	2	3	4
25_{D4}	I feel afraid or scared.	0	1	2	3	4
26_{E2}	I do risky or unsafe things that could really hurt me or someone else.	0	1	2	3	4
27_{D4}	I want to get back at someone for what happened.	0	1	2	3	4
With Dissociative Symptoms (Dissociative Subtype)						
28_{A1}	I feel like I am seeing myself or what I am doing from outside my body (like watching myself in a movie).	0	1	2	3	4
29_{A1}	I feel not connected to my body, like I'm not really there inside.	0	1	2	3	4
30_{A2}	I feel like things around me look strange, different, or like I am in a fog.	0	1	2	3	4
31_{A2}	I feel like things around me are not real, like I am in a dream.	0	1	2	3	4

Clinician: Check whether symptoms are associated with clinically significant ***distress*** or ***impairment***.

- ☐ Clinically significant distress
- ☐ Clinically significant functional impairment
  - ☐ At home
    - ☐ Relationships with parents, siblings, or other caregivers
    - ☐ Behavior
  - ☐ At school
    - ☐ Academics
    - ☐ Behavior
  - ☐ In peer relationships
  - ☐ Engagement in age-appropriate activities
  - ☐ In developmental progression

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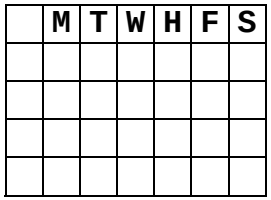
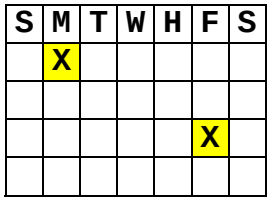
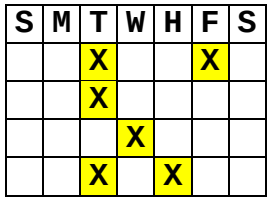
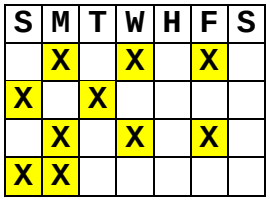
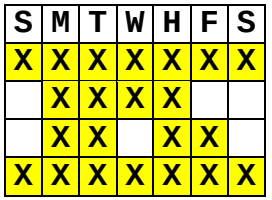
FREQUENCY RATING SHEET

HOW MUCH OF THE TIME
DURING THE PAST MONTH DID THE PROBLEM HAPPEN?

0	1	2	3	4
NONE	**LITTLE**	**SOME**	**MUCH**	**MOST**
				
NEVER	**TWO TIMES A MONTH**	**1-2 TIMES A WEEK**	**2-3 TIMES A WEEK**	**ALMOST EVERY DAY**

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UCLA PTSD REACTION INDEX FOR CHLDREN/ADOLESCENTS FOR DSM-5©

SCORE SHEET

Subject ID#_____ Age____ Sex (circle): M F Date: _____ Subject Name: _____

For Items 2, 9, and 16: indicate highest score only for DSM-5 Symptom D2; for Items 15 and19: indicate highest score only for DSM-5 Symptom D3; for Items 6, 22, 25, and 27: indicate highest score only for DSM-5 Symptom D4; for Items 20 and 26: indicate highest score only for DSM-5 Symptom E2. Category B Total: Sum scores for symptoms B1-B5; Category C Total: Sum scores for symptoms C1* and C2*; Category D Total: Sum scores for symptoms D1-D7; Category E Total: Sum scores for symptoms E1-E6; Total PTSD-RI Score: Sum Category B, C, D, and E scores.

Item #	DSM-5 Symptom	Score *(0-4)*
18	B1	
10	B2	
5	B3	
11	B4	
14	B5	
SYMPTOM CATEGORY B SUMMATIVE SCORE:		____
13	C1	
3	C2	
SYMPTOM CATEGORY C SUMMATIVE SCORE:		____

Item #	DSM-5 Symptom	Score *(0-4)*
23	D1	
2*	D2	
9*	D2	____
16*	D2	
15*	D3	
19*	D3	____
6*	D4	
22*	D4	
25*	D4	____
27*	D4	
7	D5	
17	D6	
12	D7	
SYMPTOM CATEGORY D SUMMATIVE SCORE:		____

Item #	DSM-5 Symptom	Score *(0-4)*
4	E1	
20*	E2	
26*	E2	____
1	E3	
24	E4	
8	E5	
21	E6	
SYMPTOM CATEGORY E SUMMATIVE SCORE		____

Dissociative Symptoms

28. A1 ____
29. A1 ____
(***Indicate highest score for A1***) ___

30. A2 ____
31. A2 ____
(***Indicate highest score for A2***) ___

PTSD-RI TOTAL SCALE SCORE

_____

DSM-5 PTSD DIAGNOSIS

B: One or more Category B symptoms present: ☐
C: One or more Category C symptoms present: ☐
D: Two or more Category D symptoms present: ☐
E: Two or more Category E symptoms present: ☐
F: Symptom duration greater than one month: ☐
G: Symptoms cause clinically significant distress or impairment: ☐
Specify Dissociative Subtype:
One or more dissociative symptoms present: ☐

Estimating Whether DSM-5 PTSD Category B, C, D, and E Symptom Criteria are Met

If symptom score is 3 or 4, then score symptom as "present." (For question #4, #10, and #26, use a rating of 2 or more for symptom presence.) Calculate whether one or more B symptoms are present; whether one or more C symptoms are present; whether two or more D symptoms are present; and whether two or more E symptoms are present. If one or more Dissociative Symptoms are present, then assign Dissociative Subtype.

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