

The Child PTSD Symptom Scale (CPSS) – Part I

Below is a list of problems that kids sometimes have after experiencing an upsetting event. 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.

Please write down your most distressing event:

Length of time since the event:

	0	1	2	3	
	Not at all or only at one time	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	
1.	0	1	2	3	Having upsetting thoughts or images about the event that came into your head when you didn't want them to
2.	0	1	2	3	Having bad dreams or nightmares
3.	0	1	2	3	Acting or feeling as if the event was happening again (hearing something or seeing a picture about it and feeling as if I am there again)
4.	0	1	2	3	Feeling upset when you think about it or hear about the event (for example, feeling scared, angry, sad, guilty, etc)
5.	0	1	2	3	Having feelings in your body when you think about or hear about the event (for example, breaking out into a sweat, heart beating fast)
6.	0	1	2	3	Trying not to think about, talk about, or have feelings about the event
7.	0	1	2	3	Trying to avoid activities, people, or places that remind you of the traumatic event
8.	0	1	2	3	Not being able to remember an important part of the upsetting event
9.	0	1	2	3	Having much less interest or doing things you used to do
10.	0	1	2	3	Not feeling close to people around you
11.	0	1	2	3	Not being able to have strong feelings (for example, being unable to cry or unable to feel happy)
12.	0	1	2	3	Feeling as if your future plans or hopes will not come true (for example, you will not have a job or getting married or having kids)

	0	1	2	3	
	Not at all or only at one time	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	

- | | | | | | |
|-----|---|---|---|---|--|
| 13. | 0 | 1 | 2 | 3 | Having trouble falling or staying asleep |
| 14. | 0 | 1 | 2 | 3 | Feeling irritable or having fits of anger |
| 15. | 0 | 1 | 2 | 3 | Having trouble concentrating (for example, losing track of a story on the television, forgetting what you read, not paying attention in class) |
| 16. | 0 | 1 | 2 | 3 | Being overly careful (for example, checking to see who is around you and what is around you) |
| 17. | 0 | 1 | 2 | 3 | Being jumpy or easily startled (for example, when someone walks up behind you) |

0	1	2	3
Not at all or only at one time	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

The Child PTSD Symptom Scale (CPSS) – Part 2

Indicate below if the problems you rated in Part 1 have gotten in the way with any of the following areas of your life DURING THE PAST 2 WEEKS.

- | | Yes | No | |
|-----|-----|----|----------------------------------|
| 18. | Y | N | Doing your prayers |
| 19. | Y | N | Chores and duties at home |
| 20. | Y | N | Relationships with friends |
| 21. | Y | N | Fun and hobby activities |
| 22. | Y | N | Schoolwork |
| 23. | Y | N | Relationships with your family |
| 24. | Y | N | General happiness with your life |