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	0 1	setting thoughts or iminto your head when y	ages about the event ou didn't want them to
2.	0	1	2	3	Having ba	d dreams or nightmare	es
3.	0	1	2	3	(hearing so	feeling as if the event omething or seeing a p if I am there again)	11
4.	0	1	2	3		eset when you think ab example, feeling scare	out it or hear about the ed, angry, sad, guilty,
5.	0	1	2	3	hear about	elings in your body wh the event (for examplert beating fast)	nen you think about or e, breaking out into a
6.	0	1	2	3		t to think about, talk at	pout, or have feelings
7.	0	1	2	3		avoid activities, people traumatic event	e, or places that remind
8.	0	1	2	3	Not being upsetting of	able to remember an i	mportant part of the
9.	0	1	2	3	Having m	uch less interest or doi	ng things you used to do
10.	0	1	2	3	Not feeling	g close to people arou	nd you
11.	0	1	2	3	_	able to have strong fee	

12.	0	1	2	3	true (for	as if your future plans or example, you will not hat 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	0.0	ımpy or easily startled (fo e walks up behind you)	or example, when

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