

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE MULTISYSTEM ASSESSMENT**

Children and Youth (0-4)

Kentucky

Manual



Praed Foundation
Copyright 1999

A large number of individuals have collaborated in the development of the **CANS-Kentucky 0-4**. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The **CANS-Kentucky 0-4** is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the **CANS-Kentucky 0-4** assessment tool contact:

John S. Lyons, Ph.D.

Senior Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
jlyons@chapinhall.org

Dorothy Hickerson

Clinical Consultant, Project SAFESPACE
275 East Main Street, 3E-A
Frankfort, KY 40621
Dorothy.hickerson@ky.gov

Praed Foundation

praedfoundation@yahoo.com
www.praedfoundation.org

Life Domain Functioning

1. FAMILY FUNCTIONING

The definition of family should be from the perspective of the child/adolescent (i.e., those individuals who the child/adolescent considers to be family). The family can include all biological relatives with whom the child/adolescent remains in some contact and individuals with relationship ties to these relatives. Family functioning should be rated independently of the problems experienced by the child/adolescent, and can include frequent arguments, problems with siblings, marital difficulties, separation and/or divorce, siblings with mental health/juvenile justice problems, parental substance abuse, criminality, domestic violence, etc.

0 The child/adolescent's family appears to be functioning adequately. There is no evidence of problems in the family.

1 There are mild to moderate level of family problems, including marital difficulties or problems with siblings.

2 There is a significant level of family problems including frequent arguments, separation and/or divorce, or siblings with significant mental health or juvenile justice problems.

3 There is a profound level of family disruption including significant parental substance abuse, criminality, or domestic violence.

2. LIVING SITUATION

Please rate the highest level from the past 30 days.

0 No evidence of problem with functioning in current living environment.

1 Mild problems with functioning in current living situation. Caregivers concerned about child's behavior or needs at home.

2 Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. Parents of infants concerned about irritability of infant and ability to care for infant.

3 Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.

3. PRESCHOOL/DAYCARE

*Please rate the highest level from the past 30 days. *If score is 1 or higher, go to preschool/daycare module*

0 No evidence of problem with functioning in current preschool or daycare environment.

1 Mild problems with functioning in current preschool or daycare environment.

2 Moderate to severe problems with functioning in current preschool or daycare environment. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others.

3 Profound problems with functioning in current preschool or daycare environment. Child is at immediate risk of being removed from program due to his/her behaviors or unmet needs.

4. SLEEP

Please rate the highest level from the past 30 days. The child must be 12 months of age or older to rate this item.

0 No evidence of problems with sleep.

1 Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.

2 Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.

3 Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.

5. RECREATION/PLAY

Please rate the highest level from the past 30 days.

- 0** No evidence that infant or child has problems with recreation or play.
- 1** Child is doing adequately with recreational or play activities although some problems may exist. Infants may not be easily engaged in play. Toddlers and preschoolers may seem uninterested and poorly able to sustain play.
- 2** Child is having moderate problems with recreational activities. Infants resist play or do not have enough opportunities for play. Toddlers and preschoolers show little enjoyment or interest in activities within or outside the home and can only be engaged in play/recreational activities with ongoing adult interaction and support.
- 3** Child has no access to or interest in play or recreational activities. Infant spends most of time non interactive. Toddlers and preschoolers even with adult encouragement cannot demonstrate enjoyment or use play to further development.

6. COMMUNICATION

Please rate the highest level from the past 30 days.

- 0** Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.
- 1** Child has receptive communication skills but limited expressive communication skills
- 2** Child has both limited receptive and expressive communication skills.
- 3** Child is unable to communicate.

7. MOTOR

This rating describes the child's fine (e.g. hand grasping and manipulation) and gross (e.g. walking, running) motor functioning.

- 0** No evidence of problems with motor functioning.
- 1** Mild to moderate fine or gross motor skill deficits.
- 2** Moderate to severe motor deficits. A non-ambulatory child with fine motor skills or an ambulatory child with severe fine motor deficits would be rated here.
- 3** Severe or profound motor deficits. A non-ambulatory child with additional movement deficits would be rated here.

8. DEVELOPMENTAL

*Please rate the highest level from the past 30 days. *If scores 1 or more, go to the IDN module*

- 0** Child has no problems in cognitive, communication, social or motor development.
- 1** There are some concerns that child may have a low IQ or possible delay in communication, social-emotional or motor development.
- 2** Child has mild mental retardation and/or developmental delays in one or more areas (communication, social-emotional, motor).
- 3** Child has moderate or profound mental retardation and/or severe delays in multiple areas of development.

9. MEDICAL

Please rate the highest level from the past 30 days.

- 0** Child is healthy.
- 1** Child has some medical problems that require medical treatment.
- 2** Child has chronic illness that requires ongoing medical intervention.
- 3** Child has life threatening illness or medical condition.

10. PHYSICAL

Please rate the highest level from the past 30 days.

- 0 Child has no physical limitations.**
- 1 Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).**
- 2 Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.**
- 3 Child has severe physical limitations due to multiple physical conditions.**

11. SENSORY

This rating describes the child's ability to use all senses including vision, hearing, smell, touch, and kinesthetics.

- 0 No evidence of problems with sensory functioning.**
- 1 Mild impairment on a single sense (e.g. hearing, vision).**
- 2 Moderate impairment on a single sense or mild impairment on multiple senses.**
- 3 Significant impairment on one or more senses.**

12. FEEDING DISORDERS

Please remember to take the child's development into account when rating this item. This rating describes issues with feeding such as, food aversions, symptoms of failure to thrive, and/or Pica. When rating this item, please take into account if a baby is having issues latching on and/or sucking.

- 0 No evidence that the child has a feeding disorder.**
- 1 Child has a history of feeding issues such as sensory aversions to food, failure to thrive or eating unusual or dangerous materials, but has not done so in the last 30 days.**
- 2 Child has had a feeding issue such as sensory aversions to food, failure to thrive or eating unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.**
- 3 Child has become physically ill during the past 30 days by eating dangerous materials or is currently at serious medical risk due to weight or growth issues.**

13. ELIMINATION

Please rate the highest level from the past 30 days.

- 0 There is no evidence of elimination problems.**
- 1 Child/adolescent may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.**
- 2 Child/adolescent demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.**
- 3 Child/adolescent demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed.**

14. RELATIONSHIP PERMANENCE

This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals. Please rate the highest level from the past 30 days.

- 0** This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of child's life and are likely to remain so in the foreseeable future. Child is involved with both parents.
- 1** This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
- 2** This level indicates a child has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
- 3** This level indicates a child who does not have any stability in relationships with any caregiver. Independent living or adoption must be considered.

15. SOCIAL FUNCTIONING

This item describes the child/youth's interactions with others. Evidence of problems in this domain may include difficulties responding to adults, difficulty interacting with peers or in social situations, lack of ability to play in groups, relate, or interact in a meaningful manner, unresponsiveness to or unawareness of others, excessive arguing with peers/adults, excessive withdrawal, lack of joy or sustained interaction, aggression, etc. Please rate the highest level from the past 30 days.

- 0** Child has positive social relationships.
- 1** Child is having some minor problems in social relationships
- 2** Child is having some moderate problems with his/her social relationships.
- 3** Child is experiencing severe disruptions in his/her social relationships, showing an inability to interact in a meaningful manner.

16. SELF CARE

This rating describes participating in age appropriate routines of daily living e.g. feeding self, washing hands, putting away toys, toilet training and dressing self.

- 0** No evidence of problems with self care.
- 1** There is either a history of self care problems or slow development in this area.
- 2** The child does not meet developmental milestones related to self care tasks and experiences problems in functioning in this area.
- 3** The child has significant challenges with self care tasks and is in need of intensive or immediate help in this area.

17. SEXUAL DEVELOPMENT

This rating describes issues around sexual behaviour including developmentally inappropriate sexual behaviour and problematic sexual behaviour – not as a perpetrator.

- 0** Child/youth shows no evidence of problems with sexual behavior in the past year.
- 1** Mild problems. For example, occasional inappropriate sexual behaviour or language, i.e. provocative dress. Mild forms of sexualized behaviour might be rated here. Poor boundaries with regards to physical/sexual contact.
- 2** Moderate to serious problems. For example, frequent inappropriate sexual behaviour or disinhibition, including public disrobing or multiple older sexual partners or frequent sexualized language. Age inappropriate sexualized behaviours, or experimentation or lack of physical/sexual boundaries would be rated here.
- 3** Severe problems. Prostitution, exhibitionism, or other severe sexualized behaviour would be rated here.

Acculturation

18. LANGUAGE

This item includes both spoken and sign language.

0 Child and family speak English well.

1 Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.

2 Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.

3 Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.

Child Strengths

19. EXTENDED FAMILY RELATIONSHIPS

Please rate the highest level from the past 30 days.

0 Infant/child has well established relationships with extended family that serve to support his/her growth and development. Family members are a significant support to parents and involved most of the time with infant/child.

1 Child has extended family relationships that are supportive most of the time. Extended family participates in the life of the child and his/her family much of the time.

2 Infant/child has infrequent contact with extended family members. The support the infant/child receives is not harmful but inconsistent.

3 Infant/child has no contact with extended family members or the contact with extended family is detrimental to the infant/child.

20. NUCLEAR FAMILY STRENGTHS

This item rates the family's ability to nurture, support and communicate with one another.

0 Significant nuclear family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other's lives. Child/adolescent is fully included in family activities.

1 Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members.

2 Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.

3 This level indicates a child/adolescent with no known nuclear family strengths. The family generally does not communicate well and enjoy one another's company. Child/adolescent is not included in normal family activities.

21. ADAPTABILITY

Please rate the highest level from the past 30 days.

0 Child has a strong ability to adjust to changes and transitions.

1 Child has the ability to adjust to changes and transitions, when challenged the infant/child is successful with caregiver support.

2 Child has difficulties much of the time adjusting to changes and transitions even with caregiver support.

3 Child has difficulties most of the time coping with changes and transitions. Adults are minimally able to impact child's difficulties in this area.

22. CURIOSITY

Please rate the highest level from the past 30 days.

0 This level indicates a child with exceptional curiosity. Infant displays mouthing and banging of objects within grasp; older children crawl or walk to objects of interest.

1 This level indicates a child with good curiosity. An ambulatory child who does not walk to interesting objects, but who will actively explore them when presented to him/her, would be rated here.

2 This level indicates a child with limited curiosity. Child may be hesitant to seek out new information or environments, or reluctant to explore even presented objects.

3 This level indicates a child with very limited or no observable curiosity. Child may seem frightened of new information or environments.

23. PLAYFULNESS

This rating describes the child's enjoyment of play alone and with others.

0 This level indicates a child with substantial ability to play with self and others. Child enjoys play, and if old enough, regularly engages in symbolic and means-end play. If still an infant, child displays changing facial expressions in response to different play objects.

1 This level indicates a child with good play abilities. Child may enjoy play only with self or only with others, or may enjoy play with a limited selection of toys.

2 This level indicates a child with limited ability to enjoy play. Child may remain preoccupied with other children or adults to the exclusion of engaging in play, or may exhibit impoverished or unimaginative play.

3 This level indicates a child who has significant difficulty with play both by his/her self and with others. Child does not engage in symbolic or means-end play, although he or she will handle and manipulate toys.

Child Emotional/Behavioral Needs

24. IMPULSIVITY/HYPERACTIVITY

Please rate based on the past 30 days.

- 0 No evidence
- 1 Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
- 2 Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
- 3 Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.

25. OPPOSITIONAL

Please rate based on the past 30 days.

- 0 No evidence
- 1 History or recent onset (past 6 weeks) of defiance towards authority figures.
- 2 Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others.
- 3 Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

26. FAILURE TO THRIVE

Please rate based on the past 30 days.

- 0 No evidence of failure to thrive.
- 1 The infant/child may have experienced past problems with growth and ability to gain weight and is currently not experiencing problems. The infant/child may presently be experiencing slow development in this area.
- 2 The infant or child is experiencing problems in their ability to maintain weight or growth. The infant or child may be below the 5th percentile for age and sex, may weigh less than 80% of their ideal weight for age, have depressed weight for height, have a rate of weight gain that causes a decrease in two or more major percentile lines over time, (75th to 25th).
- 3 The infant/child has one or more of all of the above and is currently at serious medical risk.

27. REGULATORY PROBLEMS

*This category refer to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled. *If score is 1 or more, go to regulatory functioning module*

- 0 Child does not appear to have any problems with self-regulation.
- 1 Child has mild problems with self-regulation (e.g. unusually intense activity level, mild or transient irritability).*
- 2 Child has moderate to severe problems with self-regulation (e.g. chronic or intense irritability, unusually low tolerance/high sensitivity to external stimulation).
- 3 Child has profound problems with self-regulation that place his/her safety, well-being, and/or development at risk (e.g. child cannot be soothed at all when distressed, child cannot feed properly).

28. ADJUSTMENT TO TRAUMA

*Please rate based on the past 30 days. *If scores 1 or more, go to the trauma module*

- 0 No evidence**
- 1 History or suspicion of problems associated with traumatic life event/s.**
- 2 Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain.**
- 3 Clear evidence of symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.**

29. ANXIETY/WORRY

Please rate based on the past 30 days.

- 0 No evidence of problems with anxiety**
- 1 History or suspicion of anxiety problems, or mild to moderate anxiety associated with a recent negative life event. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.**
- 2 Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.**
- 3 Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.**

30. DEPRESSION

Please rate based on the past 30 days.

- 0 No evidence of problems with depression.**
- 1 There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.**
- 2 Moderate problems with depression are present. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions. The child meets criteria for a DSM IV diagnosis.**
- 3 Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.**

31. ATTACHMENT DIFFICULTIES

This item should be rated within the context of the child/youth's significant parental or caregiver relationships. Separation anxiety should be rated under Anxiety.

0 No evidence of attachment problems. Caregiver-child relationship is characterized by mutual satisfaction of needs and child/youth's development of a sense of security and trust. Caregiver appears able to respond to child/youth cues in a consistent, appropriate manner, and child/youth seeks age-appropriate contact with caregiver for both nurturing and safety needs.

1 Mild problems with attachment. There is some evidence of insecurity in the child-caregiver relationship. Caregiver may at times have difficulty accurately reading child/youth bids for attention and nurturance; may be inconsistent in response; or may be occasionally intrusive. Child/youth may have mild problems with separation (e.g., anxious/clingy behaviours in the absence of obvious cues of danger) or may avoid contact with caregiver in age-inappropriate way. Child/youth may have minor difficulties with appropriate physical/emotional boundaries with others.

2 Moderate problems with attachment. Attachment relationship is marked by sufficient difficulty as to require intervention. Caregiver may consistently misinterpret child/youth cues, act in an overly intrusive way, or ignore/avoid child/youth bids for attention/nurturance. Child/youth may have ongoing difficulties with separation, may consistently avoid contact with caregivers, and may have ongoing difficulties with physical or emotional boundaries with others.

3 Severe problems with attachment. Child/youth is unable to form attachment relationships with others (e.g., chronic dismissive/avoidant/detached behaviour in care giving relationships) OR child/youth presents with diffuse emotional/physical boundaries leading to indiscriminate attachment with others. Child/youth is considered at ongoing risk due to the nature of his/her attachment behaviours. Child/youth may have experienced significant early separation from or loss of caregiver, or have experienced chronic inadequate care from early caregivers, or child/youth may have individual vulnerabilities (e.g., mental health, developmental disabilities) that interfere with the formation of positive attachment relationships.

32. SOMATIZATION

0 This rating is for a child with no evidence of unexplained somatic symptoms.

1 This rating indicates a child with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause

2 This rating indicates a child with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudo-seizures, paralysis).

3 This rating indicates a child with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.

33. TEMPERAMENT

This rating describes the child's general mood state and ability to be soothed.

- 0** This level indicates a child with an easy temperament. S/he is easily calmed or distracted when angry or upset.
- 1** This level indicates a child with some mild problems being calmed, soothed, or distracted when angry or upset. Child may have occasional episodes or extended crying or tantrums.
- 2** This level indicates a child with a difficult temperament. Child has difficulty being calmed, soothed, or distracted. Persistent episodes of crying, tantrums, or other difficult behaviors are observed.
- 3** This level indicates a child who has significant difficulties being calmed, soothed, or distracted when angry or upset. Repeated and extreme persistent episodes of crying, tantrums, or other difficult behaviors are observed when the child is angry or upset.

34. ATYPICAL BEHAVIORS

Please rate based on the past 30 days. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, toe walking, staring at lights, or repetitive and bizarre verbalizations.

- 0** No evidence of atypical behaviors in the infant/child.
- 1** History or reports of atypical behaviors from others that have not been observed by caregivers.
- 2** Clear evidence of atypical behaviors reported by caregivers that are observed on an ongoing basis.
- 3** Clear evidence of atypical behaviors that are consistently present and interfere with the infants/child's functioning on a regular basis.

Child Risk Behaviors

35. SELF-INJURIOUS BEHAVIOUR

This rating is used for any intentional self-harming behaviour (e.g., head banging, biting) that does not have a suicidal intent. A rating of 3 indicates need for a safety plan.

0 No history of self-injurious behaviour.

1 A history of self-injurious behaviour but none within the past 30 days or minor self-injuring behaviour (i.e., scratching) in the last 30 days that does not require any medical attention

2 Moderate self-injurious behaviour in the last 30 days requiring medical assessment (cutting, burns, piercing skin with sharp objects, repeated head banging) that has potential to cause safety risk to child/adolescent.

3 One or more incidents of self-injurious behaviour in the last 30 days requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put child/adolescent's health at risk.

36. OTHER SELF HARM

Please rate the highest level from the past 30 days.

0 No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm.

1 History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.

2 Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.

3 Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

37. SOCIAL BEHAVIOR/INTERNAL CONTROLS

The child should be 3 years of age or older to rate this item. This rating describes intentional obnoxious social behaviors that a child engages in to intentionally force adults to sanction him/her. This item should reflect problematic social behaviors (socially unacceptable behavior for the culture and community in which he/she lives) that put the child at some risk of sanctions (e.g., not excessive shyness or lack of social skills). Please rate the highest level from the past 30 days.

0 No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.

1 Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.

2 Moderate level of problematic social behavior. Social behavior is causing problems in the child's life. Child may be intentionally getting in trouble in school or at home.

3 Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)

38. BIRTH WEIGHT

Risk based on Low Birth Weight (under 2500 Grams or 5 pounds 8 ounces) and Small for Gestational Age Status (see chart).

- 0** Infant born within normal range for weight. An infant born at 40 weeks must be 5 lbs 10 ounces (2550 grams) and infants born at 39 weeks and younger must be 5 lbs 8 ounces (2500 grams).
- 1** An infant born within the normal weight range at the low end of the continuum. Infants 39 weeks and under born at 5 lbs 9 ounces, 5 lbs 10 ounces and 5 lbs 11 ounces may be rated here or infants 40 weeks born at 5 lbs 11 ounces or 5 lbs 12 ounces may be rated here.
- 2** An infant that is born at 40 weeks gestation under 5 lbs 10 ounces or at 39 weeks gestation and younger below 5 lbs 8 ounces.
- 3** An infant that is born both small for gestational age (see chart) and low birth weight (below 5 lbs 8 ounces), or an infant that meets criteria for Very Low Birth Weight (under 1500 grams, or Extremely Low Birth Weight (under 1000 grams)
 - 25 weeks gestation- 650 grams (1 lb 7 ounces) and below
 - 26 weeks gestation- 700 grams (1 lb 9 ounces) and below
 - 27 weeks gestation- 750 grams (1 lb 10.5 ounces) and below
 - 28 weeks gestation- 800 grams (1 lb 12 ounces) and below
 - 29 weeks gestation- 900 grams (2 lbs 0 ounces) and below
 - 30 weeks gestation- 1000 grams (2 lbs 3.5 ounces) and below
 - 31 weeks gestation- 1150 grams (2 lbs 8.5 ounces) and below
 - 32 weeks gestation- 1250 grams (2 lbs 12.5 ounces) and below
 - 33 weeks gestation- 1400 grams (3 lbs 1.5 ounces) and below
 - 34 weeks gestation- 1550 grams (3 lbs 7 ounces) and below
 - 35 weeks gestation- 1700 grams (3 lbs 12 ounces) and below
 - 36 weeks gestation- 1900 grams (4 lbs 3 ounces) and below
 - 37 weeks gestation- 2100 grams (4 lbs 10 ounces) and below
 - 38 weeks gestation- 2325 grams (5 lbs 2 ounces) and below
 - 39 weeks gestation- 2500 grams (5 lbs 8 ounces) and below
 - 40 weeks gestation- 2550 grams (5 lbs 10 ounces) and below

39. PICA

Please rate the highest level from the past 30 days; child must be older than 18 months to rate this item.

- 0** No evidence that the child eats unusual or dangerous materials.
- 1** Child has a history of eating unusual or dangerous materials but has not done so in the last 30 days.
- 2** Child has eaten unusual or dangerous materials consistent with a diagnosis of Pica in the last 30 days.
- 3** Child has become physically ill during the past 30 days by eating dangerous materials.

40. PRENATAL CARE

- 0** Child's biological mother received adequate prenatal care that began in the first trimester. Child's mother did not experience any pregnancy related illnesses.
- 1** Child's biological mother had some short-comings in prenatal care, or had a mild form of a pregnancy related illness.
- 2** Child's biological mother received poor prenatal care, initiated only in the last trimester or had a moderate form of a pregnancy related illness.
- 3** Child's biological mother had no prenatal care or had a severe pregnancy related illness.

41. LABOR AND DELIVERY (BIRTH COMPLICATIONS)

This dimension refers to conditions associated with, and consequences arising from, complications in labor and delivery of the child.

- 0** Child and biological mother had normal labor and delivery. A child who received an Apgar score of 7-10 at birth would be rated here.
- 1** Child or mother had some mild problems during delivery, but child does not appear affected by problems. An emergency C-Section or a delivery-related physical injury (e.g. shoulder displacement) to the child would be rated here.
- 2** Child or mother had problems during delivery that resulted in temporary functional difficulties for the child or mother. Extended fetal distress, postpartum hemorrhage, or uterine rupture would be rated here. A child who received an Apgar score of 4-7, or who needed some resuscitative measures at birth, would be rated here.
- 3** Child had severe problems during delivery that have resulted in long term implications for development (e.g. extensive oxygen deprivation, brain damage). A child who received an Apgar score of 3 or lower, or who needed immediate or extensive resuscitative measures at birth, would be rated here.

42. AGGRESSIVE BEHAVIOUR

Please rate based on the past 30 days.

- 0** No evidence of aggressive behaviour towards people or animals.
- 1** There is either a history of aggressive behaviour towards people or animals or mild concerns in this area that have not yet interfered with functioning.
- 2** There is clear evidence of aggressive behaviour toward animals or others. Behaviour is persistent, and caregiver's attempts to change behaviour have not been successful. Help is needed.
- 3** The child has significant challenges in this area that is characterized as a dangerous level of aggressive behaviour and involves harm to animals or others. Caregivers have difficulty managing this behaviour.

43. ABUSE/NEGLECT

Please rate the highest level from the past 30 days.

- 0** No evidence nor does the caregiver have any history of abuse/neglect.
- 1** No evidence of abuse/neglect, parent has received treatment to address this behavior.
- 2** No evidence of abuse or neglect. Parent has history of this behavior without treatment.
- 3** Evidence of current abuse/neglect.

44. SUBSTANCE EXPOSURE

This dimension describes the child's exposure to substance use and abuse both before and after birth.

- 0** Child had no in utero exposure to alcohol or drugs, and there is currently no exposure in the home.
- 1** Child had either mild in utero exposure (e.g. mother ingested alcohol or tobacco in small amounts fewer than four times during pregnancy), or there is current alcohol and/or drug use in the home.
- 2** Child was exposed to significant alcohol or drugs in utero. Any ingestion of illegal drugs during pregnancy (e.g. heroin, cocaine), or significant use of alcohol or tobacco, would be rated here.
- 3** Child was exposed to alcohol or drugs in utero and continues to be exposed in the home. Any child who evidenced symptoms of substance withdrawal at birth (e.g. crankiness, feeding problems, tremors, weak and continual crying) would be rated here.

45. PARENT OR SIBLING PROBLEMS

- 0** The child's parents have no developmental disabilities. The child has no siblings, or existing siblings are not experiencing any developmental or behavioral problems.
- 1** The child's parents have no developmental disabilities. The child has siblings who are experiencing some mild developmental or behavioral problems (e.g. Attention Deficit, Oppositional Defiant, or Conduct Disorders). It may be that the child has at least one healthy sibling.
- 2** The child's parents have no developmental disabilities. The child has a sibling who is experiencing a significant developmental or behavioral problem (e.g. a severe version of any of the disorders cited above, or any developmental disorder).
- 3** One or both of the child's parents have been diagnosed with a developmental disability, or the child has multiple siblings who are experiencing significant developmental or behavioral problems (all siblings must have some problems).

CAREGIVER NEEDS/STRENGTHS (PERMANENCY PLANNING)

46. SUPERVISION

This rating is used to determine the parents' capacity to provide the level of monitoring and discipline needed by the child/youth.

0 This rating is used to indicate a parenting circumstance in which supervision and monitoring is appropriate and well-functioning.

1 This level indicates a parenting circumstance in which supervision is generally adequate but inconsistent. This may include a placement in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.

2 This level indicates a parenting circumstance in which supervision and monitoring are very inconsistent and frequently absent.

3 This level indicates a parenting circumstance in which appropriate supervision and monitoring are nearly always absent or inappropriate.

47. INVOLVEMENT WITH CARE

This rating should be based on the level of involvement the caregiver(s) has in planning and provision of mental health and related services.

0 This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child/adolescent.

1 This level indicates a caregiver(s) who is consistently involved in the planning and/or implementation of services for the child/adolescent.

2 This level indicates a caregiver(s) who is only somewhat or inconsistently involved in the implementation and planning of the care of the child/adolescent.

3 This level indicates a caregiver(s) who is uninvolved with the care of the child/adolescent or adolescent. Caregiver likely wants individual out of home or fails to visit individual in out of home placement or acute care setting.

48. KNOWLEDGE

Please rate the highest level from the past 30 days.

0 Caregiver is knowledgeable about the child's needs and strengths.

1 Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity of parent.

2 Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.

3 Caregiver has knowledge problems that place the child at risk of significant negative outcomes.

49. RESIDENTIAL STABILITY

Please rate the highest level from the past 30 days.

0 Caregiver has stable housing for the foreseeable future.

1 Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.

2 Caregiver has moved multiple times in the past year. Housing is unstable.

3 Caregiver has experienced periods of homelessness in the past six months.

50. SOCIAL RESOURCES

Please rate the highest level from the past 30 days.

- 0 Caregiver has significant family and friend social network that actively helps with raising the child (e.g., child rearing).**
- 1 Caregiver has some family or friend social network that actively helps with raising the child (e.g. child rearing).**
- 2 Caregiver has some family or friend social network that may be able to help with raising the child (e.g., child rearing).**
- 3 Caregiver no family or social network that may be able to help with raising the child (e.g. child rearing).**

51. PHYSICAL HEALTH

Please rate the highest level from the past 30 days.

- 0 Caregiver is generally healthy.**
- 1 Caregiver is in recovery from medical/physical problems.**
- 2 Caregiver has medical/physical problems that interfere with their capacity to parent.**
- 3 Caregiver has medical/physical problems that make it impossible for them to parent at this time.**

52. MENTAL HEALTH

Please rate the highest level from the past 30 days.

- 0 Caregiver has no mental health needs.**
- 1 Caregiver is in recovery from mental health difficulties.**
- 2 Caregiver has some mental health difficulties that interfere with their capacity to parent.**
- 3 Caregiver has mental health use difficulties that make it impossible for them to parent at this time.**

53. SUBSTANCE USE

This item describes the presence of any substance use challenges to care giving.

- 0 Caregiver has no substance use needs.**
- 1 Caregiver is in recovery from substance use difficulties.**
- 2 Caregiver has some substance use difficulties that interfere with his/her capacity to parent.**
- 3 Caregiver has substance use difficulties that make it impossible for him/her to parent at this time.**

54. DEVELOPMENTAL

Please rate the highest level from the past 30 days.

- 0 No evidence of caregiver developmental delay and/or caregiver has no developmental needs.**
- 1 There is a history or suspicion and/or caregiver has developmental delays, but these do not currently interfere with parenting.**
- 2 Caregiver has developmental challenges that interfere with their capacity to parent.**
- 3 Caregiver has severe developmental challenges that make it impossible for them to parent at this time.**

55. SAFETY

This rating refers to the safety of the assessed child/youth. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.

0 This level indicates that the present placement is as safe or safer for the child/youth (in his or her present condition) as could be reasonably expected.

1 This level indicates that the present placement environment presents some mild risk of emotional abuse, neglect, exposure to undesirable environments or occasional presence of questionable role models but no immediate risk is present.

2 This level indicates that the present placement environment presents a moderate level of risk to the child/youth, including such things as the risk of neglect or abuse, few appropriate role models or exposure to individuals who potentially pose a risk to the safety of the child/youth.

3 This level indicates that the present placement environment presents a significant risk to the well being of the child/youth. Neglect or abuse is occurring or is at imminent risk to occur. Individuals in the environment are or have the potential to, significantly harm the child/youth.

56. MARITAL/PARTNER VIOLENCE

This rating describes the degree of difficult or conflict in the caregiver relationship.

0 Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.

1 Mild to moderate level of family problems including marital difficulties and caregiver arguments. Caregivers are generally able to keep arguments to a minimum when child is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.

2 Significant level of caregiver difficulties including frequent arguments that often escalates to verbal aggression or the use of verbal aggression by one partner to control the other. Child often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.

3 Profound level of caregiver or marital violence that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk.

57. POSTTRAUMATIC REACTIONS

This rating describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.

0 Caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.

1 Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others.

2 Caregiver has moderate adjustment difficulties related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma.

3 Caregiver has significant adjustment difficulties associated with traumatic experiences. Symptoms might include intrusive thoughts, hyper vigilance, and constant anxiety.

58. RESOURCES

This rating refers to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family.

- 0 Caregiver(s) has sufficient resources so that there are few limitations on what can be provided for the child.**
- 1 Caregiver(s) has the necessary resources to help address the child's basic needs and are helpful in the care and treatment of the child.**
- 2 Caregiver(s) has limited financial and other resources (e.g. grandmother living in same town who is sometimes available to watch child).**
- 3 Caregiver has severely limited resources that are available to assist in the care and treatment of the child.**

59. ACCESSIBILITY TO CHILD CARE SERVICES

Please rate the highest level from the past 30 days.

- 0 Caregiver has access to sufficient child care services.**
- 1 Caregiver has limited access to child care services. Needs are met minimally by existing, available services.**
- 2 Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.**
- 3 Caregiver has no access to child care services.**

60. ORGANIZATION

Please rate the highest level from the past 30 days.

- 0 Caregiver is well organized and efficient.**
- 1 Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.**
- 2 Caregiver has moderate difficulty organizing and maintaining household to support needed services.**
- 3 Caregiver is unable to organize household to support needed services.**

61. FAMILY STRESS

Please rate the highest level from the past 30 days.

- 0 Caregiver able to manage the stress of child/children's needs.**
- 1 Caregiver has some problems managing the stress of child/children's needs.**
- 2 Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.**
- 3 Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.**

62. FINANCIAL RESOURCES

Please rate the highest level from the past 30 days.

- 0 Caregiver has sufficient financial resources to raise the child (e.g., child rearing).**
- 1 Caregiver has some financial resources that actively help with raising the child (e.g. child rearing).**
- 2 Caregiver has limited financial resources that may be able to help with raising the child (e.g., child rearing).**
- 3 Caregiver has no financial resources to help with raising the child (e.g. child rearing). Caregiver needs financial resources**

63. SELF-CARE/DAILY LIVING

This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, and clothing) of their child.

- 0** The caregiver has the daily living skills needed to care for their child
- 1** The caregiver needs verbal prompting to complete the daily living skills required to care for their child.
- 2** The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their child.
- 3** The caregiver is unable to complete the daily living skills required to care for their child. Caregiver needs immediate intervention.

64. EDUCATIONAL ATTAINMENT

This rates the degree to which the individual has completed his/her planned education.

- 0** Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
- 1** Caregiver has set educational goals and is currently making progress towards achieving them.
- 2** Caregiver has set educational goals but is currently not making progress towards achieving them.
- 3** Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

65. EMPLOYMENT/EDUCATIONAL FUNCTIONING

This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.

- 0** Caregiver is gainfully employed and/or in school.
- 1** A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further.
- 2** A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.
- 3** A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

66. LEGAL

Please rate the highest level from the past 30 days.

- 0** Caregiver has no known legal difficulties.
- 1** Caregiver has a history of legal problems but currently is not involved with the legal system.
- 2** Caregiver has some legal problems and is currently involved in the legal system.
- 3** Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

67. TRANSPORTATION

This rating reflects the caregiver's ability to provide appropriate transportation for his/her child.

- 0** Child and his/her caregiver have no transportation needs. Caregiver is able to get his/her child to appointments, school, activities, etc. consistently.
- 1** Child and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her child to appointments, school, activities, etc. less than once a week.
- 2** Child and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her child to appointments, school, activities, etc. regularly (e.g. once a week). Caregiver needs assistance transporting child and access to transportation resources.
- 3** Child and his/her caregiver have no access to appropriate transportation and are unable to get his/her child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

68. EMPATHY FOR CHILD

Please rate the highest level from the past 30 days.

- 0** Caregiver is strong in his/her capacity to understand how the child is feeling and consistently demonstrates this in interactions with the child.
- 1** Caregiver has the ability to understand how the child is feeling in most situations and is able to demonstrate support for the child in this area most of the time.
- 2** Caregiver is only able to be empathetic toward the child in some situations and at times the lack of empathy interferes with the child's growth and development.
- 3** Caregiver shows no empathy for the child in most situations especially when the child is distressed. Caregiver's lack of empathy is impeding the child's development.

69. MILITARY TRANSITIONS

Please rate the higher level from the past 30 days.

- 0** Caregiver not experiencing any transitions related to military service. Caregivers not involved in military services would be rated here.
- 1** Caregiver anticipating a transition related to military service in the near future or a caregiver experienced a transition in the past which was challenging.
- 2** Caregiver experiencing a transition related to military service.
- 3** Caregiver experiencing a transition related to military service that has a major impact on their care giving roles.

Individualized Assessment Modules (Optional)
Please fill out if indicated above

PRESCHOOL/DAYCARE MODULE

70. PRESCHOOL/DAYCARE ACHIEVEMENT

Please rate the highest level from the past 30 days.

- 0 Child is doing well acquiring new skills.**
- 1 Child is doing adequately acquiring new skills with some challenges. Child may be able to compensate with extra adult support.**
- 2 Child is having moderate problems with acquiring new skills. Child may not be able to retain concepts or meet expectations even with adult support in some areas.**
- 3 Child is having severe achievement problems. Child may be completely unable to understand or participate in skill development in most or all areas.**

71. PRESCHOOL/DAYCARE ATTENDANCE

Please rate the highest level from the past 30 days.

- 0 Child attends preschool/daycare regularly.**
- 1 Child has some problems attending preschool/daycare but generally is present. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending regularly in the past month.**
- 2 Child is having problems with school attendance. He/she is missing at least two days each week on average.**
- 3 Child is absent most of the time and this causes a significant challenge in achievement, socialization and following routine.**

72. PRESCHOOL/DAYCARE BEHAVIOR

Please rate the highest level from the past 30 days.

- 0 Child is behaving well in preschool/daycare.**
- 1 Child is behaving adequately in preschool/daycare although some mild behavior problems may exist. Child may have a history of behavioral problems.**
- 2 Child is having moderate behavioral problems at school. He/she is disruptive and many types of interventions have been implemented.**
- 3 Child is having severe problems with behavior in preschool/daycare. He/she is frequently or severely disruptive. The threat of expulsion is present.**

73. PRESCHOOL/DAYCARE QUALITY

Please rate the highest level from the past 30 days.

- 0 Infant/child's preschool/daycare meets the needs of the infant/child.**
- 1 Infant/child's preschool/daycare is marginal in its ability to meet the needs of the infant/child. Caregivers may be inconsistent or curriculum may be weak in areas.**
- 2 Infant/child's preschool/daycare does not meet the needs of the infant/child in most areas. Care giving may not support the child's growth or promote further learning.**
- 3 The infant/child's preschool/daycare is contributing to problems for the infant/child in one or more areas.**

INTELLECTUAL/DEVELOPMENTAL NEEDS MODULE

74. COGNITIVE

Please rate the highest level from the past 30 days.

- 0 Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child has any problems with intellectual functioning.**
- 1 Child has low IQ (70 to 85) or has identified learning challenges.**
- 2 Child has mild mental retardation. IQ is between 55 and 70.**
- 3 Child has moderate to profound mental retardation. IQ is less than 55.**

75. DEVELOPMENTAL DELAY

Please rate the highest level from the past 30 days.

- 0 Child's development appears within normal range. There is no reason to believe that the child has any developmental problems.**
- 1 Evidence of a mild developmental delay.**
- 2 Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.**
- 3 Severe developmental disorder.**

TRAUMA MODULE (characteristics of the trauma experience)

76. SEXUAL ABUSE

*Please rate within the lifetime. *If score is 1 or more, answer further questions below*

- 0** There is no evidence that infant/child has experienced sexual abuse.
- 1** Infant/child has experienced one episode of sexual abuse or there is a suspicion that infant/child has experienced sexual abuse but no confirming evidence.
- 2** Infant/child has experienced repeated sexual abuse.
- 3** Infant/child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

77. PHYSICAL ABUSE

Please rate within the lifetime.

- 0** There is no evidence that child has experienced physical abuse.
- 1** Infant/child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence.
- 2** Infant/child has experienced repeated physical abuse.
- 3** Infant/child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

78. EMOTIONAL/VERBAL ABUSE

Please rate within the lifetime.

- 0** There is no evidence that child has experienced emotional abuse.
- 1** Child/youth has experienced mild emotional abuse.
- 2** Child/youth has experienced emotional abuse over an extended period of time (at least one year).
- 3** Child/youth has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

79. NEGLECT

Please rate within the lifetime.

- 0** There is no evidence that child has experienced neglect.
- 1** Child has experienced minor or occasional neglect. Child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of child
- 2** Child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
- 3** Child has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

80. MEDICAL TRAUMA

Please rate within the lifetime.

- 0** There is no evidence that child has experienced any medical trauma.
- 1** Infant/child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
- 2** Infant/child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
- 3** Infant/child has experienced life threatening medical trauma.

81. NATURAL DISASTER

Please rate within the lifetime.

- 0 There is no evidence that child has experienced any natural disaster.
- 1 Child has been indirectly affected by a natural disaster.
- 2 Child has experienced a natural disaster which has had a notable impact on his/her well-being.
- 3 Child has experienced life threatening natural disaster.

82. WITNESS TO FAMILY VIOLENCE

Please rate within the lifetime.

- 0 There is no evidence that child has witnessed family violence.
- 1 Child has witnessed one episode of family violence.
- 2 Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
- 3 Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

83. WITNESS TO COMMUNITY VIOLENCE

Please rate within the lifetime.

- 0 There is no evidence that infant/child has witnessed violence in the community.
- 1 Infant/child has witnessed fighting or other forms of violence in the community
- 2 Infant/child has witnessed the significant injury of others in his/her community.
- 3 Infant/child has witnessed the death of another person in his/her community.

84. WITNESS/VICTIM – CRIMINAL ACTIVITY

Please rate within the lifetime.

- 0 There is no evidence that infant/child has been victimized or witness significant criminal activity.
- 1 Infant/child is a witness of significant criminal activity.
- 2 Infant/child is a direct victim of criminal activity or witnessed the victimization of a family or friend.
- 3 Infant/child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one.

85. WAR AFFECTED

This rating describes the degree of severity of exposure to war, political violence, or torture. Violence or trauma related to Terrorism is not included here.

- 0 There is no evidence that child has been exposed to war, political violence, or torture.
- 1 Child did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war, or both. This does not include children who have lost one or both parents during the war.
- 2 Child has been affected by war or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Child may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of child. Child may have spent extended amount of time in refugee camp.
- 3 Child has experienced the direct affects of war. Child may have feared for their own life during war due to bombings, shelling, very near to them. They may have been directly injured, tortured or kidnapped. Some may have served as soldiers, guerrillas or other combatants in their home countries.

86. TERRORISM AFFECTED

This rating describes the degree to which a child has been affected by terrorism. Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious, or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

- 0** There is no evidence that child has been affected by terrorism or terrorist activities.
- 1** Child's community has experienced an act of terrorism, but the child was not directly impacted by the violence (e.g. child lives close enough to site of terrorism that they may have visited before or child recognized the location when seen on TV, but child's family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.
- 2** Child has been affected by terrorism within his/her community, but did not directly witness the attack. Child may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of child's daily life may be disrupted due to attack (e.g. utilities or school), and child may see signs of the attack in neighborhood (e.g. destroyed building). Child may know people who were injured in the attack.
- 3** Child has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.

Trauma due to sexual abuse sub-module
(If sexual abuse is >0, complete the following)

87. EMOTIONAL CLOSENESS TO PERPETRATOR

- 0** Perpetrator was a stranger at the time of the abuse.
- 1** Perpetrator was known to the infant/child at the time of event but only as an acquaintance.
- 2** Perpetrator had a close relationship with the Infant/child at the time of the event but was not an immediate family member.
- 3** Perpetrator was an immediate family member (e.g. parent, sibling).

88. FREQUENCY OF ABUSE

- 0** Abuse occurred only one time.
- 1** Abuse occurred two times.
- 2** Abuse occurred two to ten times.
- 3** Abuse occurred more than ten times.

89. DURATION

- 0** Abuse occurred only one time.
- 1** Abuse occurred within a six month time period.
- 2** Abuse occurred within a six-month to one year time period.
- 3** Abuse occurred over a period of longer than one year.

90. FORCE

- 0** No physical force or threat of force occurred during the abuse episode(s).
- 1** Sexual abuse was associated with threat of violence but no physical force.
- 2** Physical force was used during the sexual abuse.
- 3** Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

91. REACTION TO DISCLOSURE

- 0 All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.**
- 1 Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.**
- 2 Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience.**
- 3 Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.**

Adjustment (sub-module)

92. AFFECT REGULATION

Please rate the highest level from the past 30 days.

- 0 Child has no problems with affect regulation.**
- 1 Child has mild to moderate problems with affect regulation.**
- 2 Child has significant problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child's functioning in some life domains.**
- 3 Child has severe problems regulating affect even with caregiver's support.**

93. INTRUSIONS

Please rate the highest level from the past 30 days.

- 0 There is no evidence that child experiences intrusive thoughts of trauma.**
- 1 Child experiences some intrusive thoughts of trauma but they do not affect his/her functioning.**
- 2 Child experiences intrusive thoughts that interfere in his/her ability to function in some life domains.**
- 3 Child experiences repeated and severe intrusive thoughts of trauma.**

94. ATTACHMENT

Please rate the highest level from the past 30 days.

- 0 No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.**
- 1 Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.**
- 2 Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.**
- 3 Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.**

95. DISSOCIATION

Please rate the highest level from the past 30 days.

- 0 There is no evidence of dissociation.**
- 1 Child may experience some symptoms of dissociation.**
- 2 Child clearly experiences episodes of dissociation.**
- 3 Profound dissociation occurs.**

96. TIME BEFORE TREATMENT

- 0 Trauma was recognized and treatment started within one month of initial experience.**
- 1 Trauma was recognized and treatment started within one to six months of initial experience.**
- 2 Trauma was recognized and treatment started within six months to one year of the initial experience.**
- 3 Trauma was not recognized nor treated for more than one year after the initial experience.**

97. TRAUMATIC GRIEF/SEPARATION

This rating describes the level of traumatic grief due to death or loss or separation from significant caregivers.

- 0 There is no evidence that the child has experienced traumatic grief or separation from significant caregivers.**
- 1 Child is experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is appropriate given the recent nature of loss or separation.**
- 2 Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in certain but not all areas. This could include withdrawal or isolation from others.**
- 3 Child is experiencing significant traumatic grief or separation reactions. Child exhibits impaired functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation.**

98. AVOIDANCE

Please rate the highest level from the past 30 days.

- 0 No evidence of avoidant behavior.**
- 1 Mild problems with avoiding some situations either after the trauma or presently on an infrequent basis. Infants due to limited mobility rarely exhibit this symptom.**
- 2 Moderate problems with avoidant behavior that occurs on a consistently when child is exposed to triggers related to the trauma. Caregiver can support the child.**
- 3 Severe problems with avoidant behavior that occurs consistently but cannot be mediated by caregivers and causes significant distress.**

REGULATORY FUNCTIONING MODULE

99. EATING

Please rate the highest level from the past 30 days.

- 0** No evidence of problems related to eating.
- 1** Mild problems with eating that have been present in the past or are currently present some of the time causing mild impairment in functioning.
- 2** Moderate problems with eating are present and impair the child's functioning. Infants may be finicky eaters, spit food or overeat. Infants may have problems with oral motor control. Older children may overeat, have few food preferences and not have a clear pattern of when they eat.
- 3** Severe problems with eating are present putting the infant/child at risk developmentally. The child and family are very distressed and unable to overcome problems in this area.

100. ELIMINATION

Please rate the highest level from the past 30 days.

- 0** There is no evidence of elimination problems.
- 1** Child/adolescent may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.
- 2** Child/adolescent demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.
- 3** Child/adolescent demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed.

101. SENSORY REACTIVITY

Please rate the highest level from the past 30 days.

- 0** There is no evidence of sensory reactivity that is hyper or hypo reactive.
- 1** Infant/child may have a history of sensory issues or have mild issues currently that are controlled by caregiver support.
- 2** Infant/child demonstrates hyper/hypo reactivity to sensory input in one or more sensory modality such that impairment in functioning is present.
- 3** Infant/child demonstrates significant reactivity to sensory input such that caregiver cannot mediate the effects of such.

102. EMOTIONAL CONTROL

Please rate the highest level from the past 30 days.

- 0** Infant/child has no problems with emotional control.
- 1** Infant/child has mild problems with emotional control that can be overcome with caregiver support.
- 2** Infant/child has a moderate level of problems with emotional control that interferes most of the time with functioning. Infants may be difficult to console most of the time and do not respond well to caregiver support. Older children may quickly become frustrated and hit or bite others.
- 3** Infant/child has a significant level of emotional control problems that are interfering with development. Caregivers are not able to mediate the effects of this.

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
COMPREHENSIVE MULTISYSTEM ASSESSMENT**

Children and Youth (5+)

Kentucky

Manual



Praed Foundation
Copyright 1999

A large number of individuals have collaborated in the development of the **CANS-Kentucky 5+**. Along with the CANS versions for developmental disabilities, juvenile justice, and child welfare, this information integration tool is designed to support individual case planning and the planning and evaluation of service systems. The **CANS-Kentucky 5+** is an open domain tool for use in service delivery systems that address the mental health of children, adolescents and their families. The copyright is held by the Praed Foundation to ensure that it remains free to use. For specific permission to use please contact the Foundation. For more information on the **CANS-Kentucky 5+** assessment tool contact:

John S. Lyons, Ph.D.

Senior Policy Fellow
Chapin Hall at the University of Chicago
1313 East 60th Street
Chicago, IL 60637
jlyons@chapinhall.org

Dorothy Hickerson

Clinical Consultant, Project SAFESPACE
275 East Main Street, 3E-A
Frankfort, KY 40621
Dorothy.hickerson@ky.gov

Praed Foundation

praedfoundation@yahoo.com
www.praedfoundation.org

Life Domain Functioning

1. FAMILY FUNCTIONING

The definition of family should be from the perspective of the child/adolescent (i.e., those individuals who the child/adolescent considers to be family). The family can include all biological relatives with whom the child/adolescent remains in some contact and individuals with relationship ties to these relatives. Family functioning should be rated independently of the problems experienced by the child/adolescent, and can include frequent arguments, problems with siblings, marital difficulties, separation and/or divorce, siblings with mental health/juvenile justice problems, parental substance abuse, criminality, domestic violence, etc.

- 0 The child/adolescent's family appears to be functioning adequately. There is no evidence of problems in the family.**
- 1 There are mild to moderate level of family problems, including marital difficulties or problems with siblings.**
- 2 There is a significant level of family problems including frequent arguments, separation and/or divorce, or siblings with significant mental health or juvenile justice problems.**
- 3 There is a profound level of family disruption including significant parental substance abuse, criminality, or domestic violence.**

2. LIVING SITUATION

Please rate the highest level from the past 30 days.

- 0 No evidence of problem with functioning in current living environment.**
- 1 Mild problems with functioning in current living situation. Caregivers concerned about child's behavior or needs at home.**
- 2 Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence. Parents of infants concerned about irritability of infant and ability to care for infant.**
- 3 Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors or unmet needs.**

3. SOCIAL FUNCTIONING

This item describes the child/youth's interactions with others. Evidence of problems in this domain may include difficulties responding to adults, difficulty interacting with peers or in social situations, lack of ability to play in groups, relate, or interact in a meaningful manner, unresponsiveness to or unawareness of others, excessive arguing with peers/adults, excessive withdrawal, lack of joy or sustained interaction, aggression, etc. Please rate the highest level from the past 30 days.

- 0 Child has positive social relationships.**
- 1 Child is having some minor problems in social relationships**
- 2 Child is having some moderate problems with his/her social relationships.**
- 3 Child is experiencing severe disruptions in his/her social relationships, showing an inability to interact in a meaningful manner.**

4. SLEEP

Please rate the highest level from the past 30 days. The child must be 12 months of age or older to rate this item.

- 0 No evidence of problems with sleep.**
- 1 Child has some problems with sleep. Toddlers resist sleep and consistently need a great deal of adult support to sleep. Preschoolers may have either a history of poor sleep or continued problems 1-2 nights per week.**
- 2 Child is having problems with sleep. Toddlers and preschoolers may experience difficulty falling asleep, night waking, night terrors or nightmares on a regular basis.**
- 3 Child is experiencing significant sleep problems that result in sleep deprivation. Parents have exhausted numerous strategies for assisting child.**

5. LEGAL

Please rate the highest level from the past 30 days.

- 0 Child has no known legal difficulties.**
- 1 Child has a history of legal problems but currently is not involved with the legal system.**
- 2 Child has some legal problems and is currently involved in the legal system.**
- 3 Child has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.**

6. SCHOOL

*This item describes the behavior of the child or youth in school. * (Score 2 or 3, go to the school module)*

- 0 No evidence of problems at school. Child/youth is attending, achieving, and behaving well.**
- 1 Mild problem with school. These problems may be occasional problems with attendance, low achievement, or mild behavior challenges.**
- 2 Child/youth is having moderate difficulties at school. He/she is having notable problems with attendance, achievement and/or behavior.**
- 3 Child/youth is having severe problems school. He/she is either not attending, failing, or engaging in severely disruptive behavior that is risking the school placement.**

7. COMMUNICATION

Please rate the highest level from the past 30 days.

- 0 Child's receptive and expressive communication appears developmentally appropriate. There is no reason to believe that the child has any problems communicating.**
- 1 Child has receptive communication skills but limited expressive communication skills**
- 2 Child has both limited receptive and expressive communication skills.**
- 3 Child is unable to communicate.**

8. SEXUAL DEVELOPMENT/IDENTITY

This item looks at broad issues of sexual development, including sexual behavior, sexual identity, sexual concerns, and the reactions of significant others to any of these factors.

- 0 No evidence of any problems with sexual development.**
- 1 Mild to moderate problems with sexual development. May include concerns about sexual identity or anxiety about the reactions of others.**
- 2 Significant problems with sexual development. May include inappropriate or high-risk sexual behavior, distress due to gender identity issues, and/or some experience of negative reactions of others.**
- 3 Profound problems with sexual development. This level would include prostitution, very frequent risky sexual behavior, or sexual aggression and/or the expectation of specific life-threatening reactions by others.**

9. DEVELOPMENTAL

*Please rate the highest level from the past 30 days. *If scores 1 or more, go to the IDN module*

- 0 Child has no problems in cognitive, communication, social or motor development.**
- 1 There are some concerns that child may have a low IQ or possible delay in communication, social-emotional or motor development.**
- 2 Child has mild mental retardation and/or developmental delays in one or more areas (communication, social-emotional, motor).**
- 3 Child has moderate or profound mental retardation and/or severe delays in multiple areas of development.**

10. MEDICAL

Please rate the highest level from the past 30 days.

- 0 Child is healthy.**
- 1 Child has some medical problems that require medical treatment.**
- 2 Child has chronic illness that requires ongoing medical intervention.**
- 3 Child has life threatening illness or medical condition.**

11. PHYSICAL

Please rate the highest level from the past 30 days.

- 0 Child has no physical limitations.**
- 1 Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).**
- 2 Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.**
- 3 Child has severe physical limitations due to multiple physical conditions.**

12. INDEPENDENT LIVING SKILLS

This rating focuses on the presence or absence of short or long-term risks associated with impairments in independent living abilities.

- 0 This level indicates a person who is fully capable of independent living. No evidence of any deficits that could impede maintaining own home.**
- 1 This level indicates a person with mild impairment of independent living skills. Some problems exist with maintaining reasonable cleanliness, diet and so forth. Problems with money management may occur at this level. This level indicates a person who is fully capable of independent living. Youth needs to learn additional independent living skills.**
- 2 This level indicates a person with moderate impairment of independent living skills. Notable problems with completing tasks necessary for independent living (e.g., difficulty with cooking, cleaning, and self-management when unsupervised) are apparent. Youth needs to learn independent living skills.**
- 3 This level indicates a person with profound impairment of independent living skills. This individual would be expected to be unable to live independently given their current status. Problems require a structured living environment. Youth needs an immediate intervention to develop an independent living plan.**

13. JUDGMENT

Please rate the highest level from the past 30 days.

- 0 No evidence of problems with judgment or poor decision making that result in harm to development and/or well-being.**
- 1 History of problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being. For example, a child who has a history of hanging out with other children who shoplift.**
- 2 Problems with judgment in which the child makes decisions that are in some way harmful to his/her development and/or well-being.**
- 3 Problems with judgment that place the child at risk of significant physical harm.**

14. RECREATIONAL

This rating refers to leisure time activities outside of school.

- 0 Child/youth has notable recreational opportunities that play a significant role in his/her well-being.**
- 1 Child/youth has recreational opportunities that are consistent with his/her talents/interests.**
- 2 Child/youth has limited recreational opportunities or those available do not fit the child/youth's talents/interests.**
- 3 Child/youth has no recreational opportunities.**

15. ELIMINATION

Please rate the highest level from the past 30 days.

- 0 There is no evidence of elimination problems.**
- 1 Child/adolescent may have a history of elimination difficulties but is presently not experiencing this other than on rare occasion.**
- 2 Child/adolescent demonstrates problems with elimination on a consistent basis. This is interfering with child's functioning. Infants may completely lack a routine in elimination and develop constipation as a result. Older children may experience the same issues as infants along with encopresis and enuresis.**
- 3 Child/adolescent demonstrates significant difficulty with elimination to the extent that child/parent are in significant distress or interventions have failed.**

Acculturation

16. CULTURAL STRESS

Culture stress refers to experiences and feelings of discomfort and/or distress arising from friction (real or perceived) between an individual's own cultural identity and the predominant culture in which he/she lives. This includes age, gender, ethnicity, physical disability, sexual orientation, and the culture of having a child/adolescent with autism with challenging behaviors.

- 0 No evidence of stress between child/adolescent or family's cultural identify and current living situation.**
- 1 Some mild or occasional stress resulting from friction between the child/adolescent or family's cultural identify and his/her current living situation.**
- 2 Child/adolescent or family is experiencing cultural stress that is causing problems of functioning in at least one life domain.**
- 3 Child/adolescent or family is experiencing a high level of cultural stress that is making functioning in any life domain difficult under the present circumstances.**

17. CULTURAL IDENTITY

Cultural identify refers to the child/youth's view of him/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle.

- 0 The child/youth has a cultural identity and is connected to others who support his/her cultural identity.**
- 1 The child/youth is developing a cultural identity and is seeking others to support his/her cultural identity.**
- 2 The child/youth is searching for a cultural identity and has not connected with others.**
- 3 The child/youth does not express a cultural identity.**

18. LANGUAGE

This item includes both spoken and sign language.

- 0 Child and family speak English well.**
- 1 Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.**
- 2 Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.**
- 3 Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.**

19. RITUAL

Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as Kwanza, Cinco de Mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. praying toward Mecca at specific times, eating a specific diet, access to media).

- 0 Child and family are consistently able to practice rituals consistent with their cultural identity.**
- 1 Child and family are generally able to practice rituals consistent with their cultural identity; however, they sometimes experience some obstacles to the performance of these rituals.**
- 2 Child and family experience significant barriers and are sometimes prevented from practicing rituals consistent with their cultural identity.**
- 3 Child and family are unable to practice rituals consistent with their cultural identity.**

Child Strengths

20. EXTENDED FAMILY RELATIONSHIPS

Please rate the highest level from the past 30 days.

- 0** Infant/child has well established relationships with extended family that serve to support his/her growth and development. Family members are a significant support to parents and involved most of the time with infant/child.
- 1** Child has extended family relationships that are supportive most of the time. Extended family participates in the life of the child and his/her family much of the time.
- 2** Infant/child has infrequent contact with extended family members. The support the infant/child receives is not harmful but inconsistent.
- 3** Infant/child has no contact with extended family members or the contact with extended family is detrimental to the infant/child.

21. NUCLEAR FAMILY STRENGTHS

This item rates the family's ability to nurture, support and communicate with one another.

- 0** Significant nuclear family strengths. This level indicates a family with much love and respect for one another. Family members are central in each other's lives. Child/adolescent is fully included in family activities.
- 1** Moderate level of family strengths. This level indicates a loving family with generally good communication and ability to enjoy each other's company. There may be some problems between family members.
- 2** Mild level of family strengths. Family is able to communicate and participate in each other's lives; however, family members may not be able to provide significant emotional or concrete support for each other.
- 3** This level indicates a child/adolescent with no known nuclear family strengths. The family generally does not communicate well and enjoy one another's company. Child/adolescent is not included in normal family activities.

22. INTERPERSONAL

Please rate the highest level from the past 30 days.

- 0** Child has well-developed interpersonal skills and friends.
- 1** Child has good interpersonal skills and has shown the ability to develop healthy friendships.
- 2** Child needs assistance in developing good interpersonal skills and/or healthy friendships.
- 3** Child needs significant help in developing interpersonal skills and healthy friendships.

23. OPTIMISM (HOPEFULNESS)

Please rate the highest level from the past 30 days.

- 0** Child has a strong and stable optimistic outlook on his/her life.
- 1** Child is generally optimistic.
- 2** Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic.
- 3** Child has difficulties seeing any positives about him/herself or his/her life.

24. EDUCATIONAL

Please rate the highest level from the past 30 days.

- 0 School works closely with child and family to identify and successfully address child’s educational needs OR child excels in school.**
- 1 School works with child and family to identify and address child’s educational needs OR child likes school.**
- 2 School currently unable to adequately address child’s needs.**
- 3 School unable and/or unwilling to work to identify and address child’s needs.**

25. VOCATIONAL

Please rate the highest level from the past 30 days.

- 0 Child has vocational skills and relevant work experience.**
- 1 Child has some vocational skills or work experience.**
- 2 Child has some prevocational skills or vocational interests.**
- 3 No vocational strengths identified or child needs significant assistance developing vocational skills.**

26. TALENTS/INTERESTS

Please rate the highest level from the past 30 days.

- 0 Child has a talent that provides him/her with pleasure and/or self esteem.**
- 1 Child has a talent, interest, or hobby with the potential to provide him/her with pleasure and self esteem.**
- 2 Child has identified interests but needs assistance converting those interests into a talent or hobby.**
- 3 Child has no identified talents, interests or hobbies.**

27. SPIRITUAL/RELIGIOUS

Please rate the highest level from the past 30 days.

- 0 Child receives comfort and support from religious and/or spiritual beliefs and practices.**
- 1 Child is involved in a religious community whose members provide support.**
- 2 Child has expressed some interest in religious or spiritual belief and practices.**
- 3 Child has no identified religious or spiritual beliefs or interest in these pursuits.**

28. COMMUNITY LIFE

Please rate the highest level from the past 30 days.

- 0 Child is well-integrated into his/her community. He/she is a member of community organizations and has positive ties to the community.**
- 1 Child is somewhat involved with his/her community.**
- 2 Child has an identified community but has only limited ties to that community.**
- 3 Child has no identified community to which he/she is a member.**

29. RELATIONSHIP PERMANENCE

This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals. Please rate the highest level from the past 30 days.

- 0** This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of child's life and are likely to remain so in the foreseeable future. Child is involved with both parents.
- 1** This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
- 2** This level indicates a child has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
- 3** This level indicates a child who does not have any stability in relationships with any caregiver. Independent living or adoption must be considered.

30. RESILIENCY

This rating should be based on the child/youth's ability to identify and use internal strengths in managing their lives.

- 0** This level indicates a child/youth that is able to both identify and use strengths to better themselves and successfully manage difficult challenges.
- 1** This level indicates a child/youth who able to identify most of his/her strengths and is able to partially utilize them.
- 2** This level indicates a child/youth that is able to identify strengths but is not able to utilize them effectively.
- 3** This level indicates a child/youth that is not yet able to identify personal strengths.

31. RESOURCEFULNESS

This rating should be based on the individual's ability to identify and use external/environmental strengths in managing their lives.

- 0** Child is quite skilled at finding the necessary resources required to aid him/her in his/her managing challenges.
- 1** Child is some skills at finding necessary resources required to aid him/her in a healthy lifestyle but sometimes requires assistance at identifying or accessing these resources.
- 2** Child has limited skills at finding necessary resources required to aid in achieving a healthy lifestyle and requires temporary assistance both with identifying and accessing these resources.
- 3** Child has no skills at finding the necessary resources to aid in achieving a healthy lifestyle and requires ongoing assistance with both identifying and accessing these resources.

Child Emotional/Behavioral Needs

32. PSYCHOSIS

This rating is used to describe symptoms of psychiatric disorders with a known neurological base. DSM-IV disorders included on this dimension are Schizophrenia and Psychotic Disorders (unipolar, bipolar, NOS). The common symptoms of these disorders include hallucinations, delusions, unusual thought processes, strange speech, and bizarre/idiosyncratic behavior. Please rate based on the past 30 days.

0 No evidence

1 History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.

2 Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.

3 Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm.

33. IMPULSIVITY/HYPERACTIVITY

Please rate based on the past 30 days.

0 No evidence

1 Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.

2 Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.

3 Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.

34. OPPOSITIONAL

Please rate based on the past 30 days.

0 No evidence

1 History or recent onset (past 6 weeks) of defiance towards authority figures.

2 Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others.

3 Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.

35. CONDUCT

Please rate the highest level from the past 30 days.

0 No evidence

1 History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.

2 Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.

3 Evidence of a severe level of conduct problems as described above that places the child or community at significant risk of physical harm due to these behaviors.

36. ADJUSTMENT TO TRAUMA

*Please rate based on the past 30 days. *If scores 1 or more, go to the trauma module*

- 0** No evidence
- 1** History or suspicion of problems associated with traumatic life event/s.
- 2** Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain.
- 3** Clear evidence of symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.

37. ANXIETY/WORRY

Please rate based on the past 30 days.

- 0** No evidence of problems with anxiety
- 1** History or suspicion of anxiety problems, or mild to moderate anxiety associated with a recent negative life event. An infant may appear anxious in certain situations but has the ability to be soothed. Older children may appear in need of extra support to cope with some situations but are able to be calmed.
- 2** Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain. Infants may be irritable, over reactive to stimuli, have uncontrollable crying and significant separation anxiety. Older children may have all of the above with persistent reluctance or refusal to cope with some situations.
- 3** Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

38. DEPRESSION

Please rate based on the past 30 days.

- 0** No evidence of problems with depression.
- 1** There are some indicators that the child may be depressed or has experienced situations that may lead to depression. Infants may appear to be withdrawn and slow to engage at times during the day. Older children are irritable or do not demonstrate a range of affect.
- 2** Moderate problems with depression are present. Infants demonstrate a change from previous behavior and appear to have a flat affect with little responsiveness to interaction most of the time. Older children may have negative verbalizations, dark themes in play and demonstrate little enjoyment in play and interactions. The child meets criteria for a DSM IV diagnosis.
- 3** Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.

39. ANGER CONTROL

Please rate based on the past 30 days.

- 0** No evidence of any significant anger control problems.
- 1** Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
- 2** Moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
- 3** Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.

40. ATTENTION

This item rates the child/adolescent's ability to focus and attend to tasks or interactions with others; to maintain consistent behavioral responses during continuous or repeating activities; to maintain focus in the face of competing stimuli (freedom from distractibility); to shift attention between tasks, people, or events with different cognitive requirements; to respond simultaneously to multiple tasks or demands.

- 0 No evidence of challenges with attention.**
- 1 Mild degree of challenges with attention.**
- 2 Moderate degree of challenges with attention. Child/adolescent's difficulties attending impair functioning in at least one life domain.**
- 3 Significant degree of challenges with attention. Child/adolescent's inability to attend is disabling in at least one life domain.**

41. SUBSTANCE USE

*Please rate the highest level from the past 30 days. *If scores 1 or more, go to substance use module*

- 0 No evidence**
- 1 History or suspicion of substance use.**
- 2 Clear evidence of substance abuse that interferes with functioning in any life domain.**
- 3 Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/child who is intoxicated at the time of the assessment (i.e., currently under the influence).**

42. ATTACHMENT

Please rate based on the past 30 days.

- 0 No evidence of problems with attachment.**
- 1 Mild problems with attachment are present. Infants appear uncomfortable with caregivers, may resist touch, or appear anxious and clingy some of the time. Caregivers feel disconnected from infant. Older children may be overly reactive to separation or seem preoccupied with parent. Boundaries may seem inappropriate with others.**
- 2 Moderate problems with attachment are present. Infants may fail to demonstrate stranger anxiety or have extreme reactions to separation resulting in interference with development. Older children may have ongoing problems with separation, may consistently avoid caregivers and have inappropriate boundaries with others putting them at risk.**
- 3 Severe problems with attachment are present. Infant is unable to use caregivers to meet needs for safety and security. Older children present with either an indiscriminate attachment patterns or a withdrawn, inhibited attachment patterns. A child that meets the criteria for Reactive Attachment Disorder would be rated here.**

43. SOMATIZATION

- 0 This rating is for a child with no evidence of unexplained somatic symptoms.**
- 1 This rating indicates a child with a mild level of somatic problems. This could include occasional headaches, stomach problems (nausea, vomiting), joint, limb or chest pain without medical cause**
- 2 This rating indicates a child with a moderate level of somatic problems or the presence of conversion symptoms. This could include more persistent physical symptoms without a medical cause or the presence of several different physical symptoms (e.g., stomach problems, headaches, backaches). This child may meet criteria for a somatoform disorder. Additionally, the child could manifest any conversion symptoms here (e.g., pseudo-seizures, paralysis).**
- 3 This rating indicates a child with severe somatic symptoms causing significant disturbance in school or social functioning. This could include significant and varied symptomatic disturbance without medical cause.**

44. EATING DISTURBANCES

These symptoms include problems with eating including disturbances in body image, refusal to maintain normal body weight and recurrent episodes of binge eating. These ratings are consistent with DSM-IV Eating Disorders.

0 This rating is for a child with no evidence of eating disturbances.

1 This rating is for a child with a mild level of eating disturbance. This could include some preoccupation with weight, calorie intake, or body size or type when of normal weight or below weight. This could also include some binge eating patterns.

2 This rating is for a child with a moderate level of eating disturbance. This could include a more intense preoccupation with weight gain or becoming fat when underweight, restrictive eating habits or excessive exercising in order to maintain below normal weight, and/or emaciated body appearance. This level could also include more notable binge eating episodes that are followed by compensatory behaviors in order to prevent weight gain (e.g., vomiting, use of laxatives, excessive exercising). This child may meet criteria for a DSM-IV Eating Disorder (Anorexia or Bulimia Nervosa).

3 This rating is for a child with a more severe form of eating disturbance. This could include significantly low weight where hospitalization is required or excessive binge-purge behaviors (at least once per day).

Child Risk Behaviors

45. SUICIDE

This item includes suicidal thoughts, plans or behaviors.

- 0** No evidence of suicidal thoughts, plans or behaviors.
- 1** The child/youth has a history of suicidal behavior but is not expressing any current intent.
- 2** The child/youth expresses occasional thoughts about injuring self or seems preoccupied by death.
- 3** The child/youth has significant problems with suicidal behaviors. The child/youth may be engaging in suicidal planning or experience a recent attempt.

46. SELF-INJURIOUS BEHAVIOUR

This rating is used for any intentional self-harming behavior (e.g., head banging, biting) that does not have a suicidal intent. A rating of 3 indicates need for a safety plan.

- 0** No history of self injurious behavior.
- 1** A history of self injurious behavior but none within the past 30 days or minor self injuring behavior (i.e., scratching) in the last 30 days that does not require any medical attention
- 2** Moderate self-injurious behavior in the last 30 days requiring medical assessment (cutting, burns, piercing skin with sharp objects, repeated head banging) that has potential to cause safety risk to child/adolescent.
- 3** One or more incidents of self injurious behavior in the last 30 days requiring medical intervention (e.g., sutures, surgery) and that is significant enough to put child/adolescent's health at risk.

47. OTHER SELF HARM

Please rate the highest level from the past 30 days.

- 0** No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm.
- 1** History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
- 2** Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.
- 3** Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.

48. DANGER TO OTHERS

*This rating includes actual and threatened violence. Imagined violence, when extreme, may be rated here. A rating of 2 or 3 would indicate the need for a safety plan. *If scores 1 or more, go to violence module*

- 0** Child/youth has no evidence or history of aggressive behaviors or significant verbal aggression towards others (including people and animals).
- 1** History of aggressive behavior or verbal aggression towards others but no aggression during the past 30 days. History of fire setting (not in past year) would be rated here.
- 2** Occasional or moderate level of aggression towards others during the past 30 days. Or a child/youth with no defined plan but who has constant intrusive, ruminating thoughts of homicide or extreme violence.
- 3** Frequent or dangerous (significant harm) level of aggression to others. Any fire setting within the past year would be rated here. Child/youth is an immediate risk to others. Verbalization of homicidal ideation with clear intent, means, and plan.

49. RUNAWAY

*Please rate using time frames provided in the anchors. *If scores 1 or more, go to runaway module*

- 0 No evidence**
- 1 History of runaway from home or other settings involving at least one overnight absence, at least 30 days ago.**
- 2 Recent runaway behavior or thoughts but not in past 7 days.**
- 3 Acute threat to runaway as manifest by either recent attempts OR child is currently a runaway.**

50. DELINQUENT BEHAVIOR

*Please rate using time frames provided in the anchors. *If scores 1 or more, go to Juvenile Justice module*

- 0 No evidence**
- 1 History of delinquency but no acts of delinquency in past 30 days.**
- 2 Recent acts of delinquency.**
- 3 Severe acts of delinquency that places others at risk of significant loss or injury or place child at risk of adult sanctions.**

51. INTENTIONAL MISBEHAVIOR (SANCTION SEEKING BEHAVIOR)

Please rate the highest level from the past 30 days.

- 0 No evidence of problematic social behavior. Child does not engage in behavior that forces adults to sanction him/her.**
- 1 Mild level of problematic social behavior. This might include occasional inappropriate social behavior that forces adults to sanction the child. Infrequent inappropriate comments to strangers or unusual behavior in social settings might be included in this level.**
- 2 Moderate level of problematic social behavior. Child is intentionally engaging in problematic social behavior that is causing problems in his/her life. Child is intentionally getting in trouble in school, at home, or in the community.**
- 3 Severe level of problematic social behavior. This level would be indicated by frequent serious social behavior that forces adults to seriously and/or repeatedly sanction the child. Social behaviors are sufficiently severe that they place the child at risk of significant sanctions (e.g. expulsion, removal from the community)**

52. SEXUAL AGGRESSION

*Please rate using time frames provided in the anchors. Sexually aggressive behavior includes both abusive sexual behavior and sexual behavior in which the child or adolescent takes advantage of a younger or less powerful child/youth through seduction, coercion, or force. This rating refers to perpetrating the sexual behavior. *If scores 1 or more, go to Sexually Aggressive Behavior Module*

- 0 No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.**
- 1 History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation.**
- 2 Child has engaged in sexually aggressive behavior in the past year but not in the past 30 days.**
- 3 Child has engaged in sexually aggressive behavior in the past 30 days.**

53. FIRE SETTING

*Please rate using time frames provided in the anchors. *If score of 1 or more, go to the fire setting module*

- 0** No evidence
- 1** History of fire setting but not in the past six months.
- 2** Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.
- 3** Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).

54. BULLYING

- 0** Child has never engaged in bullying at school or in the community.
- 1** Child has been involved with groups that have bullied other child either in school or the community; however, child has not had a leadership role in these groups.
- 2** Child has bullied other child in school or community. Child has either bullied the other child individually or led a group that bullied child
- 3** Child has repeated utilized threats or actual violence to bully child in school and/or community.

55. SEXUALLY REACTIVE BEHAVIOR

- 0** No evidence of problems with sexually reactive behaviors.
- 1** Some evidence of sexually reactive behavior. Child may exhibit occasional inappropriate sexual language or behavior, flirts when age-inappropriate, or engages in unprotected sex with single partner. This behavior does not place child at great risk. A history of sexually provocative behavior would be rated here.
- 2** Moderate problems with sexually reactive behavior that places child at some risk. Child may exhibit more frequent sexually provocative behaviors in a manner that impairs functioning, engage in promiscuous sexual behaviors or have unprotected sex with multiple partners.
- 3** Significant problems with sexually reactive behaviors. Child exhibits sexual behaviors that place child or others at immediate risk.

56. EXPLOITED (not as it relates to commercial sexual exploitation-i.e., human trafficking)

This item describes a child or youth who has been victimized by others. This item is used to examine a history and pattern of being the object of abuse, and/or includes a level of current risk for re-victimization. This item includes children who are currently being bullied at school or in their community. It would also include children or youth who are victimized in other ways (e.g. sexual abuse, prostitution, inappropriate expectations based on a child's level of development, forced to take on a parental level of responsibility, etc).

- 0** No evidence of a history of exploitation OR no evidence of recent exploitation and no significant history of victimization within the past year. The person may have been robbed or burglarized on one or more occasions in the past, but no pattern of victimization exists. Person is not presently at risk for re-victimization.
- 1** There is a history or suspicion of exploitation, but a person has not been exploited to any significant degree during the past year. Person is not presently at risk for re-victimization.
- 2** This level indicates a person who has been recently exploited (within the past year) but is not at acute risk of re-exploitation. This might include experiences of physical or sexual abuse, significant psychological abuse by family or friends, extortion or violent crime.
- 3** This level indicates a person who has been recently exploited and has an acute risk of re-exploitation. Examples include working as a prostitute, living in an abusive relationship, or constantly being forced to take on a parent's responsibilities.

57. COMMERCIAL SEXUAL EXPLOITATION

*This item is used to examine a history and level of current risk for commercial sexual exploitation. *If score 1 or more, go to Commercial Sexual Exploitation Module*

0 This level indicates a child/youth with no evidence of recent exploitation and no significant history of exploitation within the past year. No pattern of exploitation exists. Child is not presently at risk for re-exploitation

1 This level indicates a person with a history of exploitation but who has not been exploited or victimized to any significant degree in the past year. Person is not presently at risk for re-exploitation.

2 This level indicates a child/youth that has been recently exploited (within the past year) but is not in acute risk of re-exploitation.

3 This level indicates a child/youth that has been recently exploited and is in acute risk of re-exploitation.

CAREGIVER NEEDS/STRENGTHS (PERMANENCY PLANNING)

58. SUPERVISION

This rating is used to determine the parents' capacity to provide the level of monitoring and discipline needed by the child/youth.

- 0 This rating is used to indicate a parenting circumstance in which supervision and monitoring is appropriate and well functioning.**
- 1 This level indicates a parenting circumstance in which supervision is generally adequate but inconsistent. This may include a placement in which one member is capable of appropriate monitoring and supervision but others are not capable or not consistently available.**
- 2 This level indicates a parenting circumstance in which supervision and monitoring are very inconsistent and frequently absent.**
- 3 This level indicates a parenting circumstance in which appropriate supervision and monitoring are nearly always absent or inappropriate.**

59. INVOLVEMENT WITH CARE

This rating should be based on the level of involvement the caregiver(s) has in planning and provision of mental health and related services.

- 0 This level indicates a caregiver(s) who is actively involved in the planning and/or implementation of services and is able to be an effective advocate on behalf of the child/adolescent.**
- 1 This level indicates a caregiver(s) who is consistently involved in the planning and/or implementation of services for the child/adolescent.**
- 2 This level indicates a caregiver(s) who is only somewhat or inconsistently involved in the implementation and planning of the care of the child/adolescent.**
- 3 This level indicates a caregiver(s) who is uninvolved with the care of the child/adolescent or adolescent. Caregiver likely wants individual out of home or fails to visit individual in out of home placement or acute care setting.**

60. KNOWLEDGE

Please rate the highest level from the past 30 days.

- 0 Caregiver is knowledgeable about the child's needs and strengths.**
- 1 Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity of parent.**
- 2 Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.**
- 3 Caregiver has knowledge problems that place the child at risk of significant negative outcomes.**

61. RESIDENTIAL STABILITY

Please rate the highest level from the past 30 days.

- 0 Caregiver has stable housing for the foreseeable future.**
- 1 Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.**
- 2 Caregiver has moved multiple times in the past year. Housing is unstable.**
- 3 Caregiver has experienced periods of homelessness in the past six months.**

62. SOCIAL RESOURCES

Please rate the highest level from the past 30 days.

- 0 Caregiver has significant family and friend social network that actively helps with raising the child (e.g., child rearing).**
- 1 Caregiver has some family or friend social network that actively helps with raising the child (e.g. child rearing).**
- 2 Caregiver has some family or friend social network that may be able to help with raising the child (e.g., child rearing).**
- 3 Caregiver no family or social network that may be able to help with raising the child (e.g. child rearing).**

63. PHYSICAL HEALTH

Please rate the highest level from the past 30 days.

- 0 Caregiver is generally healthy.**
- 1 Caregiver is in recovery from medical/physical problems.**
- 2 Caregiver has medical/physical problems that interfere with their capacity to parent.**
- 3 Caregiver has medical/physical problems that make it impossible for them to parent at this time.**

64. MENTAL HEALTH

Please rate the highest level from the past 30 days.

- 0 Caregiver has no mental health needs.**
- 1 Caregiver is in recovery from mental health difficulties.**
- 2 Caregiver has some mental health difficulties that interfere with their capacity to parent.**
- 3 Caregiver has mental health use difficulties that make it impossible for them to parent at this time.**

65. SUBSTANCE USE

This item describes the presence of any substance use challenges to care giving.

- 0 Caregiver has no substance use needs.**
- 1 Caregiver is in recovery from substance use difficulties.**
- 2 Caregiver has some substance use difficulties that interfere with his/her capacity to parent.**
- 3 Caregiver has substance use difficulties that make it impossible for him/her to parent at this time.**

66. DEVELOPMENTAL

Please rate the highest level from the past 30 days.

- 0 No evidence of caregiver developmental delay and/or caregiver has no developmental needs.**
- 1 There is a history or suspicion and/or caregiver has developmental delays, but these do not currently interfere with parenting.**
- 2 Caregiver has developmental challenges that interfere with their capacity to parent.**
- 3 Caregiver has severe developmental challenges that make it impossible for them to parent at this time.**

67. SAFETY

This rating refers to the safety of the assessed child/youth. It does not refer to the safety of other family or household members based on any danger presented by the assessed child/youth.

0 This level indicates that the present placement is as safe or safer for the child/youth (in his or her present condition) as could be reasonably expected.

1 This level indicates that the present placement environment presents some mild risk of emotional abuse, neglect, exposure to undesirable environments or occasional presence of questionable role models but no immediate risk is present.

2 This level indicates that the present placement environment presents a moderate level of risk to the child/youth, including such things as the risk of neglect or abuse, few appropriate role models or exposure to individuals who potentially pose a risk to the safety of the child/youth.

3 This level indicates that the present placement environment presents a significant risk to the well being of the child/youth. Neglect or abuse is occurring or is at imminent risk to occur. Individuals in the environment are or have the potential to, significantly harm the child/youth.

68. MARITAL/PARTNER VIOLENCE

This rating describes the degree of difficult or conflict in the caregiver relationship.

0 Caregivers appear to be functioning adequately. There is no evidence of notable conflict in the caregiver relationship. Disagreements are handled in an atmosphere of mutual respect and equal power.

1 Mild to moderate level of family problems including marital difficulties and caregiver arguments. Caregivers are generally able to keep arguments to a minimum when child is present. Occasional difficulties in conflict resolution or use of power and control by one partner over another.

2 Significant level of caregiver difficulties including frequent arguments that often escalates to verbal aggression or the use of verbal aggression by one partner to control the other. Child often witnesses these arguments between caregivers or the use of verbal aggression by one partner to control the other.

3 Profound level of caregiver or marital violence that often escalates to mutual attacks or the use of physical aggression by one partner to control the other. These episodes may exacerbate child's difficulties or put the child at greater risk.

69. POSTTRAUMATIC REACTIONS

This rating describes posttraumatic reactions faced by caregiver(s), including emotional numbing and avoidance, nightmares and flashbacks that are related to their child's or their own traumatic experiences.

0 Caregiver has adjusted to traumatic experiences without notable posttraumatic stress reactions.

1 Caregiver has some mild adjustment problems related to their child's or their own traumatic experiences. Caregiver may exhibit some guilt about their child's trauma or become somewhat detached or estranged from others.

2 Caregiver has moderate adjustment difficulties related to traumatic experiences. Caregiver may have nightmares or flashbacks of the trauma.

3 Caregiver has significant adjustment difficulties associated with traumatic experiences. Symptoms might include intrusive thoughts, hyper vigilance, and constant anxiety.

70. RESOURCES

This rating refers to the financial and social assets (extended family) and resources that the caregiver(s) can bring to bear in addressing the multiple needs of the child and family.

- 0 Caregiver(s) has sufficient resources so that there are few limitations on what can be provided for the child.**
- 1 Caregiver(s) has the necessary resources to help address the child's basic needs and are helpful in the care and treatment of the child.**
- 2 Caregiver(s) has limited financial and other resources (e.g. grandmother living in same town who is sometimes available to watch child).**
- 3 Caregiver has severely limited resources that are available to assist in the care and treatment of the child.**

71. ACCESSIBILITY TO CHILD CARE SERVICES

Please rate the highest level from the past 30 days.

- 0 Caregiver has access to sufficient child care services.**
- 1 Caregiver has limited access to child care services. Needs are met minimally by existing, available services.**
- 2 Caregiver has limited access or access to limited child care services. Current services do not meet the caregiver's needs.**
- 3 Caregiver has no access to child care services.**

72. ORGANIZATION

Please rate the highest level from the past 30 days.

- 0 Caregiver is well organized and efficient.**
- 1 Caregiver has minimal difficulties with organizing and maintaining household to support needed services. For example, may be forgetful about appointments or occasionally fails to return case manager calls.**
- 2 Caregiver has moderate difficulty organizing and maintaining household to support needed services.**
- 3 Caregiver is unable to organize household to support needed services.**

73. FAMILY STRESS

Please rate the highest level from the past 30 days.

- 0 Caregiver able to manage the stress of child/children's needs.**
- 1 Caregiver has some problems managing the stress of child/children's needs.**
- 2 Caregiver has notable problems managing the stress of child/children's needs. This stress interferes with their capacity to give care.**
- 3 Caregiver is unable to manage the stress associated with child/children's needs. This stress prevents caregiver from parenting.**

74. FINANCIAL RESOURCES

Please rate the highest level from the past 30 days.

- 0 Caregiver has sufficient financial resources to raise the child (e.g., child rearing).**
- 1 Caregiver has some financial resources that actively help with raising the child (e.g. child rearing).**
- 2 Caregiver has limited financial resources that may be able to help with raising the child (e.g., child rearing).**
- 3 Caregiver has no financial resources to help with raising the child (e.g. child rearing). Caregiver needs financial resources**

75. SELF-CARE/DAILY LIVING

This rating describes the caregiver's ability to provide for the basic needs (e.g., shelter, food, safety, and clothing) of their child.

- 0** The caregiver has the daily living skills needed to care for their child
- 1** The caregiver needs verbal prompting to complete the daily living skills required to care for their child.
- 2** The caregiver needs assistance (physical prompting) to complete the daily living skills required to care for their child.
- 3** The caregiver is unable to complete the daily living skills required to care for their child. Caregiver needs immediate intervention.

76. EDUCATIONAL ATTAINMENT

This rates the degree to which the individual has completed his/her planned education.

- 0** Caregiver has achieved all educational goals or has none but educational attainment has no impact on lifetime vocational functioning.
- 1** Caregiver has set educational goals and is currently making progress towards achieving them.
- 2** Caregiver has set educational goals but is currently not making progress towards achieving them.
- 3** Caregiver has no educational goals and lack of educational attainment is interfering with individual's lifetime vocational functioning. Caregiver needs educational/vocational intervention.

77. EMPLOYMENT/EDUCATIONAL FUNCTIONING

This rates the performance of the caregiver in school or work settings. This performance can include issues of behavior, attendance or achievement/productivity.

- 0** Caregiver is gainfully employed and/or in school.
- 1** A mild degree of problems with school or work functioning. Caregiver may have some problems in work environment. Caregiver needs to be monitored and assessed further.
- 2** A moderate degree of school or work problems and/or difficulties with learning. Caregiver may have history of frequent job loss or may be recently unemployed. Caregiver needs an intervention to address employment and/or learning difficulties.
- 3** A severe degree of school or work problems. Caregiver is chronically unemployed and not attending any education program. Caregiver needs immediate intervention.

78. LEGAL

Please rate the highest level from the past 30 days.

- 0** Caregiver has no known legal difficulties.
- 1** Caregiver has a history of legal problems but currently is not involved with the legal system.
- 2** Caregiver has some legal problems and is currently involved in the legal system.
- 3** Caregiver has serious current or pending legal difficulties that place him/her at risk for incarceration. Caregiver needs an immediate comprehensive and community-based intervention.

79. TRANSPORTATION

This rating reflects the caregiver's ability to provide appropriate transportation for his/her child.

- 0** Child and his/her caregiver have no transportation needs. Caregiver is able to get his/her child to appointments, school, activities, etc. consistently.
- 1** Child and his/her caregiver have occasional transportation needs (e.g. appointments). Caregiver has difficulty getting his/her child to appointments, school, activities, etc. less than once a week.
- 2** Child and his/her caregiver have frequent transportation needs. Caregiver has difficulty getting his/her child to appointments, school, activities, etc. regularly (e.g. once a week). Caregiver needs assistance transporting child and access to transportation resources.
- 3** Child and his/her caregiver have no access to appropriate transportation and are unable to get his/her child to appointments, school, activities, etc. Caregiver needs immediate intervention and development of transportation resources.

Individualized Assessment Modules (Optional)
Please fill out if indicated above

SCHOOL MODULE

80. SCHOOL ACHIEVEMENT

Please rate the highest level from the past 30 days.

- 0 Child is doing well in school.**
- 1 Child is doing adequately in school although some problems with achievement exist.**
- 2 Child is having moderate problems with school achievement. He/she may be failing some subjects.**
- 3 Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement.**

81. SCHOOL ATTENDANCE

Please rate the highest level from the past 30 days.

- 0 Child attends school regularly.**
- 1 Child has some problems attending school but generally goes to school. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.**
- 2 Child is having problems with school attendance. He/she is missing at least two days each week on average.**
- 3 Child is generally truant or refusing to go to school.**

82. SCHOOL BEHAVIOR

Please rate the highest level from the past 30 days.

- 0 Child is behaving well in school.**
- 1 Child is behaving adequately in school although some behavior problems exist.**
- 2 Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.**
- 3 Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.**

83. RELATION WITH TEACHER(S)

This rating should be based on relationships with teachers, staff, and other school personnel.

- 0 Child has good relations with teachers.**
- 1 Child has occasional difficulties relating with at least one teacher. Child may have difficulties during one class period (e.g. math, gym).**
- 2 Child has difficult relations with teachers that notably interferes with his/her education.**
- 3 Child has very difficult relations with all teachers or all the time with their only teacher. Relations with teachers currently prevents child from learning.**

INTELLECTUAL/DEVELOPMENTAL NEEDS MODULE

84. COGNITIVE

Please rate the highest level from the past 30 days.

- 0 Child's intellectual functioning appears to be in normal range. There is no reason to believe that the child has any problems with intellectual functioning.**
- 1 Child has low IQ (70 to 85) or has identified learning challenges.**
- 2 Child has mild mental retardation. IQ is between 55 and 70.**
- 3 Child has moderate to profound mental retardation. IQ is less than 55.**

85. DEVELOPMENTAL DELAY

Please rate the highest level from the past 30 days.

- 0 Child's development appears within normal range. There is no reason to believe that the child has any developmental problems.**
- 1 Evidence of a mild developmental delay.**
- 2 Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.**
- 3 Severe developmental disorder.**

86. SELF-CARE/DAILY LIVING SKILLS

Please rate the highest level from the past 30 days.

- 0 Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills.**
- 1 Child requires verbal prompting on self-care tasks or daily living skills.**
- 2 Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).**
- 3 Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.**

TRAUMA MODULE (characteristics of the trauma experience)

87. SEXUAL ABUSE

*Please rate within the lifetime. *(If score is 1 or more, answer further questions below)*

- 0** There is no evidence that infant/child has experienced sexual abuse.
- 1** Infant/child has experienced one episode of sexual abuse or there is a suspicion that infant/child has experienced sexual abuse but no confirming evidence.
- 2** Infant/child has experienced repeated sexual abuse.
- 3** Infant/child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.

88. PHYSICAL ABUSE

Please rate within the lifetime.

- 0** There is no evidence that child has experienced physical abuse.
- 1** Infant/child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence.
- 2** Infant/child has experienced repeated physical abuse.
- 3** Infant/child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.

89. EMOTIONAL/VERBAL ABUSE

Please rate within the lifetime.

- 0** There is no evidence that child has experienced emotional abuse.
- 1** Child/youth has experienced mild emotional abuse.
- 2** Child/youth has experienced emotional abuse over an extended period of time (at least one year).
- 3** Child/youth has experienced severe and repeated emotional abuse over an extended period of time (at least one year).

90. NEGLECT

Please rate within the lifetime.

- 0** There is no evidence that child has experienced neglect.
- 1** Child has experienced minor or occasional neglect. Child may have been left at home alone with no adult supervision or there may be occasional failure to provide adequate supervision of child
- 2** Child has experienced a moderate level of neglect. This may include occasional unintended failure to provide adequate food, shelter, or clothing with corrective action.
- 3** Child has experienced a severe level of neglect including prolonged absences by adults, without minimal supervision, and failure to provide basic necessities of life on a regular basis.

91. MEDICAL TRAUMA

Please rate within the lifetime.

- 0** There is no evidence that child has experienced any medical trauma.
- 1** Infant/child has experienced mild medical trauma including minor surgery (e.g. stitches, bone setting).
- 2** Infant/child has experienced moderate medical trauma including major surgery or injuries requiring hospitalization.
- 3** Infant/child has experienced life threatening medical trauma.

92. NATURAL DISASTER*Please rate within the lifetime.*

- 0** There is no evidence that child has experienced any natural disaster.
- 1** Child has been indirectly affected by a natural disaster.
- 2** Child has experienced a natural disaster which has had a notable impact on his/her well-being.
- 3** Child has experienced life threatening natural disaster.

93. WITNESS TO FAMILY VIOLENCE*Please rate within the lifetime.*

- 0** There is no evidence that child has witnessed family violence.
- 1** Child has witnessed one episode of family violence.
- 2** Child has witnessed repeated episodes of family violence but no significant injuries (i.e. requiring emergency medical attention) have been witnessed.
- 3** Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.

94. WITNESS TO COMMUNITY VIOLENCE*Please rate within the lifetime.*

- 0** There is no evidence that infant/child has witnessed violence in the community.
- 1** Infant/child has witnessed fighting or other forms of violence in the community
- 2** Infant/child has witnessed the significant injury of others in his/her community.
- 3** Infant/child has witnessed the death of another person in his/her community.

95. WITNESS/VICTIM – CRIMINAL ACTIVITY*Please rate within the lifetime.*

- 0** There is no evidence that infant/child has been victimized or witness significant criminal activity.
- 1** Infant/child is a witness of significant criminal activity.
- 2** Infant/child is a direct victim of criminal activity or witnessed the victimization of a family or friend.
- 3** Infant/child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one.

96. WAR AFFECTED*This rating describes the degree of severity of exposure to war, political violence, or torture. Violence or trauma related to Terrorism is not included here.*

- 0** There is no evidence that child has been exposed to war, political violence, or torture.
- 1** Child did not live in war-affected region or refugee camp, but family was affected by war. Family members directly related to the child may have been exposed to war, political violence, or torture; family may have been forcibly displaced due to the war, or both. This does not include children who have lost one or both parents during the war.
- 2** Child has been affected by war or political violence. He or she may have witnessed others being injured in the war, may have family members who were hurt or killed in the war, and may have lived in an area where bombings or fighting took place. Child may have lost one or both parents during the war or one or both parents may be so physically or psychologically disabled from war so that they are not able to provide adequate caretaking of child. Child may have spent extended amount of time in refugee camp.
- 3** Child has experienced the direct affects of war. Child may have feared for their own life during war due to bombings, shelling, very near to them. They may have been directly injured, tortured or kidnapped. Some may have served as soldiers, guerrillas or other combatants in their home countries.

97. TERRORISM AFFECTED

This rating describes the degree to which a child has been affected by terrorism. Terrorism is defined as "the calculated use of violence or the threat of violence to inculcate fear, intended to coerce or to intimidate governments or societies in the pursuit of goals that are generally political, religious, or ideological." Terrorism includes attacks by individuals acting in isolation (e.g. sniper attacks).

- 0** There is no evidence that child has been affected by terrorism or terrorist activities.
- 1** Child's community has experienced an act of terrorism, but the child was not directly impacted by the violence (e.g. child lives close enough to site of terrorism that they may have visited before or child recognized the location when seen on TV, but child's family and neighborhood infrastructure was not directly affected). Exposure has been limited to pictures on television.
- 2** Child has been affected by terrorism within his/her community, but did not directly witness the attack. Child may live near the area where attack occurred and be accustomed to visiting regularly in the past, infrastructure of child's daily life may be disrupted due to attack (e.g. utilities or school), and child may see signs of the attack in neighborhood (e.g. destroyed building). Child may know people who were injured in the attack.
- 3** Child has witnessed the death of another person in a terrorist attack, or has had friends or family members seriously injured as a result of terrorism, or has directly been injured by terrorism leading to significant injury or lasting impact.

Trauma due to sexual abuse sub-module
(If sexual abuse is >0, complete the following)

98. EMOTIONAL CLOSENESS TO PERPETRATOR

- 0** Perpetrator was a stranger at the time of the abuse.
- 1** Perpetrator was known to the infant/child at the time of event but only as an acquaintance.
- 2** Perpetrator had a close relationship with the Infant/child at the time of the event but was not an immediate family member.
- 3** Perpetrator was an immediate family member (e.g. parent, sibling).

99. FREQUENCY OF ABUSE

- 0** Abuse occurred only one time.
- 1** Abuse occurred two times.
- 2** Abuse occurred two to ten times.
- 3** Abuse occurred more than ten times.

100. DURATION

- 0** Abuse occurred only one time.
- 1** Abuse occurred within a six month time period.
- 2** Abuse occurred within a six-month to one year time period.
- 3** Abuse occurred over a period of longer than one year.

101. FORCE

- 0** No physical force or threat of force occurred during the abuse episode(s).
- 1** Sexual abuse was associated with threat of violence but no physical force.
- 2** Physical force was used during the sexual abuse.
- 3** Significant physical force/violence was used during the sexual abuse. Physical injuries occurred as a result of the force.

102. REACTION TO DISCLOSURE

- 0** All significant family members are aware of the abuse and supportive of the child coming forward with the description of his/her abuse experience.
- 1** Most significant family members are aware of the abuse and supportive of the child for coming forward. One or two family members may be less supportive. Parent may be experiencing anxiety/depression/guilt regarding abuse.
- 2** Significant split among family members in terms of their support of the child for coming forward with the description of his/her experience.
- 3** Significant lack of support from close family members of the child for coming forward with the description of his/her abuse experience. Significant relationship (e.g. parent, care-giving grandparent) is threatened.

Adjustment (sub-module)

103. AFFECT REGULATION

Please rate the highest level from the past 30 days.

- 0** Child has no problems with affect regulation.
- 1** Child has mild to moderate problems with affect regulation.
- 2** Child has significant problems with affect regulation but is able to control affect at times. Problems with affect regulation interfere with child’s functioning in some life domains.
- 3** Child has severe problems regulating affect even with caregiver’s support.

104. INTRUSIONS

Please rate the highest level from the past 30 days.

- 0** There is no evidence that child experiences intrusive thoughts of trauma.
- 1** Child experiences some intrusive thoughts of trauma but they do not affect his/her functioning.
- 2** Child experiences intrusive thoughts that interfere in his/her ability to function in some life domains.
- 3** Child experiences repeated and severe intrusive thoughts of trauma.

105. ATTACHMENT

Please rate the highest level from the past 30 days.

- 0** No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.
- 1** Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.
- 2** Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.
- 3** Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.

106. DISSOCIATION

Please rate the highest level from the past 30 days.

- 0 There is no evidence of dissociation.**
- 1 Child may experience some symptoms of dissociation.**
- 2 Child clearly experiences episodes of dissociation.**
- 3 Profound dissociation occurs.**

107. TIME BEFORE TREATMENT

- 0 Trauma was recognized and treatment started within one month of initial experience.**
- 1 Trauma was recognized and treatment started within one to six months of initial experience.**
- 2 Trauma was recognized and treatment started within six months to one year of the initial experience.**
- 3 Trauma was not recognized nor treated for more than one year after the initial experience.**

108. TRAUMATIC GRIEF/SEPARATION

This rating describes the level of traumatic grief due to death or loss or separation from significant caregivers.

- 0 There is no evidence that the child has experienced traumatic grief or separation from significant caregivers.**
- 1 Child is experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is appropriate given the recent nature of loss or separation.**
- 2 Child is experiencing a moderate level of traumatic grief or difficulties with separation in a manner that impairs functioning in certain but not all areas. This could include withdrawal or isolation from others.**
- 3 Child is experiencing significant traumatic grief or separation reactions. Child exhibits impaired functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation.**

109. AVOIDANCE

Please rate the highest level from the past 30 days.

- 0 No evidence of avoidant behavior.**
- 1 Mild problems with avoiding some situations either after the trauma or presently on an infrequent basis. Infants due to limited mobility rarely exhibit this symptom.**
- 2 Moderate problems with avoidant behavior that occurs on a consistently when child is exposed to triggers related to the trauma. Caregiver can support the child.**
- 3 Severe problems with avoidant behavior that occurs consistently but cannot be mediated by caregivers and causes significant distress.**

SUBSTANCE USE MODULE

110. SEVERITY OF USE

Please rate the highest level from the past 30 days.

- 0 Child is currently abstinent and has maintained abstinence for at least six months.**
- 1 Child is currently abstinent but only in the past 30 days or child has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.**
- 2 Child actively uses alcohol or drugs but not daily.**
- 3 Child uses alcohol and/or drugs on a daily basis.**

111. DURATION OF USE

This item describes any needs involving the child/adolescent's food intake. Please rate the highest level from the past 30 days.

- 0 Child has begun use in the past year.**
- 1 Child has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.**
- 2 Child has been using alcohol or drugs for at least one year (but less than five years), but not daily.**
- 3 Child has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.**

112. STAGE OF RECOVERY

Please rate the highest level from the past 30 days.

- 0 Child is in maintenance stage of recovery. Youth is abstinent and able to recognize and avoid risk factors for future alcohol or drug use.**
- 1 Child is actively trying to use treatment to remain abstinent.**
- 2 Child is in contemplation phase, recognizing a problem but not willing to take steps for recovery.**
- 3 Child is in denial regarding the existence of any substance use problem.**

113. PEER INFLUENCES

Please rate the highest level from the past 30 days.

- 0 Youth's primary peer social network does not engage in alcohol or drug use.**
- 1 Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.**
- 2 Youth predominantly has peers who engage in alcohol or drug use but youth is not a member of a gang.**
- 3 Youth is a member of a peer group that consistently engages in alcohol or drug use.**

114. PARENTAL INFLUENCES

Please rate the highest level from the past 30 days.

- 0 There is no evidence that youth's parents have ever engaged in substance abuse.**
- 1 One of youth's parents has history of substance abuse but not in the past year.**
- 2 One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.**
- 3 One or both of youth's parents use alcohol or drugs with the youth.**

115. ENVIRONMENTAL INFLUENCES

Please rate the environment around the youth's living situation.

- 0 No evidence that the child's environment stimulates or exposes the child to any alcohol or drug use.**
- 1 Mild problems in the child's environment that might expose the child to alcohol or drug use.**
- 2 Moderate problems in the child's environment that clearly expose the child to alcohol or drug use.**
- 3 Severe problems in the child's environment that stimulate the child to engage in alcohol or drug.**

VIOLENCE MODULE

Historical Risk Factors:

116. HISTORY OF PHYSICAL ABUSE

- 0 No evidence of a history of physical abuse
- 1 Youth has experienced corporal punishment.
- 2 Youth has experienced physical abuse on one or more occasions from care giver or parent.
- 3 Youth has experienced extreme physical abuse that has resulted in physical injuries that required medical care

117. HISTORY OF VIOLENCE

Historical risk factors are rated over the lifetime of the child.

- 0 No evidence of any history of violent behavior by the child.
- 1 Child has engaged in minor forms of violent behavior including destruction of property and/or physical fights in which no one was injured (e.g. shoving, wrestling).
- 2 Child has engaged in moderate forms of violent behavior including fights/assaults in which participants were injured. Cruelty to animals would be rated here unless it resulted in significant injury or death of the animal.
- 3 Child has initiated unprovoked violent behaviors on other people that resulted in injuries. Cruelty to animals that resulted in significant injury or death to the animal would be rated here.

Emotional/Behavioral Risks:

118. FRUSTRATION MANAGEMENT

Please rate the highest level from the past 30 days.

- 0 Child appears to be able to manage frustration well. No evidence of problems of frustration management.
- 1 Child has some mild problems with frustration. He/she may anger easily when frustrated; however, he/she is able to calm him/herself down following an angry outburst.
- 2 Child has problems managing frustration. His/her anger when frustrated is causing functioning problems in school, at home, or with peers.
- 3 Child becomes explosive and dangerous to others when frustrated. He/she demonstrates little self control in these situations and others must intervene to restore control

119. HOSTILITY

Please rate the highest level from the past 30 days.

- 0 Child appears to not experience or express hostility except in situations where most people would become hostile.
- 1 Child appears hostile but does not express it. Others experience child as being angry.
- 2 Child expresses hostility regularly.
- 3 Child is almost always hostile either in expression or appearance. Others may experience child as 'full of rage' or 'seething'

120. PARANOID THINKING

Please rate the child's highest level in the past 30 days.

- 0 Child does not appear to engage in any paranoid thinking.**
- 1 Child is suspicious of others but is able to test out these suspicions and adjust their thinking appropriately.**
- 2 Child believes that others are 'out to get' him/her. Child has trouble accepting that these beliefs may not be accurate. Child at times is suspicious and guarded but at other times can be open and friendly. Suspicious can be allayed with reassurance.**
- 3 Child believes that others plan to cause them harm. Child is nearly always suspicious and guarded.**

121. SECONDARY GAINS FROM ANGER

Please rate the child's highest level in the past 30 days.

- 0 Child does not engage in aggressive behavior.**
- 1 Child unintentionally has benefited from aggressive behavior, however, there is no evidence that child intentionally uses aggression to achieve desired outcome.**
- 2 Child sometimes uses aggression to achieve desired outcomes with parents, caregivers, teachers, or peers.**
- 3 Child routinely uses aggression to achieve desired outcomes with parents, caregivers, teachers, or peers. Others appear intimidated by child.**

122. VIOLENT THINKING

Please rate the child's highest level in the past 30 days.

- 0 There is no evidence that youth engages in violent thinking.**
- 1 Youth has some occasional or minor thoughts about violence.**
- 2 Youth has violent thoughts. Language is often characterized as having violent themes and problem solving often refers to violent outcomes.**
- 3 Youth has specific homicidal ideation or appears obsessed with thoughts about violence. For example, a youth who spontaneously and frequently draws only violent images may be rated here.**

Resiliency Factors:

123. AWARENESS OF VIOLENCE POTENTIAL

Please rate the child's highest level in the past 30 days.

- 0 Child is fully aware of his/her level of risk of violence. Child knows and understands risk factors. Child accepts responsibility for past and future behaviors. Child is able to anticipate future challenging circumstances.**
- 1 Child is generally aware of his/her potential for violence. Child is knowledgeable about his/her risk factors and is generally able to take responsibility. Child may be unable to anticipate future circumstances that may challenge him/her.**
- 2 Child has some awareness of his/her potential for violence. Child tends to blame others but is able to accept some responsibility for his/her actions.**
- 3 Child has no awareness of his/her potential for violence. Child may deny past violent acts or explain them in terms of justice or as deserved by the victim.**

124. RESPONSE TO CONSEQUENCES*Please rate the child's highest level in the past 30 days.*

- 0 Child is clearly and predictably responsive to identified consequences. Child is regularly able to anticipate consequences and adjust behavior.**
- 1 Child is generally responsive to identified consequences; however, not all likely consequences have been identified or he/she may sometimes fail to anticipate consequences.**
- 2 Child responds to consequences on some occasions but sometimes does not appear to care about consequences for his/her violent behavior.**
- 3 Child is unresponsive to consequences for his/her violent behavior.**

125. COMMITMENT TO SELF-CONTROL*Please rate the child's highest level in the past 30 days.*

- 0 Child is fully committed to controlling his/her violent behavior.**
- 1 Child is generally committed to controlling his/her violent behavior; however, he/she may continue to struggle with control in some challenging circumstances.**
- 2 Child is ambivalent about controlling his/her violent behavior.**
- 3 Child is not interested in controlling his/her violent behavior at this time.**

126. TREATMENT INVOLVEMENT

- 0 Youth fully involved in his/her own treatment. Family supports treatment as well.**
- 1 Youth or family involved in treatment but not both. Youth may be somewhat involved in treatment, while family members are active or youth may be very involved in treatment while family members are unsupportive.**
- 2 Youth and family are ambivalent about treatment involvement. Youth and/or family may be skeptical about treatment effectiveness or suspicious about clinician intentions.**
- 3 Youth and family are uninterested in treatment involvement. A youth with treatment needs who is not currently in treatment would be rated here.**

127. INVOLVEMENT WITH OTHERS*Please rate the child's highest level in the past 30 days.*

- 0 Youth engages in violence by self with no involvement of others. Others may discourage behavior.**
- 1 Others enable youth violence by not discouraging youth's behavior.**
- 2 Others involved in violence by not reporting the violence.**
- 3 Youth actively is encouraged into violence by others.**

128. LEGAL COMPLIANCE*Please rate the child's highest level in the past 30 days.*

- 0 Child is fully compliant with all responsibilities imposed by the court (e.g., school attendance, treatment, restraining orders) or no court orders are currently in place.**
- 1 Child is in general compliance with responsibilities imposed by the court (e.g., occasionally missed appointments).**
- 2 Child is in partial noncompliance with standing court orders (e.g., child is going to school but not attending court-order treatment).**
- 3 Child is in serious and/or complete noncompliance with standing court orders (e.g., parole violations).**

RUNAWAY MODULE

129. FREQUENCY OF RUNNING

Please rate using time frames provided in the anchors

- 0 Child has only run once in past year
- 1 Child has run 2-5 times in past year.
- 2 Child has run 5-10 times in past year.
- 3 Child runs at every opportunity.

130. CONSISTENCY OF DESTINATION

- 0 Child always runs to the same location.
- 1 Child generally runs to the same location or neighborhood
- 2 Child runs to the same community but the specific locations change.
- 3 Child runs to no planned destination.

131. SAFETY OF DESTINATION

- 0 Child runs to a safe environment that meets his/hers basic needs (e.g. food, shelter).
- 1 Child runs to generally safe environments; however, they might be somewhat unstable or variable.
- 2 Child runs to generally unsafe environments that cannot meet his/her basic needs.
- 3 Child runs to very unsafe environments where the likelihood that he/she will be victimized is high.

132. INVOLVEMENT IN ILLEGAL ACTIVITIES

- 0 Child does not engage in illegal activities while on run beyond those involved with the running itself.
- 1 Child engages in status offenses beyond those involved with the running itself while on run (e.g. curfew violations, underage drinking)
- 2 Child engages in delinquent activities while on run.
- 3 Child engages in dangerous delinquent activities while on run (e.g. prostitution)

133. LIKELIHOOD OF RETURN ON OWN

- 0 Child will return from run on his/her own without prompting.
- 1 Child will return from run when found but not without being found.
- 2 Child will make him/her difficult to find and/or might passively resist return once found.
- 3 Child makes repeated and concerted efforts to hide so as to not be found and/or actively resists return.

134. REALISTIC EXPECTATIONS

- 0 Youth has realistic expectations about the implications of his/her running behavior.
- 1 Youth has reasonable expectations about the implications of his/her running behavior but may be hoping for a somewhat 'optimistic' outcome.
- 2 Youth has unrealistic expectations about the implications of their running behavior.
- 3 Youth has obviously false or delusional expectations about the implications of their running behavior.

135. PLANNING

- 0 Running behavior is completely spontaneous and emotionally impulsive.**
- 1 Running behavior is somewhat planned but not carefully.**
- 2 Running behavior is planned.**
- 3 Running behavior is carefully planned and orchestrated to maximize likelihood of not being found.**

JUVENILE JUSTICE MODULE

136. SERIOUSNESS

- 0 Child has engaged only in status violations (e.g. curfew, runaway, truancy).**
- 1 Child has engaged in minor delinquent behavior (e.g. shoplifting, trespassing, minor vandalism).**
- 2 Child has engaged in significant delinquent behavior (e.g. extensive theft, minor assault, significant property crime).**
- 3 Child has engaged in delinquent behavior that places other citizens at risk of significant physical harm.**

137. HISTORY OF CRIMINAL BEHAVIOR

Please rate using time frames provided in the anchors.

- 0 Current delinquent behavior is the first known occurrence.**
- 1 Child has engaged in multiple delinquent acts in the past one year.**
- 2 Child has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.**
- 3 Child has engaged in multiple delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in delinquent behavior.**

138. ARRESTS

Please rate the highest level from the past 30 days.

- 0 Youth has no known arrests in past.**
- 1 Youth has history of delinquency, but no arrests past 30 days.**
- 2 Youth has 1 to 2 arrests in last 30 days.**
- 3 Youth has more than 2 arrests in last 30 day.**

139. PLANNING

Please rate the highest level from the past 30 days.

- 0 No evidence of any planning. Delinquent behavior appears opportunistic or impulsive.**
- 1 Evidence suggests that child places him/herself into situations where the likelihood of delinquent behavior is enhanced.**
- 2 Evidence of some planning of delinquent behavior.**
- 3 Considerable evidence of significant planning of delinquent behavior. Behavior is clearly premeditated.**

140. COMMUNITY SAFETY

Please rate the highest level from the past 30 days.

- 0 Child presents no risk to the community. He/she could be unsupervised in the community.**
- 1 Child engages in behavior that represents a risk to community property.**
- 2 Child engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child's behavior.**
- 3 Child engages in behavior that directly places community members in danger of significant physical harm.**

141. PEER INFLUENCES

Please rate the highest level from the past 30 days.

- 0 Child's primary peer social network does not engage in delinquent behavior.**
- 1 Child has peers in his/her primary peer social network who do not engage in delinquent behavior but has some peers who do.**
- 2 Child predominantly has peers who engage in delinquent behavior but child is not a member of a gang.**
- 3 Child is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.**

142. PARENTAL CRIMINAL BEHAVIOR

Please rate the highest level from the past 30 days.

- 0 There is no evidence that youth's parents have ever engaged in criminal/delinquent behavior.**
- 1 One of youth's parents has history of criminal/delinquent behavior but youth has not been in contact with this parent for at least one year.**
- 2 One of youth's parents has history of criminal/delinquent behavior and youth has been in contact with this parent in the past year.**
- 3 Both of youth's parents have history of criminal/delinquent behavior resulting in incarceration.**

143. ENVIRONMENTAL INFLUENCES

Please rate the environment around the child's living situation.

- 0 No evidence that the child's environment stimulates or exposes the child to any delinquent behavior.**
- 1 Mild problems in the child's environment that might expose the child to delinquent behavior.**
- 2 Moderate problems in the child's environment that clearly expose the child to delinquent behavior.**
- 3 Severe problems in the child's environment that stimulate the child to engage in delinquent behavior.**

SEXUALLY AGGRESSIVE BEHAVIOR MODULE

144. RELATIONSHIP

Please rate the most serious episode of sexual aggressive/inappropriate behavior in the past year.

- 0 No evidence of victimizing others. All parties in sexual activity appear to be consenting. No power differential.**
- 1 Although parties appear to be consenting, there is a significant power differential between parties in the sexual activity with this child or adolescent being in the position of authority.**
- 2 Child is clearly victimizing at least one other individual with sexually abusive behavior.**
- 3 Child is severely victimizing at least one other individual with sexually abusive behavior. This may include physical harm that results from either the sexual behavior or physical force associated with sexual behavior.**

145. PHYSICAL THREAT/FORCE

Please rate the highest level from the most serious episode of sexual aggressive/inappropriate behavior in the past year.

- 0 No evidence of the use of any physical force or threat of force in either the commission of the sex act or in attempting to hide it.**
- 1 Evidence of the use of the threat of force in an attempt to discourage the victim from reporting the sex act.**
- 2 Evidence of the use of mild to moderate force in the sex act. There is some physical harm or risk of physical harm.**
- 3 Evidence of severe physical force in the commission of the sex act. Victim harmed or at risk for physical harm from the use of force.**

146. PLANNING

Please rate the highest level from the most serious episode of sexual aggressive/inappropriate behavior in the past year.

- 0 No evidence of any planning. Sexual activity appears entirely opportunistic.**
- 1 Some evidence of efforts to get into situations where likelihood of opportunities for sexual activity is enhanced.**
- 2 Evidence of some planning of sex activity.**
- 3 Considerable evidence of predatory sexual behavior in which victim is identified prior to the act, and the act is premeditated.**

147. AGE DIFFERENTIAL

Please rate the highest level from the most serious episode of sexual behavior in the past year.

- 0 Ages of the perpetrator and victim and/or participants essentially equivalent (less than 3 years apart).**
- 1 Age differential between perpetrator and victim and/or participants is 3 to 4 years.**
- 2 Age differential between perpetrator and victim at least 5 years, but perpetrator less than 13 years old.**
- 3 Age differential between perpetrator and victim at least 5 years and perpetrator 13 years old or older.**

148. TYPE OF SEX ACT

Please rate the highest level from the most serious episode of sexual aggressive/inappropriate behavior in the past year.

- 0 Sex act(s) involve touching or fondling only.**
- 1 Sex act(s) involve fondling plus possible penetration with fingers or oral sex.**
- 2 Sex act(s) involve penetration into genitalia or anus with body part.**
- 3 Sex act involves physically dangerous penetration due to differential size or use of an object.**

149. RESPONSE TO ACCUSATION

Please rate highest level in the past 30 days.

- 0 Child admits to behavior, accepts responsibility, and expresses remorse and desire to not repeat.**
- 1 Child accepts some responsibility for behavior and expresses some remorse.**
- 2 Child admits to behavior but minimizes personal responsibility and does not express remorse.**
- 3 Child accepts no responsibility and does not appear to experience any remorse. Child completely denies responsibility.**

150. TEMPORAL CONSISTENCY

- 0 This level indicates a child who has never exhibited sexually abusive behavior or who has developed this behavior only in the past three months following a clear stressor.**
- 1 This level indicates a child who has been sexually abusive during the past two years OR child who has become sexually abusive in the past three months despite the absence of any clear stressors.**
- 2 This level indicates a child who has been sexually abusive for an extended period of time (e.g. more than two years), but who has had significant symptom-free periods.**
- 3 This level indicates a child who has been sexually abusive for an extended period of time (e.g. more than two years) without significant symptom-free periods.**

151. HISTORY OF SEXUALLY ABUSE BEHAVIOR

Please rate within the lifetime.

- 0 Child or adolescent has only one incident of sexually abusive behavior that has been identified and/or investigated.**
- 1 Child or adolescent has two or three incidents of sexually abusive behavior that have been identified and/or investigated.**
- 2 Child or adolescent has four to ten incidents of sexually abusive behavior that have been identified and/or investigated with more than one victim.**
- 3 Child or adolescent has more than ten incidents of sexually abusive behavior with more than one victim.**

152. SEVERITY OF SEXUAL ABUSE

Please rate within the lifetime.

- 0 No history of any form of sexual abuse.**
- 1 History of occasional fondling or being touched inappropriately, however, not occurring on a regular basis or by someone in a caregiver capacity or suspicion of history of sexual abuse without confirming evidence.**
- 2 This level is to indicate a moderate level of sexual abuse. This may involve a child who has been fondled on an ongoing basis or sexually penetrated (anal or genital) once by someone not in a caregiver capacity.**
- 3 This level is to indicate a severe level of sexual abuse involving penetration on an ongoing basis by someone either in a caregiver capacity or in close emotional relation to the child.**

153. PRIOR TREATMENT

Please rate within the lifetime.

- 0 No history of prior treatment or history of outpatient treatment with notable positive outcomes.**
- 1 History of outpatient treatment which has had some degree of success.**
- 2 History residential treatment where there has been successful completion of program.**
- 3 History of residential or outpatient treatment condition with little or no success.**

FIRE SETTING MODULE

154. SERIOUSNESS

Please rate most serious incident in the past year.

- 0 Child has engaged in fire setting that resulted in only minor damage (e.g. camp fire in the back yard which scorched some lawn).
- 1 Child has engaged in fire setting that resulted in some property damage that required repair.
- 2 Child has engaged in fire setting which caused extensive damage to property (e.g. burned down house).
- 3 Child has engaged in fire setting that injured self or others.

155. HISTORY

Please rate using time frames provided in the anchors.

- 0 Only one known occurrence of fire setting behavior.
- 1 Child has engaged in multiple acts of fire setting in the past year.
- 2 Child has engaged in multiple acts of fire setting for more than one year but has had periods of at least 6 months where he/she did not engage in fire setting behavior.
- 3 Child has engaged in multiple acts of fire setting for more than one year without any period of at least 3 months where he/she did not engage in fire setting behavior.

156. PLANNING

Please rate most recent incident.

- 0 No evidence of any planning.
- 1 Evidence suggests that child places him/herself into situations where the likelihood of fire setting behavior is enhanced.
- 2 Evidence of planning of fire setting behavior.
- 3 Considerable evidence of significant planning of fire setting behavior. Behavior is clearly premeditated.

157. USE OF ACCELERANTS

Please rate most recent incident.

- 0 No evidence of any use of accelerants (e.g., gasoline). Fire setting involved only starters such as matches or a lighter.
- 1 Evidence suggests that the fire setting involved some use of solid accelerants (e.g. sticks, paper) but no use of liquid accelerants (e.g. gasoline).
- 2 Evidence that fire setting involved the use of a limited amount of liquid accelerants but that some care was taken to limit the size of the fire.
- 3 Considerable evidence of significant use of accelerants in an effort to create a very large and dangerous fire.

158. INTENTION TO HARM

Please rate most recent incident.

- 0 Child did not intend to harm others with fire. He/she took efforts to maintain some safety.
- 1 Child did not intend to harm others but took no efforts to maintain safety.
- 2 Child intended to seek revenge or scare others but did not intend physical harm, only intimidation.
- 3 Child intended to injure or kill others.

159. COMMUNITY SAFETY

Please rate the highest level from the past 30 days.

- 0 Child presents no risk to the community. He/she could be unsupervised in the community.**
- 1 Child engages in behavior that represents a risk to community property.**
- 2 Child engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the child's behavior.**
- 3 Child engages in behavior that directly places community members in danger of significant physical harm.**

160. RESPONSE TO ACCUSATION

Please rate highest level in the past 30 days.

- 0 Child admits to behavior, accepts responsibility, and expresses remorse and desire to not repeat.**
- 1 Child accepts some responsibility for behavior and expresses some remorse.**
- 2 Child admits to behavior but minimizes personal responsibility and does not express remorse.**
- 3 Child accepts no responsibility and does not appear to experience any remorse. Child completely denies responsibility.**

161. REMORSE

Please rate highest level in the past 30 days.

- 0 Child accepts responsibility for behavior and is truly sorry for any damage/risk caused. Child is able to apologize directly to effected people.**
- 1 Child accepts responsibility for behavior and appears to be sorry for any damage/risk caused. However, child is unable or unwilling to apologize to effected people.**
- 2 Child accepts some responsibility for behavior but also blames others. May experience sorrow at being caught or receiving consequences. May express sorrow/remorse but only in an attempt to reduce consequences.**
- 3 Child accepts no responsibility and does not appear to experience any remorse.**

162. LIKELIHOOD OF FUTURE FIRE SETTING

Please rate highest level in the past 30 days.

- 0 Child is unlikely to set fires in the future. Child able and willing to exert self-control over fire setting.**
- 1 Child presents mild to moderate risk of fire setting in the future. Should be monitored but does not require ongoing treatment/intervention.**
- 2 Child remains at risk of fire setting if left unsupervised. Child struggles with self-control.**
- 3 Child presents a real and present danger of fire setting in the immediate future. Child unable or unwilling to exert self-control over fire setting behavior.**

COMMERCIAL SEXUAL EXPLOITATION MODULE

163. DURATION OF EXPLOITATION

This item rates duration of the individual's exposure to commercial sexual exploitation.

- 0 Exploitation has begun in last three months.**
- 1 Exploitation has begun in past year.**
- 2 Exploitation has been intermittent for more than two years.**
- 3 Exploitation has been ongoing for more than two years.**

164. PERCEPTION OF DANGEROUSNESS

Given their developmental needs and desire for positive adult attention, many youth are subject to manipulation. This item rates the individual's awareness of the dangerousness of the exploitation, and how this awareness is reflected in his/her behavior.

- 0 Youth is fully aware of the dangerousness of his/her situation and behavior. Youth may take precautions to reduce dangerousness, such as using protection for intercourse or avoiding conflicts.**
- 1 Youth is partially aware of the dangerousness of his/her situation and behavior. Youth generally fails to take precautions.**
- 2 Youth is unaware of the dangerousness of his/her situation and behavior.**
- 3 Youth actively minimizes the dangerousness of his/her situation and behavior.**

165. KNOWLEDGE OF EXPLOITATION

This item rates the individual's recognition that he/she is being commercially sexually exploited.

- 0 Youth understands that he/she is currently being exploited.**
- 1 Youth has some understanding that he/she might currently be exploited; however, he/she is unsure.**
- 2 Youth is unaware of his/her exploitation**
- 3 Youth actively denies and/or rationalizes his/her exploitation**

166. STOCKHOLM SYNDROME

- 0 Youth recognizes that their pimp or other exploiter is not operating in the best interests of the youth.**
- 1 Youth suspects that his/her pimp or other exploiter may not be operating in the best interests of the youth.**
- 2 Youth believes that the pimp or other exploiter is operating in their best interests.**
- 3 Youth actively defends and justifies the behavior of his/her pimp or other exploiter to protect them from accusations of exploitation.**

167. ARRESTS FOR LOITERING

This item rates the degree to which the individual has been arrested for crimes committed during commercial sexual exploitation, or crimes that are associated with commercial sexual exploitation.

- 0 Youth has not been arrested for loitering or soliciting.**
- 1 Youth has been arrested once or twice for either loitering or soliciting.**
- 2 Youth has been arrested three, four or five times for loitering or soliciting.**
- 3 Youth has been arrested six or more times for loitering or soliciting.**

This page is intentionally left blank



The PTSD Checklist for *DSM-5*

Version date: 14 August 2013

Reference: Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5) – Standard* [Measurement instrument]. Available from <http://www.ptsd.va.gov/>

URL: <http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>

This page intentionally left blank

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

This page is intentionally left blank



Clinician-Administered PTSD Scale for *DSM-5* (CAPS-5) Past Week Version

Version date: 16 April 2018

Reference: Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2015). *The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) – Past Week* [Measurement instrument]. Available from <https://www.ptsd.va.gov/>

URL: <https://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp>

Note: This is a fillable form. You may complete it electronically.

Name: _____

Interviewer: _____

Study: _____

ID#: _____

Date: _____

This page intentionally left blank

CAPS-5 Past Week

The CAPS-5 Past Week instrument assesses PTSD symptoms which have occurred in the past week. This version is best used for determining whether PTSD symptoms have changed over time (e.g., in a treatment study in which you are interested in comparing a participant's PTSD symptoms at baseline versus mid-treatment). It should NOT be used to establish PTSD diagnostic status.

Instructions:

Standard administration and scoring of the CAPS-5 are essential for producing reliable and valid scores and diagnostic decisions. The CAPS-5 should be administered only by qualified interviewers who have formal training in structured clinical interviewing and differential diagnosis, a thorough understanding of the conceptual basis of PTSD and its various symptoms, and detailed knowledge of the features and conventions of the CAPS-5 itself.

Administration

1. Criterion A should already have been evaluated in a prior administration of the PAST MONTH version of the CAPS-5. Thus, for most applications of the PAST WEEK version, Criterion A does not need to be re-evaluated. However, if Criterion A has not been established, to identify an index traumatic event to serve as the basis for symptom inquiry, administer the Life Events Checklist and Criterion A inquiry provided on p. 4, or use some other structured, evidence-based method. The index event may involve either a single incident (e.g., "the accident") or multiple, closely related incidents (e.g., "the worst parts of your combat experiences").
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 problem 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-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-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, CAPS-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-5 items are rated with a single severity score, in contrast to previous versions of the CAPS 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-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-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. Use the scoring grid on the next page to determine the appropriate severity score for each CAPS-5 item. Start on the left side of the grid with the row corresponding to your intensity rating. Then follow the row that corresponds to the reported frequency to determine the severity score. For example, if your intensity rating is *Pronounced*, and the reported frequent is 2 x week, the corresponding severity score would be *Severe / markedly elevated*. However, if your intensity rating is *Pronounced*, but the reported frequency is 10%, then the corresponding severity score would be *Moderate / threshold*.

CAPS-5 Past Week Scoring Rules			
INTENSITY	FREQUENCY (# of times or %)		SEVERITY
Minimal	1x/week or more	1-100%	1 = Mild / subthreshold
Clearly Present		1-19%	1 = Mild / subthreshold
	1x/week or more ^a	20-100%	2 = Moderate / threshold
Pronounced	1x/week only ^a	1-49%	2 = Moderate / threshold
	2x/week or more ^b	50-100%	3 = Severe / markedly elevated
Extreme	1x/week only ^a	1-19%	2 = Moderate / threshold
	At least 2x/week but not daily/almost every day ^b	20-79%	3 = Severe / markedly elevated
	Daily/almost every day ^c	80-100%	4 = Extreme / incapacitating

^aFor D1: 1-2 important parts ^bFor D1: several important parts ^cFor D1: most/all important parts

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-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-5 symptom severity score.
5. **CAPS-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-5 severity score.
6. **CAPS-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** should be evaluated with the PAST MONTH version of the CAPS-5. This PAST WEEK version of the CAPS-5 should be used only to evaluate PTSD symptom severity over the past week.

NOTE: This is the PAST WEEK version of the CAPS-5, which should be used only to evaluate PTSD symptom severity over the past week. PTSD diagnostic status should be evaluated with the PAST MONTH version of the CAPS-5.

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.

NOTE: Criterion A should already have been evaluated in a prior administration of the PAST MONTH version of the CAPS-5. Thus, for most applications of the PAST WEEK version, Criterion A does not need to be re-evaluated.

[Administer Life Events Checklist 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 week. 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): _____

What happened? *(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?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Sexual violence?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

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 week. For each problem I’ll ask if you’ve had it in the past week, 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:

Item 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 week, have you had any unwanted memories of (EVENT) while you were awake, so not counting dreams? (Rate 0=Absent if only during dreams)

How does it happen that you start remembering (EVENT)?

[If not clear:] **(Are these unwanted memories, or are you thinking about (EVENT) on purpose?)** (Rate 0=Absent unless perceived as involuntary and intrusive)

How much do these memories bother you?

Are you able to put them out of your mind and think about something else?

[If not clear:] **(Overall, how much of a problem is this for you? How so?)**

Circle: Distress = Minimal Clearly Present Pronounced Extreme

How often have you had these memories in the past week?

of times _____

- ① Absent
- ① Mild / subthreshold
- ② Moderate / threshold
- ③ Severe / markedly elevated
- ④ Extreme / incapacitating

Key rating dimensions = frequency / intensity of distress

Moderate = at least 1 X week / distress clearly present, some difficulty dismissing memories

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

Item 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.

<p>In the past week, have you had any <u>unpleasant dreams</u> about (EVENT)?</p> <p>Describe a typical dream. (<i>What happens?</i>)</p> <p>[If not clear:] (Do they wake you up?)</p> <p>[If yes:] (What do you experience when you wake up? How long does it take you to get back to sleep?)</p> <p>[If reports not returning to sleep:] (How much sleep do you lose?)</p> <p>How much do these dreams bother you?</p> <hr/> <p><u>Circle:</u> Distress = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often have you had these dreams in the past week? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of distress</p> <p>Moderate = at least 1 X week / distress clearly present, less than 1 hour sleep loss</p> <p>Severe = at least 2 X week / pronounced distress, more than 1 hour sleep loss</p> </div>
--	---

Item 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 week, have there been times when you <u>suddenly acted or felt as if</u> (EVENT) were <u>actually happening</u> again?</p> <p>[If not clear:] (This is different than thinking about it or dreaming about it – now I’m asking about flashbacks, when you feel like you’re actually back at the time of (EVENT), actually reliving it.)</p> <p>How much does it seem as if (EVENT) were happening again? (<i>Are you confused about where you actually are?</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> <hr/> <p><u>Circle:</u> Dissociation = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often has this happened in the past week? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of dissociation</p> <p>Moderate = at least 1 X week / dissociative quality clearly present, may retain some awareness of surroundings but relives event in a manner clearly distinct from thoughts and memories</p> <p>Severe = at least 2 X week / pronounced dissociative quality, reports vivid reliving, e.g., with images, sounds, smells</p> </div>
--	---

Item 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 week, have you gotten <u>emotionally upset</u> when <u>something reminded you of (EVENT)</u>?</p> <p>What kinds of reminders make you upset?</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>[If not clear:] (Overall, how much of a problem is this for you? How so?)</p> <hr/> <p>Circle: Distress = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often has this happened in the past week? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of distress</p> <p>Moderate = at least 1 X week / distress clearly present, some difficulty recovering</p> <p>Severe = at least 2 X week / pronounced distress, considerable difficulty recovering</p> </div>
--	---

Item 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 week, have you had any <u>physical reactions</u> when <u>something reminded you of (EVENT)</u>?</p> <p>Can you give me some examples? <i>(Does your heart race or your breathing change? What about sweating or feeling really tense or shaky?)</i></p> <p>What kinds of reminders trigger these reactions?</p> <p>How long does it take you to recover?</p> <hr/> <p>Circle: Physiological reactivity = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often has this happened in the past week? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of physiological arousal</p> <p>Moderate = at least 1 X week / reactivity clearly present, some difficulty recovering</p> <p>Severe = at least 2 X week / pronounced reactivity, sustained arousal, considerable difficulty recovering</p> </div>
--	---

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:

Item 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 week, have you tried to <u>avoid thoughts or feelings</u> about (EVENT)?</p> <p>What kinds of thoughts or feelings do you 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>[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 thoughts or feelings?)</p> <hr/> <p>Circle: Avoidance = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often in the past week? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of avoidance</p> <p>Moderate = at least 1 X week / avoidance clearly present</p> <p>Severe = at least 2 X week / pronounced avoidance</p> </div>
--	--

Item 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 week, have you tried to <u>avoid things that remind you of</u> (EVENT), like certain people, places, or situations?</p> <p>What kinds of things do you avoid?</p> <p>How much effort do you make to avoid these reminders? <i>(Do you have to make a plan or change your activities to avoid them?)</i></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> <hr/> <p>Circle: Avoidance = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often in the past week? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of avoidance</p> <p>Moderate = at least 1 X week / avoidance clearly present</p> <p>Severe = at least 2 X week / pronounced avoidance</p> </div>
---	--

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:

Item 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).

In the past week, have you had difficulty remembering some important parts of (EVENT)? (Do you feel there are gaps in your memory of (EVENT)?)

What parts have you had difficulty remembering?

Do you feel you should be able to remember these things?

[If not clear:] **(Why do you think you can't? Did you have a head injury during (EVENT)? Were you knocked unconscious? Were you intoxicated from alcohol or drugs?)** (Rate 0=Absent if due to head injury or loss of consciousness or intoxication during event)

[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)

Circle: Difficulty remembering = Minimal Clearly Present Pronounced Extreme

In the past week, how many of the important parts of (EVENT) have you had difficulty remembering? (What parts do you still remember?)

of important aspects _____

Would you be able to recall these things if you tried?

- 0 Absent
- 1 Mild / subthreshold
- 2 Moderate / threshold
- 3 Severe / markedly elevated
- 4 Extreme / incapacitating

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

Item 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 week, have you had <u>strong negative beliefs</u> about yourself, other people, or the world?</p> <p>Can you give me some examples? <i>(What about believing things like “I am bad,” “there is something seriously wrong with me,” “no one can be trusted,” “the world is completely dangerous”?)</i></p> <p>How strong are these beliefs? <i>(How convinced are you that these beliefs are actually true? Can you see other ways of thinking about it?)</i></p> <hr/> <p><u>Circle:</u> Conviction = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How much of the time in the past week have you felt that way, as a percentage? % of time _____</p> <p>Did these beliefs start or get worse after (EVENT)? <i>(Do you think they're related to (EVENT)? How so?)</i> <u>Circle:</u> Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p><input type="radio"/> Absent</p> <p><input type="radio"/> Mild / subthreshold</p> <p><input type="radio"/> Moderate / threshold</p> <p><input type="radio"/> Severe / markedly elevated</p> <p><input type="radio"/> Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of beliefs</p> <p>Moderate = some of the time (20-30%) / exaggerated negative expectations clearly present, some difficulty considering more realistic beliefs</p> <p>Severe = much of the time (50-60%) / pronounced exaggerated negative expectations, considerable difficulty considering more realistic beliefs</p> </div>
--	--

Item 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 week, have you <u>blamed yourself</u> for (EVENT) or what happened as a result of it? Tell me more about that. <i>(In what sense do you see yourself as having caused (EVENT)? Is it because of something you did? Or something you think you should have done but didn't? Is it because of something about you in general?)</i></p> <p>What about <u>blaming someone else</u> for (EVENT) or what happened as a result of it? Tell me more about that. <i>(In what sense do you see (OTHERS) as having caused (EVENT)? 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 OR OTHERS)?</p> <p>How convinced are you that (YOU OR OTHERS) are truly to blame for what happened? <i>(Do other people agree with you? Can you see other ways of thinking about it?)</i></p> <p><small>(Rate 0=Absent if only blames perpetrator, i.e., someone who deliberately caused the event and intended harm)</small></p> <hr/> <p><u>Circle:</u> Conviction = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How much of the time in the past week have you felt that way, as a percentage? % of time _____</p>	<p><input type="radio"/> Absent</p> <p><input type="radio"/> Mild / subthreshold</p> <p><input type="radio"/> Moderate / threshold</p> <p><input type="radio"/> Severe / markedly elevated</p> <p><input type="radio"/> Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of blame</p> <p>Moderate = some of the time (20-30%) / distorted blame clearly present, some difficulty considering more realistic beliefs</p> <p>Severe = much of the time (50-60%) / pronounced distorted blame, considerable difficulty considering more realistic beliefs</p> </div>
---	--

Item 11 (D4): Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

<p>In the past week, have you had any <u>strong negative feelings</u> such as fear, horror, anger, guilt, or shame?</p> <p>Can you give me some examples? <i>(What negative feelings do you experience?)</i></p> <p>How strong are these negative feelings?</p> <p>How well are you able to manage them?</p> <p>[If not clear:] (Overall, how much of a problem is this for you? How so?)</p> <hr/> <p>Circle: Negative emotions = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How much of the time in the past week have you felt that way, as a percentage? % of time _____</p> <p>Did these negative feelings start or get worse after (EVENT)? <i>(Do you think they're related to (EVENT)? How so?)</i></p> <p>Circle: Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of negative emotions</p> <p>Moderate = some of the time (20-30%) / negative emotions clearly present, some difficulty managing</p> <p>Severe = much of the time (50-60%) / pronounced negative emotions, considerable difficulty managing</p> </div>
--	--

Item 12 (D5): Markedly diminished interest or participation in significant activities.

<p>In the past week, have you been <u>less interested in activities</u> that you used to enjoy?</p> <p>What kinds of things have you lost interest in or don't do as much as you used to? <i>(Anything else?)</i></p> <p>Why is that? <i>(Rate 0=Absent if diminished participation is due to lack of opportunity, physical inability, or developmentally appropriate change in preferred activities)</i></p> <p>How strong is your loss of interest? <i>(Would you still enjoy (ACTIVITIES) once you got started?)</i></p> <hr/> <p>Circle: Loss of interest = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>Overall, in the past week, how many of your usual activities have you been less interested in, as a percentage? % 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 (EVENT)? <i>(Do you think it's related to (EVENT)? How so?)</i></p> <p>Circle: Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = percent of activities affected / intensity of loss of interest</p> <p>Moderate = some activities (20-30%) / loss of interest clearly present but still has some enjoyment of activities</p> <p>Severe = many activities (50-60%) / pronounced loss of interest, little interest or participation in activities</p> </div>
---	---

Item 13 (D6): Feelings of detachment or estrangement from others.

<p>In the past week, have you felt <u>distant</u> or <u>cut off</u> from other people?</p> <p>Tell me more about that.</p> <p>How strong are your feelings of being distant or cut off from others? (<i>Who do you feel closest to? How many people do you feel comfortable talking with about personal things?</i>)</p> <hr/> <p><u>Circle:</u> Detachment or estrangement = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How much of the time in the past week have you felt that way, as a percentage? % of time _____</p> <p>Did this feeling of being distant or cut off start or get worse after (EVENT)? (<i>Do you think it's related to (EVENT)? How so?</i>)</p> <p><u>Circle:</u> Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of detachment or estrangement</p> <p>Moderate = some of the time (20-30%) / feelings of detachment clearly present but still feels some interpersonal connection</p> <p>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> </div>
---	--

Item 14 (D7): Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

<p>In the past week, have there been times when you had <u>difficulty experiencing positive feelings</u> like love or happiness?</p> <p>Tell me more about that. (<i>What feelings are difficult to experience?</i>)</p> <p>How much difficulty do you have experiencing positive feelings? (<i>Are you still able to experience any positive feelings?</i>)</p> <hr/> <p><u>Circle:</u> Reduction of positive emotions = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How much of the time in the past week have you felt that way, as a percentage? % of time _____</p> <p>Did this trouble experiencing positive feelings start or get worse after (EVENT)? (<i>Do you think it's related to (EVENT)? How so?</i>)</p> <p><u>Circle:</u> Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of reduction in positive emotions</p> <p>Moderate = some of the time (20-30%) / reduction of positive emotional experience clearly present but still able to experience some positive emotions</p> <p>Severe = much of the time (50-60%) / pronounced reduction of experience across range of positive emotions</p> </div>
--	--

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:

Item 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 week, have there been times when you felt especially irritable or angry and showed it in your behavior?</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> <hr/> <p>Circle: Aggression = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often in the past week? # 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> Circle: Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of aggressive behavior</p> <p>Moderate = at least 1 X week / aggression clearly present, primarily verbal</p> <p>Severe = at least 2 X week / pronounced aggression, at least some physical aggression</p> </div>
--	---

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

<p>In the past week, have there been times when you were taking more risks or doing things that might have caused you harm?</p> <p>Can you give me some examples?</p> <p>How much of a risk do you take? <i>(How dangerous are these behaviors? Were you injured or harmed in some way?)</i></p> <hr/> <p>Circle: Risk = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often have you taken these kinds of risks in the past week? # 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> Circle: Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / degree of risk</p> <p>Moderate = at least 1 X week / risk clearly present, may have been harmed</p> <p>Severe = at least 2 X week / pronounced risk, actual harm or high probability of harm</p> </div>
--	---

Item 17 (E3): Hypervigilance.

In the past week, have you been especially alert or watchful, even when there was no specific threat or danger? *(Have you felt as if you had to be on guard?)*

Can you give me some examples? *(What kinds of things do you do when you're alert or watchful?)*

[If not clear:] **(What causes you to react this way? Do you feel like you're in danger or threatened in some way? Do you feel that way more than most people would in the same situation?)**

Circle: Hypervigilance = Minimal Clearly Present Pronounced Extreme

How much of the time in the past week have you felt that way, as a percentage? % of time _____

Did being especially alert or watchful start or get worse after (EVENT)? *(Do you think it's related to (EVENT)? How so?)*

Circle: Trauma-relatedness = Definite Probable Unlikely

- ① Absent
- ① Mild / subthreshold
- ② Moderate / threshold
- ③ Severe / markedly elevated
- ④ Extreme / incapacitating

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

Item 18 (E4): Exaggerated startle response.

In the past week, have you had any strong startle reactions?

What kinds of things made you startle?

How strong are these startle reactions? *(How strong are they compared to how most people would respond? Do you do anything other people would notice?)*

How long does it take you to recover?

Circle: Startle = Minimal Clearly Present Pronounced Extreme

How often has this happened in the past week? # of times _____

Did these startle reactions start or get worse after (EVENT)? *(Do you think it's related to (EVENT)? How so?)*

Circle: Trauma-relatedness = Definite Probable Unlikely

- ① Absent
- ① Mild / subthreshold
- ② Moderate / threshold
- ③ Severe / markedly elevated
- ④ Extreme / incapacitating

Key rating dimensions = frequency / intensity of startle

Moderate = at least 1 X week / startle clearly present, some difficulty recovering

Severe = at least 2 X week / pronounced startle, sustained arousal, considerable difficulty recovering

Item 19 (E5): Problems with concentration.

<p>In the past week, have you had any <u>problems with concentration</u>?</p> <p>Can you give me some examples?</p> <p>Are you able to concentrate if you really try?</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 problems with concentration?)</p> <hr/> <p><u>Circle:</u> Problem concentrating = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How much of the time in the past week have you had problems with concentration, as a percentage? % of time _____</p> <p>Did these problems with concentration start or get worse after (EVENT)? (Do you think they're related to (EVENT)? How so?)</p> <p><u>Circle:</u> Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of concentration problems</p> <p>Moderate = some of the time (20-30%) / problem concentrating clearly present, some difficulty but can concentrate with effort</p> <p>Severe = much of the time (50-60%) / pronounced problem concentrating, considerable difficulty even with effort</p> </div>
---	--

Item 20 (E6): Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

<p>In the past week, have you had any <u>problems falling or staying asleep</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 total hours do you sleep each night?</p> <p>How many hours do you think you should be sleeping?</p> <hr/> <p><u>Circle:</u> Problem sleeping = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often in the past week have you had these sleep problems? # of times _____</p> <p>Did these sleep problems start or get worse after (EVENT)? (Do you think they're related to (EVENT)? How so?)</p> <p><u>Circle:</u> Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of sleep problems</p> <p>Moderate = at least 1 X week / sleep disturbance clearly present, clearly longer latency or clear difficulty staying asleep, 30-90 minutes loss of sleep</p> <p>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> </div>
--	---

Criterion F: -

Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

NOTE: Items 21 and 22 are not applicable for the PAST WEEK version. They are listed here without prompts only to maintain correspondence with item numbering on the PAST MONTH version. Onset and duration of symptoms should be assessed with

Item 21: Onset of symptoms.

Item 22: Duration of symptoms.

Criterion G:

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

Item 23: Subjective distress.

Overall, in the past week, how much have you been bothered by these (PTSD SYMPTOMS) you've told me about? [Consider distress reported on earlier items]

- ① *None*
- ② *Mild, minimal distress*
- ③ *Moderate, distress clearly present but still manageable*
- ④ *Severe, considerable distress*
- ⑤ *Extreme, incapacitating distress*

Item 24: Impairment in social functioning.

In the past week, have these (PTSD SYMPTOMS) affected your relationships with other people? How so? [Consider impairment in social functioning reported on earlier items]

- ① *No adverse impact*
- ② *Mild impact, minimal impairment in social functioning*
- ③ *Moderate impact, definite impairment but many aspects of social functioning still intact*
- ④ *Severe impact, marked impairment, few aspects of social functioning still intact*
- ⑤ *Extreme impact, little or no social functioning*

Item 25: Impairment in occupational or other important area of functioning.

<p>[If not clear:] Are you working now?</p> <p>[If yes:] In the past week, have these (PTSD SYMPTOMS) affected your work or your ability to work? How so?</p> <p>[If no:] Why is that? (Do you feel that your (PTSD SYMPTOMS) are related to you not working now? How so?)</p> <p>[If unable to work because of PTSD symptoms, rate at least 3=Severe. If unemployment is not due to PTSD symptoms, or if the link is not clear, base rating only on impairment in other important areas of functioning]</p> <p>Have these (PTSD SYMPTOMS) affected any other important part of your life? [As appropriate, suggest examples such as parenting, housework, schoolwork, volunteer work, etc.] How so?</p>	<ul style="list-style-type: none"> ① <i>No adverse impact</i> ② <i>Mild impact, minimal impairment in occupational/other important functioning</i> ③ <i>Moderate impact, definite impairment but many aspects of occupational/other important functioning still intact</i> ④ <i>Severe impact, marked impairment, few aspects of occupational/other important functioning still intact</i> ⑤ <i>Extreme impact, little or no occupational/other important functioning</i>
---	--

Global Ratings

Item 26: Global validity.

<p>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.</p>	<ul style="list-style-type: none"> ① <i>Excellent, no reason to suspect invalid responses</i> ② <i>Good, factors present that may adversely affect validity</i> ③ <i>Fair, factors present that definitely reduce validity</i> ④ <i>Poor, substantially reduced validity</i> ⑤ <i>Invalid responses, severely impaired mental status or possible deliberate “faking bad” or “faking good”</i>
---	--

Item 27: Global severity.

<p>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.</p>	<ul style="list-style-type: none"> ① <i>No clinically significant symptoms, no distress and no functional impairment</i> ② <i>Mild, minimal distress or functional impairment</i> ③ <i>Moderate, definite distress or functional impairment but functions satisfactorily with effort</i> ④ <i>Severe, considerable distress or functional impairment, limited functioning even with effort</i> ⑤ <i>Extreme, marked distress or marked impairment in two or more major areas of functioning</i>
---	--

Item 28: Global improvement.

<p>Rate total overall improvement since the previous rating. Rate the degree of change, whether or not, in your judgment, it is due to treatment.</p>	<ul style="list-style-type: none"> ① <i>Asymptomatic</i> ② <i>Considerable improvement</i> ③ <i>Moderate improvement</i> ④ <i>Slight improvement</i> ⑤ <i>No improvement</i> ⑥ <i>Insufficient information</i>
---	--

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:

Item 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 week, have there been times when you felt as if you were separated from yourself, like you were watching yourself from the outside or observing your thoughts and feelings as if you were another person?</p> <p><small>[If no:] (What about feeling as if you were in a dream, even though you were awake? Feeling as if something about you wasn't real? Feeling as if time was moving more slowly?)</small></p> <p>Tell me more about that.</p> <p>How strong is this feeling? <small>(Do you lose track of where you actually are or what's actually going on?)</small></p> <p>What do you do while this is happening? <small>(Do other people notice your behavior? What do they say?)</small></p> <p>How long does it last?</p> <hr/> <p><u>Circle:</u> Dissociation = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p><small>[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]</small></p> <p>How often has this happened in the past week? # of times _____</p> <p>Did this feeling start or get worse after (EVENT)? <small>(Do you think it's related to (EVENT)? How so?)</small></p> <p><u>Circle:</u> Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<ul style="list-style-type: none"> ① <i>Absent</i> ② <i>Mild / subthreshold</i> ③ <i>Moderate / threshold</i> ④ <i>Severe / markedly elevated</i> ⑤ <i>Extreme / incapacitating</i> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of dissociation</p> <p>Moderate = at least 1 X week / 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> </div>
---	--

Item 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 week, have there been times when things going on around you seemed unreal or very strange and unfamiliar?</p> <p>[If no:] (Do things going on around you seem like a dream or like a scene from a movie? Do they seem distant or distorted?)</p> <p>Tell me more about that.</p> <p>How strong is this feeling? <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> <hr/> <p><u>Circle:</u> Dissociation = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</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 week? # of times _____</p> <p>Did this feeling start or get worse after (EVENT)? <i>(Do you think it's related to (EVENT)? How so?)</i></p> <p><u>Circle:</u> Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of dissociation</p> <p>Moderate = at least 1 X week / dissociative quality clearly present but transient, retains some realistic sense of environment</p> <p>Severe = at least 2 X week / pronounced dissociative quality, marked sense of unreality</p> </div>
--	---

CAPS-5 SUMMARY SHEET

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

A. Exposure to actual or threatened death, serious injury, or sexual violence	
Criterion A met?	<input type="radio"/> = NO <input type="radio"/> = YES

B. Intrusion symptoms (need 1 for diagnosis)	Past Week	
Symptom	Sev	Sx (Sev ≥ 2)?
(1) B1 – Intrusive memories		<input type="radio"/> = NO <input type="radio"/> = YES
(2) B2 – Distressing dreams		<input type="radio"/> = NO <input type="radio"/> = YES
(3) B3 – Dissociative reactions		<input type="radio"/> = NO <input type="radio"/> = YES
(4) B4 – Cued psychological distress		<input type="radio"/> = NO <input type="radio"/> = YES
(5) B5 – Cued physiological reactions		<input type="radio"/> = NO <input type="radio"/> = YES
B subtotals	B Sev = 0	#B Sx = 0

C. Avoidance symptoms (need 1 for diagnosis)	Past Week	
Symptom	Sev	Sx (Sev ≥ 2)?
(6) C1 – Avoidance of memories, thoughts, feelings		<input type="radio"/> = NO <input type="radio"/> = YES
(7) C2 – Avoidance of external reminders		<input type="radio"/> = NO <input type="radio"/> = YES
C subtotals	C Sev = 0	#C Sx = 0

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

E. Arousal and reactivity symptoms (need 2 for diagnosis)	Past Week	
Symptom	Sev	Sx (Sev ≥ 2)?
(15) E1 – Irritable behavior and angry outbursts		<input type="radio"/> = NO <input type="radio"/> = YES
(16) E2 – Reckless or self-destructive behavior		<input type="radio"/> = NO <input type="radio"/> = YES
(17) E3 – Hypervigilance		<input type="radio"/> = NO <input type="radio"/> = YES
(18) E4 – Exaggerated startle response		<input type="radio"/> = NO <input type="radio"/> = YES
(19) E5 – Problems with concentration		<input type="radio"/> = NO <input type="radio"/> = YES
(20) E6 – Sleep disturbance		<input type="radio"/> = NO <input type="radio"/> = YES
E subtotals	E Sev = 0	#E Sx = 0

PTSD totals	Past Week	
Totals	Total Sev	Total # Sx
Sum of subtotals (B+C+D+E)	0	0

F. Duration of disturbance	Current
(22)	NOT APPLICABLE

G. Distress or impairment (need 1 for diagnosis)	Past Week	
Criterion	Sev	Cx (Sev ≥ 2)?
(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
G subtotals	G Sev = 0	#G Cx = 0

Global ratings	Past Week
(26) Global validity	
(27) Global severity	
(28) Global improvement	

Dissociative symptoms (need 1 for subtype)	Past Week	
Symptom	Sev	Sx (Sev ≥ 2)?
(29) 1 – Depersonalization		0 = NO 1 = YES
(30) 2 – Derealization		0 = NO 1 = YES
Dissociative subtotals	Diss Sev = 0	#Diss Sx = 0

This page is intentionally left blank



CLINICIAN-ADMINISTERED PTSD SCALE FOR *DSM-5* Past Month Version

Version date: 01 May 2015

Reference: Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2015). *The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) – Past Month* [Measurement instrument]. Available from <http://www.ptsd.va.gov/>

URL: <http://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp>

Name: _____

Interviewer: _____

Study: _____

ID#: _____

Date: _____

This page intentionally left blank

CAPS-5 Past Month

Instructions:

Standard administration and scoring of the CAPS-5 are essential for producing reliable and valid scores and diagnostic decisions. The CAPS-5 should be administered only by qualified interviewers who have formal training in structured clinical interviewing and differential diagnosis, a thorough understanding of the conceptual basis of PTSD and its various symptoms, and detailed knowledge of the features and conventions of the CAPS-5 itself.

Administration

1. Identify an index traumatic event to serve as the basis for symptom inquiry. Administer the Life Events Checklist and Criterion A inquiry provided on p. 5, or use some other structured, evidence-based method. The index event may involve either a single incident (e.g., “the accident”) or multiple, closely related incidents (e.g., “the worst parts of your combat experiences”).
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 problem 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-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-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, CAPS-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-5 items are rated with a single severity score, in contrast to previous versions of the CAPS 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-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-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-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-5 symptom severity score.
5. **CAPS-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-5 severity score.
6. **CAPS-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.

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 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): _____

What happened? *(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?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Sexual violence?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

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:

Item 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.

<p>In the past month, have you had any <u>unwanted memories</u> of (EVENT) while you were awake, so not counting dreams? (Rate 0=Absent if only during dreams)</p> <p>How does it happen that you start remembering (EVENT)?</p> <p>[If not clear:] (Are these <u>unwanted memories</u>, or are you thinking about (EVENT) on purpose?) (Rate 0=Absent unless perceived as involuntary and intrusive)</p> <p>How much do these memories bother you?</p> <p>Are you able to put them out of your mind and think about something else?</p> <p>[If not clear:] (Overall, how much of a problem is this for you? How so?)</p> <hr/> <p><u>Circle:</u> Distress = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How often have you had these memories in the past month? # of times _____</p>	<p>0 Absent</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> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of distress</p> <p>Moderate = at least 2 X month / distress clearly present, some difficulty dismissing memories</p> <p>Severe = at least 2 X week / pronounced distress, considerable difficulty dismissing memories</p> </div>
---	---

Item 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.

<p>In the past month, have you had any <u>unpleasant dreams</u> about (EVENT)?</p> <p>Describe a typical dream. (<i>What happens?</i>)</p> <p>[If not clear:] (Do they wake you up?)</p> <p>[If yes:] (What do you experience when you wake up? How long does it take you to get back to sleep?)</p> <p>[If reports not returning to sleep:] (How much sleep do you lose?)</p> <p>How much do these dreams bother you?</p> <hr/> <p><u>Circle:</u> Distress = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How often have you had these dreams in the past month? # of times _____</p>	<p>0 Absent</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> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of distress</p> <p>Moderate = at least 2 X month / distress clearly present, less than 1 hour sleep loss</p> <p>Severe = at least 2 X week / pronounced distress, more than 1 hour sleep loss</p> </div>
--	---

Item 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 acted or felt as if (EVENT) were actually happening again?</u></p> <p>[If not clear:] (This is different than thinking about it or dreaming about it – now I’m asking about flashbacks, when you feel like you’re actually back at the time of (EVENT), actually reliving it.)</p> <p>How much does it seem as if (EVENT) were happening again? (Are you confused about where you actually are?)</p> <p>What do you do while this is happening? (Do other people notice your behavior? What do they say?)</p> <p>How long does it last?</p> <hr/> <p><u>Circle:</u> Dissociation = <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>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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of dissociation</p> <p>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</p> <p>Severe = at least 2 X week / pronounced dissociative quality, reports vivid reliving, e.g., with images, sounds, smells</p> </div>
---	---

Item 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, have you gotten <u>emotionally upset when something reminded you of (EVENT)?</u></p> <p>What kinds of reminders make you upset?</p> <p>How much do these reminders bother you?</p> <p>Are you able to calm yourself down when this happens? (How long does it take?)</p> <p>[If not clear:] (Overall, how much of a problem is this for you? How so?)</p> <hr/> <p><u>Circle:</u> Distress = <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>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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of distress</p> <p>Moderate = at least 2 X month / distress clearly present, some difficulty recovering</p> <p>Severe = at least 2 X week / pronounced distress, considerable difficulty recovering</p> </div>
--	---

Item 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 any <u>physical reactions</u> when <u>something reminded you of (EVENT)</u>?</p> <p>Can you give me some examples? (<i>Does your heart race or your breathing change? What about sweating or feeling really tense or shaky?</i>)</p> <p>What kinds of reminders trigger these reactions?</p> <p>How long does it take you to recover?</p> <hr/> <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>	<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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of physiological arousal</p> <p>Moderate = at least 2 X month / reactivity clearly present, some difficulty recovering</p> <p>Severe = at least 2 X week / pronounced reactivity, sustained arousal, considerable difficulty recovering</p> </div>
--	---

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:

Item 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 to <u>avoid thoughts</u> or <u>feelings</u> about (EVENT)?</p> <p>What kinds of thoughts or feelings do you 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>[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 thoughts or feelings?)</p> <hr/> <p><u>Circle:</u> Avoidance = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How often 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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of avoidance</p> <p>Moderate = at least 2 X month / avoidance clearly present</p> <p>Severe = at least 2 X week / pronounced avoidance</p> </div>
--	--

Item 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>avoid things that remind you of (EVENT)</u>, like certain people, places, or situations?</p> <p>What kinds of things do you avoid?</p> <p>How much effort do you make to avoid these reminders? (<i>Do you have to make a plan or change your activities to avoid them?</i>)</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> <hr/> <p><u>Circle:</u> Avoidance = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>How often 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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of avoidance</p> <p>Moderate = at least 2 X month / avoidance clearly present</p> <p>Severe = at least 2 X week / pronounced avoidance</p> </div>
--	--

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:

Item 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>difficulty remembering some important parts of (EVENT)?</u> (<i>Do you feel there are gaps in your memory of (EVENT)?</i>)</p> <p>What parts have you had difficulty remembering?</p> <p>Do you feel you should be able to remember these things?</p> <p>[If not clear:] (Why do you think you can't? Did you have a head injury during (EVENT)? Were you knocked unconscious? Were you intoxicated from alcohol or drugs?) (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> <hr/> <p><u>Circle:</u> Difficulty remembering = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p>In the past month, how many of the important parts of (EVENT) have you had difficulty remembering? (<i>What parts do you still remember?</i>)</p> <p># of important aspects _____</p> <p>Would you be able to recall these things if you tried?</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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = amount of event not recalled / intensity of inability to recall</p> <p>Moderate = at least one important aspect / difficulty remembering clearly present, some recall possible with effort</p> <p>Severe = several important aspects / pronounced difficulty remembering, little recall even with effort</p> </div>
--	--

Item 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>strong negative beliefs</u> about yourself, other people, or the world?</p> <p>Can you give me some examples? <i>(What about believing things like “I am bad,” “there is something seriously wrong with me,” “no one can be trusted,” “the world is completely dangerous”?)</i></p> <p>How strong are these beliefs? <i>(How convinced are you that these beliefs are actually true? Can you see other ways of thinking about it?)</i></p> <hr/> <p><u>Circle:</u> Conviction = Minimal Clearly Present Pronounced Extreme</p> <p>How much of the time in the past month have you felt that way, as a percentage? % of time _____</p> <p>Did these beliefs start or get worse after (EVENT)? <i>(Do you think they're 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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of beliefs</p> <p>Moderate = some of the time (20-30%) / exaggerated negative expectations clearly present, some difficulty considering more realistic beliefs</p> <p>Severe = much of the time (50-60%) / pronounced exaggerated negative expectations, considerable difficulty considering more realistic beliefs</p> </div>
---	--

Item 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 <u>blamed yourself</u> for (EVENT) or what happened as a result of it? Tell me more about that. <i>(In what sense do you see yourself as having caused (EVENT)? Is it because of something you did? Or something you think you should have done but didn't? Is it because of something about you in general?)</i></p> <p>What about <u>blaming someone else</u> for (EVENT) or what happened as a result of it? Tell me more about that. <i>(In what sense do you see (OTHERS) as having caused (EVENT)? 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 OR OTHERS)?</p> <p>How convinced are you that (YOU OR OTHERS) are truly to blame for what happened? <i>(Do other people agree with you? Can you see other ways of thinking about it?)</i></p> <p><small>(Rate 0=Absent if only blames perpetrator, i.e., someone who deliberately caused the event and intended harm)</small></p> <hr/> <p><u>Circle:</u> Conviction = Minimal Clearly Present Pronounced Extreme</p> <p>How much of the time in the past month have you felt that way, as a percentage? % of time _____</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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of blame</p> <p>Moderate = some of the time (20-30%) / distorted blame clearly present, some difficulty considering more realistic beliefs</p> <p>Severe = much of the time (50-60%) / pronounced distorted blame, considerable difficulty considering more realistic beliefs</p> </div>
---	--

Item 11 (D4): Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

<p>In the past month, have you had any <u>strong negative feelings</u> such as fear, horror, anger, guilt, or shame?</p> <p>Can you give me some examples? <i>(What negative feelings do you experience?)</i></p> <p>How strong are these negative feelings?</p> <p>How well are you able to manage them?</p> <p>[If not clear:] (Overall, how much of a problem is this for you? How so?)</p> <hr/> <p><u>Circle:</u> Negative emotions = <i>Minimal Clearly Present Pronounced Extreme</i></p> <p>How much of the time in the past month have you felt that way, as a percentage? % of time _____</p> <p>Did these negative feelings start or get worse after (EVENT)? <i>(Do you think they're related to (EVENT)? How so?)</i></p> <p><u>Circle:</u> Trauma-relatedness = <i>Definite Probable Unlikely</i></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> <div style="border: 1px solid gray; background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of negative emotions</p> <p>Moderate = some of the time (20-30%) / negative emotions clearly present, some difficulty managing</p> <p>Severe = much of the time (50-60%) / pronounced negative emotions, considerable difficulty managing</p> </div>
--	---

Item 12 (D5): Markedly diminished interest or participation in significant activities.

<p>In the past month, have you been <u>less interested in activities</u> that you used to enjoy?</p> <p>What kinds of things have you lost interest in or don't do as much as you used to? <i>(Anything else?)</i></p> <p>Why is that? <i>(Rate 0=Absent if diminished participation is due to lack of opportunity, physical inability, or developmentally appropriate change in preferred activities)</i></p> <p>How strong is your loss of interest? <i>(Would you still enjoy (ACTIVITIES) once you got started?)</i></p> <hr/> <p><u>Circle:</u> Loss of interest = <i>Minimal Clearly Present Pronounced Extreme</i></p> <p>Overall, in the past month, how many of your usual activities have you been less interested in, as a percentage? % 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 (EVENT)? <i>(Do you think it's related to (EVENT)? How so?)</i></p> <p><u>Circle:</u> Trauma-relatedness = <i>Definite Probable Unlikely</i></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> <div style="border: 1px solid gray; background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = percent of activities affected / intensity of loss of interest</p> <p>Moderate = some activities (20-30%) / loss of interest clearly present but still has some enjoyment of activities</p> <p>Severe = many activities (50-60%) / pronounced loss of interest, little interest or participation in activities</p> </div>
---	--

Item 13 (D6): Feelings of detachment or estrangement from others.

<p>In the past month, have you felt <u>distant</u> or <u>cut off</u> from other people?</p> <p>Tell me more about that.</p> <p>How strong are your feelings of being distant or cut off from others? (<i>Who do you feel closest to? How many people do you feel comfortable talking with about personal things?</i>)</p> <hr/> <p><u>Circle:</u> Detachment or estrangement = <i>Minimal Clearly Present Pronounced Extreme</i></p> <p>How much of the time in the past month have you felt that way, as a percentage? % of time _____</p> <p>Did this feeling of being distant or cut off start or get worse after (EVENT)? (<i>Do you think it's related to (EVENT)? How so?</i>)</p> <p><u>Circle:</u> Trauma-relatedness = <i>Definite Probable Unlikely</i></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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of detachment or estrangement</p> <p>Moderate = some of the time (20-30%) / feelings of detachment clearly present but still feels some interpersonal connection</p> <p>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> </div>
---	---

Item 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>difficulty experiencing positive feelings</u> like love or happiness?</p> <p>Tell me more about that. (<i>What feelings are difficult to experience?</i>)</p> <p>How much difficulty do you have experiencing positive feelings? (<i>Are you still able to experience any positive feelings?</i>)</p> <hr/> <p><u>Circle:</u> Reduction of positive emotions = <i>Minimal Clearly Present Pronounced Extreme</i></p> <p>How much of the time in the past month have you felt that way, as a percentage? % of time _____</p> <p>Did this trouble experiencing positive feelings start or get worse after (EVENT)? (<i>Do you think it's related to (EVENT)? How so?</i>)</p> <p><u>Circle:</u> Trauma-relatedness = <i>Definite Probable Unlikely</i></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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of reduction in positive emotions</p> <p>Moderate = some of the time (20-30%) / reduction of positive emotional experience clearly present but still able to experience some positive emotions</p> <p>Severe = much of the time (50-60%) / pronounced reduction of experience across range of positive emotions</p> </div>
--	---

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:

Item 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 felt especially irritable or angry and showed it in your behavior?</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> <hr/> <p><u>Circle:</u> Aggression = <i>Minimal Clearly Present Pronounced Extreme</i></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 (EVENT)? How so?)</i> <u>Circle:</u> Trauma-relatedness = <i>Definite Probable Unlikely</i></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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of aggressive behavior</p> <p>Moderate = at least 2 X month / aggression clearly present, primarily verbal</p> <p>Severe = at least 2 X week / pronounced aggression, at least some physical aggression</p> </div>
--	---

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

<p>In the past month, have there been times when you were taking more risks or doing things that might have caused you harm?</p> <p>Can you give me some examples?</p> <p>How much of a risk do you take? <i>(How dangerous are these behaviors? Were you injured or harmed in some way?)</i></p> <hr/> <p><u>Circle:</u> Risk = <i>Minimal Clearly Present Pronounced Extreme</i></p> <p>How often have you taken these kinds of risks 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 = <i>Definite Probable Unlikely</i></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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / degree of risk</p> <p>Moderate = at least 2 X month / risk clearly present, may have been harmed</p> <p>Severe = at least 2 X week / pronounced risk, actual harm or high probability of harm</p> </div>
--	---

Item 17 (E3): Hypervigilance.

In the past month, have you been especially alert or watchful, even when there was no specific threat or danger? *(Have you felt as if you had to be on guard?)*

Can you give me some examples? *(What kinds of things do you do when you're alert or watchful?)*

[If not clear:] **(What causes you to react this way? Do you feel like you're in danger or threatened in some way? Do you feel that way more than most people would in the same situation?)**

Circle: Hypervigilance = *Minimal Clearly Present Pronounced Extreme*

How much of the time in the past month have you felt that way, as a percentage? % of time _____

Did being especially alert or watchful start or get worse after (EVENT)? *(Do you think it's related to (EVENT)? How so?)*

Circle: Trauma-relatedness = *Definite Probable Unlikely*

0 Absent

1 Mild / subthreshold

2 Moderate / threshold

3 Severe / markedly elevated

4 Extreme / incapacitating

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

Item 18 (E4): Exaggerated startle response.

In the past month, have you had any strong startle reactions?

What kinds of things made you startle?

How strong are these startle reactions? *(How strong are they compared to how most people would respond? Do you do anything other people would notice?)*

How long does it take you to recover?

Circle: Startle = *Minimal Clearly Present Pronounced Extreme*

How often has this happened in the past month? # of times _____

Did these startle reactions start or get worse after (EVENT)? *(Do you think it's related to (EVENT)? How so?)*

Circle: Trauma-relatedness = *Definite Probable Unlikely*

0 Absent

1 Mild / subthreshold

2 Moderate / threshold

3 Severe / markedly elevated

4 Extreme / incapacitating

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

Item 19 (E5): Problems with concentration.

<p>In the past month, have you had any <u>problems with concentration</u>?</p> <p>Can you give me some examples?</p> <p>Are you able to concentrate if you really try?</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 problems with concentration?)</p> <hr/> <p><u>Circle:</u> Problem concentrating = <i>Minimal Clearly Present Pronounced Extreme</i></p> <p>How much of the time in the past month have you had problems with concentration, as a percentage? % of time _____</p> <p>Did these problems with concentration start or get worse after (EVENT)? (Do you think they're related to (EVENT)? How so?)</p> <p><u>Circle:</u> Trauma-relatedness = <i>Definite Probable Unlikely</i></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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of concentration problems</p> <p>Moderate = some of the time (20-30%) / problem concentrating clearly present, some difficulty but can concentrate with effort</p> <p>Severe = much of the time (50-60%) / pronounced problem concentrating, considerable difficulty even with effort</p> </div>
---	---

Item 20 (E6): Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

<p>In the past month, have you had any <u>problems falling or staying asleep</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 total hours do you sleep each night?</p> <p>How many hours do you think you should be sleeping?</p> <hr/> <p><u>Circle:</u> Problem sleeping = <i>Minimal Clearly Present Pronounced Extreme</i></p> <p>How often in the past month have you had these sleep problems? # of times _____</p> <p>Did these sleep problems start or get worse after (EVENT)? (Do you think they're related to (EVENT)? How so?)</p> <p><u>Circle:</u> Trauma-relatedness = <i>Definite Probable Unlikely</i></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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of sleep problems</p> <p>Moderate = at least 2 X month / sleep disturbance clearly present, clearly longer latency or clear difficulty staying asleep, 30-90 minutes loss of sleep</p> <p>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> </div>
--	---

Criterion F:

Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

Item 21: Onset of symptoms.

[[If not clear:] **When did you first start having (PTSD SYMPTOMS) you've told me about?** (How long after the trauma did they start? More than six months?)

Total # months delay in onset _____

With delayed onset (> 6 onths)?
NO YES

Item 22: Duration of symptoms.

[[If not clear:] **How long have these (PTSD SYMPTOMS) 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.

Item 23: Subjective distress.

Overall, in the past month, how much have you been bothered by these (PTSD SYMPTOMS) you've 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

Item 24: Impairment in social functioning.

In the past month, have these (PTSD SYMPTOMS) affected your relationships with other people? How so? [Consider impairment in social functioning reported on earlier items]

- 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

Item 25: Impairment in occupational or other important area of functioning.

<p>[If not clear:] Are you working now?</p> <p>[If yes:] In the past month, have these (PTSD SYMPTOMS) affected your work or your ability to work? How so?</p> <p>[If no:] Why is that? (Do you feel that your (PTSD SYMPTOMS) are related to you not working now? How so?)</p> <p>[If unable to work because of PTSD symptoms, rate at least 3=Severe. If unemployment is not due to PTSD symptoms, or if the link is not clear, base rating only on impairment in other important areas of functioning]</p> <p>Have these (PTSD SYMPTOMS) affected any other important part of your life? [As appropriate, suggest examples such as parenting, housework, schoolwork, volunteer work, etc.] How so?</p>	<ul style="list-style-type: none"> 0 <i>No adverse impact</i> 1 <i>Mild impact, minimal impairment in occupational/other important functioning</i> 2 <i>Moderate impact, definite impairment but many aspects of occupational/other important functioning still intact</i> 3 <i>Severe impact, marked impairment, few aspects of occupational/other important functioning still intact</i> 4 <i>Extreme impact, little or no occupational/other important functioning</i>
--	--

Global Ratings

Item 26: Global validity.

<p>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.</p>	<ul style="list-style-type: none"> 0 <i>Excellent, no reason to suspect invalid responses</i> 1 <i>Good, factors present that may adversely affect validity</i> 2 <i>Fair, factors present that definitely reduce validity</i> 3 <i>Poor, substantially reduced validity</i> 4 <i>Invalid responses, severely impaired mental status or possible deliberate “faking bad” or “faking good”</i>
---	--

Item 27: Global severity.

<p>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.</p>	<ul style="list-style-type: none"> 0 <i>No clinically significant symptoms, no distress and no functional impairment</i> 1 <i>Mild, minimal distress or functional impairment</i> 2 <i>Moderate, definite distress or functional impairment but functions satisfactorily with effort</i> 3 <i>Severe, considerable distress or functional impairment, limited functioning even with effort</i> 4 <i>Extreme, marked distress or marked impairment in two or more major areas of functioning</i>
---	--

Item 28: Global improvement.

<p>Rate total overall improvement since the previous rating. Rate the degree of change, whether or not, in your judgment, it is due to treatment.</p>	<p>0 <i>Asymptomatic</i></p> <p>1 <i>Considerable improvement</i></p> <p>2 <i>Moderate improvement</i></p> <p>3 <i>Slight improvement</i></p> <p>4 <i>No improvement</i></p> <p>5 <i>Insufficient information</i></p>
---	---

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:

Item 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 there been times when you felt as if you were separated from yourself, like you were watching yourself from the outside or observing your thoughts and feelings as if you were another person?</p> <p><small>[If no:] (What about feeling as if you were in a dream, even though you were awake? Feeling as if something about you wasn't real? Feeling as if time was moving more slowly?)</small></p> <p>Tell me more about that.</p> <p>How strong is this feeling? <small>(Do you lose track of where you actually are or what's actually going on?)</small></p> <p>What do you do while this is happening? <small>(Do other people notice your behavior? What do they say?)</small></p> <p>How long does it last?</p> <hr/> <p><u>Circle:</u> Dissociation = <i>Minimal</i> <i>Clearly Present</i> <i>Pronounced</i> <i>Extreme</i></p> <p><small>[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]</small></p> <p>How often has this happened in the past month? # of times _____</p> <p>Did this feeling start or get worse after (EVENT)? <small>(Do you think it's related to (EVENT)? How so?)</small></p> <p><u>Circle:</u> Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i></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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <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> </div>
--	--

Item 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 there been times when things going on around you seemed unreal or very strange and unfamiliar?</p> <p>[If no:] (Do things going on around you seem like a dream or like a scene from a movie? Do they seem distant or distorted?)</p> <p>Tell me more about that.</p> <p>How strong is this feeling? <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> <hr/> <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> <p>Did this feeling start or get worse after (EVENT)? <i>(Do you think it's related to (EVENT)? How so?)</i></p> <p><u>Circle:</u> Trauma-relatedness = <i>Definite</i> <i>Probable</i> <i>Unlikely</i></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> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <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 environment</p> <p>Severe = at least 2 X week / pronounced dissociative quality, marked sense of unreality</p> </div>
--	---

CAPS-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	
Symptom	Sev	Sx (Sev ≥ 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	
Symptom	Sev	Sx (Sev ≥ 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	
Symptom	Sev	Sx (Sev ≥ 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	
Symptom	Sev	Sx (Sev ≥ 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 =

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

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

G. Distress or impairment (need 1 for diagnosis)	Past Month	
Criterion	<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
G subtotals	<i>G Sev =</i>	<i>#G Cx =</i>

Global ratings	Past Month
(26) Global validity	
(27) Global severity	
(28) Global improvement	

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

PTSD diagnosis	Past Month	
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



Clinician-Administered PTSD Scale for *DSM-5* (CAPS-5) Past Month / Worst Month Version

Version date: 13 April 2018

Reference: Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2015). *The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) – Past Month / Worst Month* [Measurement instrument]. Available from <https://www.ptsd.va.gov/>

URL: <https://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp>

Note: This is a fillable form. You may complete it electronically.

Name: _____

Interviewer: _____

Study: _____

ID#: _____

Date: _____

This page intentionally left blank

CAPS-5 Past Month / Worst Month

Instructions:

Standard administration and scoring of the CAPS-5 are essential for producing reliable and valid scores and diagnostic decisions. The CAPS-5 should be administered only by qualified interviewers who have formal training in structured clinical interviewing and differential diagnosis, a thorough understanding of the conceptual basis of PTSD and its various symptoms, and detailed knowledge of the features and conventions of the CAPS-5 itself.

Administration

1. Identify an index traumatic event to serve as the basis for symptom inquiry. Administer the Life Events Checklist and Criterion A inquiry provided on p. 4, or use some other structured, evidence-based method. The index event may involve either a single incident (e.g., “the accident”) or multiple, closely related incidents (e.g., “the worst parts of your combat experiences”).
2. When assessing both past month (current) and worst month (lifetime):
 - a. First, administer the time frame prompt which appears under the Criterion A assessment box. If the respondent reports that her/his symptoms have been as bad in the past month as they have been at any point since the index event, then the past month can also be considered the worst month. In that case there is no need to assess worst month; past month ratings will serve as the basis for both current and lifetime diagnostic status.
 - b. Second, administer all items with respect to the past month and establish current diagnostic status.
 - c. Third, if necessary, re-orient the respondent to the worst month time frame, and then re-administer all items with respect to worst month and establish lifetime diagnostic status. Rephrase prompts into past tense. For example, “have you had any unwanted memories” becomes “did you have any unwanted memories.”
 - d. Note: To assure comparability between past month ratings obtained from this version of the CAPS-5 and past month ratings obtained from the past month version of the CAPS-5, it is important to assess past month first, followed by worst month in a separate pass through the symptoms. It is recommended NOT to assess past month and worst month symptom by symptom in a single pass.
3. 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 problem 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.
4. 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.
5. 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-5 scoring conventions.

6. Move through the interview as efficiently as possible to minimize respondent burden. Some useful strategies:
 - a. Be thoroughly familiar with the CAPS-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, CAPS-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-5 items are rated with a single severity score, in contrast to previous versions of the CAPS 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-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-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-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-5 symptom severity score.
5. **CAPS-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-5 severity score.
6. **CAPS-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.

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 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): _____

What happened? *(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?)*

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Sexual violence?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

Since (EVENT) has there been a time when it was causing you more problems than it has over the past month? [If yes:] When was (EVENT) causing you the most problems? [If not clear:] Did it last at least a month?

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 / worst month]. For each problem I'll ask if you had it at all, 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:

Item 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.

<p>In the [past month / worst month], have you had any <u>unwanted memories of (EVENT) while you were awake, so not counting dreams?</u> (Rate 0=Absent if only during dreams)</p> <p>How does it happen that you start remembering (EVENT)?</p> <p>[If not clear:] (Are these <u>unwanted memories, or are you thinking about (EVENT) on purpose?</u>) (Rate 0=Absent unless perceived as involuntary and intrusive)</p> <p>How much do these memories bother you?</p> <p>Are you able to put them out of your mind and think about something else?</p> <p>[If not clear:] (Overall, how much of a problem is this for you? How so?)</p> <hr/> <p>Circle: Distress = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often have you had these memories in the [past month / worst month]? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of distress</p> <p>Moderate = at least 2 X month / distress clearly present, some difficulty dismissing memories</p> <p>Severe = at least 2 X week / pronounced distress, considerable difficulty dismissing memories</p> </div>
---	--

Item 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 / worst month], have you had any unpleasant dreams about (EVENT)?

Describe a typical dream. (What happens?)

[If not clear:] (**Do they wake you up?**)

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

[If reports not returning to sleep:] (**How much sleep do you lose?**)

How much do these dreams bother you?

Circle: Distress = Minimal Clearly Present Pronounced Extreme

How often have you had these dreams in the [past month / worst month]? # of times _____

- ① Absent
- ① Mild / subthreshold
- ② Moderate / threshold
- ③ Severe / markedly elevated
- ④ Extreme / incapacitating

Past Month _____

Worst Month _____

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

Item 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 / worst month], have there been times when you suddenly acted or felt as if (EVENT) were actually happening again?</p> <p>[If not clear:] <i>(This is different than thinking about it or dreaming about it – now I’m asking about flashbacks, when you feel like you’re actually back at the time of (EVENT), actually reliving it.)</i></p> <p>How much does it seem as if (EVENT) were happening again? <i>(Are you confused about where you actually are?)</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> <hr/> <p><u>Circle:</u> Dissociation = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often has this happened in the [past month / worst month]? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="background-color: #f0f0f0; padding: 10px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of dissociation</p> <p>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</p> <p>Severe = at least 2 X week / pronounced dissociative quality, reports vivid reliving, e.g., with images, sounds, smells</p> </div>
---	--

Item 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 / worst month], have you gotten <u>emotionally upset</u> when <u>something reminded you of (EVENT)?</u></p> <p>What kinds of reminders make you upset?</p> <p>How much do these reminders bother you?</p> <p>Are you able to calm yourself down when this happens? (How long does it take?)</p> <p>[If not clear:] (Overall, how much of a problem is this for you? How so?)</p> <hr/> <p>Circle: Distress = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often has this happened in the past month? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of distress</p> <p>Moderate = at least 2 X month / distress clearly present, some difficulty recovering</p> <p>Severe = at least 2 X week / pronounced distress, considerable difficulty recovering</p> </div>
---	---

Item 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 / worst month], have you had any <u>physical reactions</u> when <u>something reminded you of (EVENT)?</u></p> <p>Can you give me some examples? (Does your heart race or your breathing change? What about sweating or feeling really tense or shaky?)</p> <p>What kinds of reminders trigger these reactions?</p> <p>How long does it take you to recover?</p> <hr/> <p>Circle: Physiological reactivity = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often has this happened in the past [past month / worst month]? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of physiological arousal</p> <p>Moderate = at least 2 X month / reactivity clearly present, some difficulty recovering</p> <p>Severe = at least 2 X week / pronounced reactivity, sustained arousal, considerable difficulty recovering</p> </div>
--	---

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:

Item 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 / worst month], have you tried to <u>avoid thoughts or feelings</u> about (EVENT)?</p> <p>What kinds of thoughts or feelings do you 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>[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 thoughts or feelings?)</p> <hr/> <p>Circle: Avoidance = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often in the [past month / worst month]? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of avoidance</p> <p>Moderate = at least 2 X month / avoidance clearly present</p> <p>Severe = at least 2 X week / pronounced avoidance</p> </div>
--	--

Item 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 / worst month], have you tried to <u>avoid things</u> that <u>remind you of (EVENT)</u>, like certain people, places, or situations?</p> <p>What kinds of things do you avoid?</p> <p>How much effort do you make to avoid these reminders? <i>(Do you have to make a plan or change your activities to avoid them?)</i></p> <p><i>[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?)</i></p> <hr/> <p>Circle: Avoidance = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often in the [past month / worst month]? # of times _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of avoidance</p> <p>Moderate = at least 2 X month / avoidance clearly present</p> <p>Severe = at least 2 X week / pronounced avoidance</p> </div>
--	--

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:

Item 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).

In the [past month / worst month], have you had difficulty remembering some important parts of (EVENT)? (Do you feel there are gaps in your memory of (EVENT)?)

What parts have you had difficulty remembering?

Do you feel you should be able to remember these things?

[If not clear:] **(Why do you think you can't? Did you have a head injury during (EVENT)? Were you knocked unconscious? Were you intoxicated from alcohol or drugs?)** (Rate 0=Absent if due to head injury or loss of consciousness or intoxication during event)

[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)

Circle: Difficulty remembering = Minimal Clearly Present Pronounced Extreme

In the [past month / worst month], how many of the important parts of (EVENT) have you had difficulty remembering? (What parts do you still remember?) # of important aspects _____

Would you be able to recall these things if you tried?

- ① Absent
- ① Mild / subthreshold
- ② Moderate / threshold
- ③ Severe / markedly elevated
- ④ Extreme / incapacitating

Past Month _____

Worst Month _____

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

Item 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 / worst month], have you had <u>strong negative beliefs</u> about yourself, other people, or the world?</p> <p>Can you give me some examples? <i>(What about believing things like “I am bad,” “there is something seriously wrong with me,” “no one can be trusted,” “the world is completely dangerous”?)</i></p> <p>How strong are these beliefs? <i>(How convinced are you that these beliefs are actually true? Can you see other ways of thinking about it?)</i></p> <hr/> <p><u>Circle:</u> Conviction = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How much of the time in the past month have you felt that way, as a percentage? % of time _____</p> <p>Did these beliefs start or get worse after (EVENT)? <i>(Do you think they're related to (EVENT)? How so?)</i> <u>Circle:</u> Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of beliefs</p> <p>Moderate = some of the time (20-30%) / exaggerated negative expectations clearly present, some difficulty considering more realistic beliefs</p> <p>Severe = much of the time (50-60%) / pronounced exaggerated negative expectations, considerable difficulty considering more realistic beliefs</p> </div>
--	---

Item 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 / worst month], have you <u>blamed yourself</u> for (EVENT) or what happened as a result of it? Tell me more about that. <i>(In what sense do you see yourself as having caused (EVENT)? Is it because of something you did? Or something you think you should have done but didn't? Is it because of something about you in general?)</i></p> <p>What about <u>blaming someone else</u> for (EVENT) or what happened as a result of it? Tell me more about that. <i>(In what sense do you see (OTHERS) as having caused (EVENT)? 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 OR OTHERS)?</p> <p>How convinced are you that (YOU OR OTHERS) are truly to blame for what happened? <i>(Do other people agree with you? Can you see other ways of thinking about it?)</i></p> <p><small>(Rate 0=Absent if only blames perpetrator, i.e., someone who deliberately caused the event and intended harm)</small></p> <hr/> <p>Circle: Conviction = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How much of the time in the past month have you felt that way, as a percentage? % of time _____</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of blame</p> <p>Moderate = some of the time (20-30%) / distorted blame clearly present, some difficulty considering more realistic beliefs</p> <p>Severe = much of the time (50-60%) / pronounced distorted blame, considerable difficulty considering more realistic beliefs</p> </div>
--	--

Item 11 (D4): Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

<p>In the [past month / worst month], have you had any <u>strong negative feelings</u> such as fear, horror, anger, guilt, or shame?</p> <p>Can you give me some examples? <i>(What negative feelings do you experience?)</i></p> <p>How strong are these negative feelings?</p> <p>How well are you able to manage them?</p> <p><small>[If not clear:] (Overall, how much of a problem is this for you? How so?)</small></p> <hr/> <p>Circle: Negative emotions = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How much of the time in the past month have you felt that way, as a percentage? % of time _____</p> <p>Did these negative feelings start or get worse after (EVENT)? <i>(Do you think they're related to (EVENT)? How so?)</i></p> <p>Circle: Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of negative emotions</p> <p>Moderate = some of the time (20-30%) / negative emotions clearly present, some difficulty managing</p> <p>Severe = much of the time (50-60%) / pronounced negative emotions, considerable difficulty managing</p> </div>
--	--

Item 12 (D5): Markedly diminished interest or participation in significant activities.

<p>In the [past month / worst month], have you been <u>less interested in activities that you used to enjoy</u>?</p> <p>What kinds of things have you lost interest in or don't do as much as you used to? (Anything else?)</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 strong is your loss of interest? (Would you still enjoy (ACTIVITIES) once you got started?)</p> <hr/> <p>Circle: Loss of interest = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>Overall, in the [past month / worst month], how many of your usual activities have you been less interested in, as a percentage? % 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 (EVENT)? (Do you think it's related to (EVENT)? How so?)</p> <p>Circle: Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = percent of activities affected / intensity of loss of interest</p> <p>Moderate = some activities (20-30%) / loss of interest clearly present but still has some enjoyment of activities</p> <p>Severe = many activities (50-60%) / pronounced loss of interest, little interest or participation in activities</p> </div>
---	--

Item 13 (D6): Feelings of detachment or estrangement from others.

<p>In the [past month / worst month], have you felt <u>distant or cut off from other people</u>?</p> <p>Tell me more about that.</p> <p>How strong are your feelings of being distant or cut off from others? (Who do you feel closest to? How many people do you feel comfortable talking with about personal things?)</p> <hr/> <p>Circle: Detachment or estrangement = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How much of the time in the [past month / worst month] have you felt that way, as a percentage? % of time _____</p> <p>Did this feeling of being distant or cut off start or get worse after (EVENT)? (Do you think it's related to (EVENT)? How so?)</p> <p>Circle: Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of detachment or estrangement</p> <p>Moderate = some of the time (20-30%) / feelings of detachment clearly present but still feels some interpersonal connection</p> <p>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> </div>
---	---

Item 14 (D7): Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

<p>In the [past month / worst month], have there been times when you had difficulty experiencing positive feelings like love or happiness?</p> <p>Tell me more about that. <i>(What feelings are difficult to experience?)</i></p> <p>How much difficulty do you have experiencing positive feelings? <i>(Are you still able to experience any positive feelings?)</i></p> <hr/> <p><u>Circle:</u> Reduction of positive emotions = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How much of the time in the past month have you felt that way, as a percentage? % of time _____</p> <p>Did this trouble experiencing positive feelings start or get worse after (EVENT)? <i>(Do you think it's related to (EVENT)? How so?)</i></p> <p><u>Circle:</u> Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of reduction in positive emotions</p> <p>Moderate = some of the time (20-30%) / reduction of positive emotional experience clearly present but still able to experience some positive emotions</p> <p>Severe = much of the time (50-60%) / pronounced reduction of experience across range of positive emotions</p> </div>
---	---

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:

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

In the [past month / worst month], have there been times when you felt especially irritable or angry and showed it in your behavior?

Can you give me some examples? (How do you show it? Do you raise your voice or yell? Throw or hit things? Push or hit other people?)

Circle: Aggression = Minimal Clearly Present Pronounced Extreme

How often in the [past month / worst month] # of times _____

Did this behavior start or get worse after (EVENT)? (Do you think it's related to (EVENT)? How so?) Circle: Trauma-relatedness = Definite Probable Unlikely

① Absent

② Mild / subthreshold

③ Moderate / threshold

④ Severe / markedly elevated

⑤ Extreme / incapacitating

Past Month _____

Worst Month _____

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

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

In the [past month / worst month], have there been times when you were taking more risks or doing things that might have caused you harm?

Can you give me some examples?

How much of a risk do you take? (How dangerous are these behaviors? Were you injured or harmed in some way?)

Circle: Risk = Minimal Clearly Present Pronounced Extreme

How often have you taken these kinds of risks in the [past month / worst month]? # of times _____

Did this behavior start or get worse after (EVENT)? (Do you think it's related to (EVENT)? How so?) Circle: Trauma-relatedness = Definite Probable Unlikely

① Absent

① Mild / subthreshold

② Moderate / threshold

③ Severe / markedly elevated

④ Extreme / incapacitating

Past Month _____

Worst Month _____

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

Item 17 (E3): Hypervigilance.

In the [past month / worst month], have you been especially alert or watchful, even when there was no specific threat or danger? (Have you felt as if you had to be on guard?)

Can you give me some examples? (What kinds of things do you do when you're alert or watchful?)

[If not clear:] **(What causes you to react this way? Do you feel like you're in danger or threatened in some way? Do you feel that way more than most people would in the same situation?)**

Circle: Hypervigilance = Minimal Clearly Present Pronounced Extreme

How much of the time in the [past month / worst month] have you felt that way, as a percentage? % of time _____

Did being especially alert or watchful start or get worse after (EVENT)? (Do you think it's related to (EVENT)? How so?)

Circle: Trauma-relatedness = Definite Probable Unlikely

① Absent

① Mild / subthreshold

② Moderate / threshold

③ Severe / markedly elevated

④ Extreme / incapacitating

Past Month _____

Worst Month _____

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

Item 18 (E4): Exaggerated startle response.

In the [past month / worst month], have you had any strong startle reactions?

What kinds of things made you startle?

How strong are these startle reactions? *(How strong are they compared to how most people would respond? Do you do anything other people would notice?)*

How long does it take you to recover?

Circle: Startle = Minimal Clearly Present Pronounced Extreme

How often has this happened in the [past month / worst month]?
of times _____

Did these startle reactions start or get worse after (EVENT)? *(Do you think it's related to (EVENT)? How so?)*

Circle: Trauma-relatedness = Definite Probable Unlikely

- ① Absent
- ① Mild / subthreshold
- ② Moderate / threshold
- ③ Severe / markedly elevated
- ④ Extreme / incapacitating

Past Month _____

Worst Month _____

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

Item 19 (E5): Problems with concentration.

In the [past month / worst month], have you had any problems with concentration?

Can you give me some examples?

Are you able to concentrate if you really try?

[If not clear:] (Overall, how much of a problem is this for you? How would things be different if you didn't have problems with concentration?)

Circle: Problem concentrating = Minimal Clearly Present Pronounced Extreme

How much of the time in the [past month / worst month] have you had problems with concentration, as a percentage? % of time _____

Did these problems with concentration start or get worse after (EVENT)? *(Do you think they're related to (EVENT)? How so?)*

Circle: Trauma-relatedness = Definite Probable Unlikely

- ① Absent
- ① Mild / subthreshold
- ② Moderate / threshold
- ③ Severe / markedly elevated
- ④ Extreme / incapacitating

Past Month _____

Worst Month _____

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

Item 20 (E6): Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

<p>In the [past month / worst month], have you had any problems <u>falling or staying asleep</u>?</p> <p>What kinds of problems? <i>(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?)</i></p> <p>How many total hours do you sleep each night?</p> <p>How many hours do you think you should be sleeping?</p> <hr/> <p>Circle: Problem sleeping = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</p> <p>How often in the [past month / worst month] have you had these sleep problems? # of times _____</p> <p>Did these sleep problems start or get worse after (EVENT)? <i>(Do you think they're related to (EVENT)? How so?)</i></p> <p>Circle: Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Key rating dimensions = frequency / intensity of sleep problems</p> <p>Moderate = at least 2 X month / sleep disturbance clearly present, clearly longer latency or clear difficulty staying asleep, 30-90 minutes loss of sleep</p> <p>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> </div>
--	--

Criterion F:

Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

Item 21: Onset of symptoms.

<p><small>[[if not clear:]]</small> When did you first start having (PTSD SYMPTOMS) you've told me about? <i>(How long after the trauma did they start? More than six months?)</i></p>	<p>Total # months delay in onset _____</p> <p>With delayed onset (> 6 months)?</p> <p><input type="radio"/> NO <input type="radio"/> YES</p>
---	---

Item 22: Duration of symptoms.

<p><small>[[if not clear:]]</small> How long have these (PTSD SYMPTOMS) lasted altogether?</p>	<p>Total # months duration _____</p> <p>Duration more than 1 month?</p> <p><input type="radio"/> NO <input type="radio"/> YES</p>
---	---

Criterion G:

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

Item 23: Subjective distress.

Overall, in the [past month / worst month], how much have you been bothered by these (PTSD SYMPTOMS) you've told me about? [Consider distress reported on earlier items]

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

Past Month _____

Worst Month _____

Item 24: Impairment in social functioning.

In the [past month / worst month], have these (PTSD SYMPTOMS) affected your relationships with other people? How so? [Consider impairment in social functioning reported on earlier items]

- ① 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

Past Month _____

Worst Month _____

Item 25: Impairment in occupational or other important area of functioning.

<p>[If not clear:] Are you working now?</p> <p>[If yes:] In the [past month / worst month], have these (PTSD SYMPTOMS) affected your work or your ability to work? How so?</p> <p>[If no:] Why is that? (Do you feel that your (PTSD SYMPTOMS) are related to you not working now? How so?)</p> <p>[If unable to work because of PTSD symptoms, rate at least 3=Severe. If unemployment is not due to PTSD symptoms, or if the link is not clear, base rating only on impairment in other important areas of functioning]</p> <p>Have these (PTSD SYMPTOMS) affected any other important part of your life? [As appropriate, suggest examples such as parenting, housework, schoolwork, volunteer work, etc.] How so?</p>	<p>① <i>No adverse impact</i></p> <p>② <i>Mild impact, minimal impairment in occupational/ other important functioning</i></p> <p>③ <i>Moderate impact, definite impairment but many aspects of occupational/other important functioning still intact</i></p> <p>④ <i>Severe impact, marked impairment, few aspects of occupational/other important functioning still intact</i></p> <p>⑤ <i>Extreme impact, little or no occupational/other important functioning</i></p> <p>Past Month _____</p> <p>Worst Month _____</p>
--	---

Global Ratings

Item 26: Global validity.

<p>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.</p>	<p>① <i>Excellent, no reason to suspect invalid responses</i></p> <p>② <i>Good, factors present that may adversely affect validity</i></p> <p>③ <i>Fair, factors present that definitely reduce validity</i></p> <p>④ <i>Poor, substantially reduced validity</i></p> <p>⑤ <i>Invalid responses, severely impaired mental status or possible deliberate "faking bad" or "faking good"</i></p> <p>Past Month _____</p> <p>Worst Month _____</p>
---	--

Item 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.

- ① *No clinically significant symptoms, no distress and no functional impairment*
- ② *Mild, minimal distress or functional impairment*
- ③ *Moderate, definite distress or functional impairment but functions satisfactorily with effort*
- ④ *Severe, considerable distress or functional impairment, limited functioning even with effort*
- ⑤ *Extreme, marked distress or marked impairment in two or more major areas of functioning*

Past Month _____

Worst Month _____

Item 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.

- ① *Asymptomatic*
- ② *Considerable improvement*
- ③ *Moderate improvement*
- ④ *Slight improvement*
- ⑤ *No improvement*
- ⑥ *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:

Item 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).

In the [past month / worst month], have there been times when you felt as if you were separated from yourself, like you were watching yourself from the outside or observing your thoughts and feelings as if you were another person?

[If no:] **(What about feeling as if you were in a dream, even though you were awake? Feeling as if something about you wasn't real? Feeling as if time was moving more slowly?)**

Tell me more about that.

How strong is this feeling? (Do you lose track of where you actually are or what's actually going on?)

What do you do while this is happening? (Do other people notice your behavior? What do they say?)

How long does it last?

Circle: Dissociation = Minimal Clearly Present Pronounced Extreme

[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]

How often has this happened in the [past month / worst month]?

of times _____

Did this feeling start or get worse after (EVENT)? (Do you think it's related to (EVENT)? How so?)

Circle: Trauma-relatedness = Definite Probable Unlikely

- ① Absent
- ① Mild / subthreshold
- ② Moderate / threshold
- ③ Severe / markedly elevated
- ④ Extreme / incapacitating

Past Month _____

Worst Month _____

Key rating dimensions = frequency / intensity of dissociation

Moderate = at least 2 X month / dissociative quality clearly present but transient, retains some realistic sense of self and awareness of environment

Severe = at least 2 X week / pronounced dissociative quality, marked sense of detachment and unreality

Item 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 / worst month], have there been times when things going on around you seemed unreal or very strange and unfamiliar?</p> <p>[If no:] (Do things going on around you seem like a dream or like a scene from a movie? Do they seem distant or distorted?)</p> <p>Tell me more about that.</p> <p>How strong is this feeling? <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> <hr/> <p>Circle: Dissociation = <input type="radio"/> Minimal <input type="radio"/> Clearly Present <input type="radio"/> Pronounced <input type="radio"/> Extreme</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 / worst month]? # of times _____</p> <p>Did this feeling start or get worse after (EVENT)? <i>(Do you think it's related to (EVENT)? How so?)</i></p> <p>Circle: Trauma-relatedness = <input type="radio"/> Definite <input type="radio"/> Probable <input type="radio"/> Unlikely</p>	<p>① Absent</p> <p>① Mild / subthreshold</p> <p>② Moderate / threshold</p> <p>③ Severe / markedly elevated</p> <p>④ Extreme / incapacitating</p> <p>Past Month _____</p> <p>Worst Month _____</p> <div style="background-color: #e0e0e0; padding: 5px; margin-top: 10px;"> <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 environment</p> <p>Severe = at least 2 X week / pronounced dissociative quality, marked sense of unreality</p> </div>
--	---

CAPS-5 SUMMARY SHEET

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

A. Exposure to actual or threatened death, serious injury, or sexual violence	
Criterion A met?	<input type="radio"/> = NO <input checked="" type="radio"/> = YES

PAST MONTH RATINGS:

B. Intrusion symptoms (need 1 for diagnosis)	Past Month	
Symptom	Sev	Sx (Sev ≥ 2)?
(1) B1 – Intrusive memories		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
(2) B2 – Distressing dreams		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
(3) B3 – Dissociative reactions		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
(4) B4 – Cued psychological distress		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
(5) B5 – Cued physiological reactions		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
B subtotals	<i>B Sev = 0</i>	<i>#B Sx = 0</i>

C. Avoidance symptoms (need 1 for diagnosis)	Past Month	
Symptom	Sev	Sx (Sev ≥ 2)?
(6) C1 – Avoidance of memories, thoughts, feelings		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
(7) C2 – Avoidance of external reminders		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
C subtotals	<i>C Sev = 0</i>	<i>#C Sx = 0</i>

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

E. Arousal and reactivity symptoms (need 2 for diagnosis)	Past Month	
Symptom	Sev	Sx (Sev ≥ 2)?
(15) E1 – Irritable behavior and angry outbursts		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
(16) E2 – Reckless or self-destructive behavior		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
(17) E3 – Hypervigilance		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
(18) E4 – Exaggerated startle response		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
(19) E5 – Problems with concentration		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
(20) E6 – Sleep disturbance		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
E subtotals	<i>E Sev = 0</i>	<i>#E Sx = 0</i>

PTSD totals	Past Month	
Totals	Total Sev	Total # Sx
Sum of subtotals (B+C+D+E)	0	0

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

G. Distress or impairment (need 1 for diagnosis)	Past Month	
Criterion	Sev	Cx (Sev \geq 2)?
(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
G subtotals	G Sev = 0	#G Cx = 0

Global ratings	Past Month
(26) Global validity	
(27) Global severity	
(28) Global improvement	

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

PTSD diagnosis	Past Month	
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	

WORST MONTH RATINGS:

B. Intrusion symptoms (need 1 for diagnosis)		Worst Month	
Symptom	Sev	Sx (Sev ≥ 2)?	
(1) B1 – Intrusive memories		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
(2) B2 – Distressing dreams		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
(3) B3 – Dissociative reactions		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
(4) B4 – Cued psychological distress		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
(5) B5 – Cued physiological reactions		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
B subtotals	<i>B Sev = 0</i>	# <i>B Sx = 0</i>	

C. Avoidance symptoms (need 1 for diagnosis)		Worst Month	
Symptom	Sev	Sx (Sev ≥ 2)?	
(6) C1 – Avoidance of memories, thoughts, feelings		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
(7) C2 – Avoidance of external reminders		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
C subtotals	<i>C Sev = 0</i>	# <i>C Sx = 0</i>	

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

E. Arousal and reactivity symptoms (need 2 for diagnosis)		Worst Month	
Symptom	Sev	Sx (Sev ≥ 2)?	
(15) E1 – Irritable behavior and angry outbursts		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
(16) E2 – Reckless or self-destructive behavior		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
(17) E3 – Hypervigilance		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
(18) E4 – Exaggerated startle response		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
(19) E5 – Problems with concentration		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
(20) E6 – Sleep disturbance		<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
E subtotals	<i>E Sev = 0</i>	# <i>E Sx = 0</i>	

PTSD totals		Worst Month	
Totals	<i>Total Sev</i>	<i>Total # Sx</i>	
Sum of subtotals (B+C+D+E)	0	0	

F. Duration of disturbance	Lifetime
(22) Duration of disturbance \geq 1 month?	<input type="radio"/> = NO <input checked="" type="radio"/> = YES

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

Global ratings	Worst Month
(26) Global validity	
(27) Global severity	
(28) Global improvement	

Dissociative symptoms (need 1 for subtype)	Worst Month	
Symptom	Sev	Sx (Sev \geq 2)?
(29) 1 – Depersonalization		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
(30) 2 – Derealization		<input type="radio"/> = NO <input checked="" type="radio"/> = YES
Dissociative subtotals	Diss Sev = 0	#Diss Sx = 0

PTSD diagnosis	Worst Month	
PTSD PRESENT – ALL CRITERIA (A-G) MET?	<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
With dissociative symptoms	<input type="radio"/> = NO	<input checked="" type="radio"/> = YES
(21) With delayed onset (\geq 6 months)	<input type="radio"/> = NO	<input checked="" type="radio"/> = YES

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

This page is intentionally left blank

Study _____

ID _____
Date ____/____/____

Symptom Checklist 90-R

Below is a list of problems and complaints that people sometimes have. Please read each one carefully and **enter the number** that best describes how much you were bothered by that problem during the past week.

Please enter only ONE.

FOR THE PAST WEEK, HOW MUCH WERE YOU BOTHERED BY:

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
1. Headaches	0	1	2	3	4
2. Nervousness or shakiness inside	0	1	2	3	4
3. Unwanted thoughts, words, or ideas that won't leave your mind	0	1	2	3	4
4. Faintness or dizziness	0	1	2	3	4
5. Loss of sexual interest or pleasure	0	1	2	3	4
6. Feeling critical of others	0	1	2	3	4
7. The idea that someone else can control your thoughts	0	1	2	3	4
8. Feeling others are to blame for most of your troubles	0	1	2	3	4
9. Trouble remembering things	0	1	2	3	4
10. Worried about sloppiness or carelessness	0	1	2	3	4
11. Feeling easily annoyed or irritated	0	1	2	3	4
12. Pains in heart or chest	0	1	2	3	4
13. Feeling afraid in open spaces or on the streets	0	1	2	3	4
14. Feeling low in energy or slowed down	0	1	2	3	4
15. Thoughts of ending your life	0	1	2	3	4
16. Hearing words that others do not hear	0	1	2	3	4
17. Trembling	0	1	2	3	4
18. Feeling that most people cannot be trusted	0	1	2	3	4
19. Poor appetite	0	1	2	3	4
20. Crying easily	0	1	2	3	4

Study _____

ID _____
Date ____/____/____

FOR THE PAST WEEK, HOW MUCH WERE YOU BOTHERED BY:

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
21. Feeling shy or uneasy with the opposite sex	0	1	2	3	4
22. Feeling of being trapped or caught	0	1	2	3	4
23. Suddenly scared for no reason	0	1	2	3	4
24. Temper outbursts that you could not control	0	1	2	3	4
25. Feeling afraid to go out of your house alone	0	1	2	3	4
26. Blaming yourself for things	0	1	2	3	4
27. Pains in lower back	0	1	2	3	4
28. Feeling blocked in getting things done	0	1	2	3	4
29. Feeling lonely	0	1	2	3	4
30. Feeling blue	0	1	2	3	4
31. Worrying too much about things	0	1	2	3	4
32. Feeling no interest in things	0	1	2	3	4
33. Feeling fearful	0	1	2	3	4
34. Your feelings being easily hurt	0	1	2	3	4
35. Other people being aware of your private thoughts	0	1	2	3	4
36. Feeling others do not understand you or are unsympathetic	0	1	2	3	4
37. Feeling that people are unfriendly or dislike you	0	1	2	3	4
38. Having to do things very slowly to insure correctness	0	1	2	3	4
39. Heart pounding or racing	0	1	2	3	4
40. Nausea or upset stomach	0	1	2	3	4
41. Feeling inferior to others	0	1	2	3	4
42. Soreness of your muscles	0	1	2	3	4
43. Feeling that you are watched or talked about by others	0	1	2	3	4
44. Trouble falling asleep	0	1	2	3	4

Study _____

ID _____
Date ____/____/____

FOR THE PAST WEEK, HOW MUCH WERE YOU BOTHERED BY:

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
45. Having to check and double-check what you do	0	1	2	3	4
46. Difficulty making decisions	0	1	2	3	4
47. Feeling afraid to travel on buses, subways, or trains	0	1	2	3	4
48. Trouble getting your breath	0	1	2	3	4
49. Hot or cold spells	0	1	2	3	4
50. Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4
51. Your mind going blank	0	1	2	3	4
52. Numbness or tingling in parts of your body	0	1	2	3	4
53. A lump in your throat	0	1	2	3	4
54. Feeling hopeless about the future	0	1	2	3	4
55. Trouble concentrating	0	1	2	3	4
56. Feeling weak in parts of your body	0	1	2	3	4
57. Feeling tense or keyed up	0	1	2	3	4
58. Heavy feelings in your arms or legs	0	1	2	3	4
59. Thoughts of death or dying	0	1	2	3	4
60. Overeating	0	1	2	3	4
61. Feeling uneasy when people are watching or talking about you	0	1	2	3	4
62. Having thoughts that are not your own	0	1	2	3	4
63. Having urges to beat, injure, or harm someone	0	1	2	3	4
64. Awakening in the early morning	0	1	2	3	4
65. Having to repeat the same actions such as touching, counting, washing	0	1	2	3	4
66. Sleep that is restless or disturbed	0	1	2	3	4
67. Having urges to break or smash things	0	1	2	3	4
68. Having ideas or beliefs that others do not share	0	1	2	3	4

Study _____

ID _____
Date ____/____/____

FOR THE PAST WEEK, HOW MUCH WERE YOU BOTHERED BY:

	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
69. Feeling very self-conscious with others	0	1	2	3	4
70. Feeling uneasy in crowds, such as shopping or at a movie	0	1	2	3	4
71. Feeling everything is an effort	0	1	2	3	4
72. Spells of terror or panic	0	1	2	3	4
73. Feeling uncomfortable about eating or drinking in public	0	1	2	3	4
74. Getting into frequent arguments	0	1	2	3	4
75. Feeling nervous when you are left alone	0	1	2	3	4
76. Others not giving you proper credit for your achievements	0	1	2	3	4
77. Feeling lonely even when you are with people	0	1	2	3	4
78. Feeling so restless you couldn't sit still	0	1	2	3	4
79. Feelings of worthlessness	0	1	2	3	4
80. Feeling that familiar things are strange or unreal	0	1	2	3	4
81. Shouting or throwing things	0	1	2	3	4
82. Feeling afraid you will faint in public	0	1	2	3	4
83. Feeling that people will take advantage of you if you let them	0	1	2	3	4
84. Having thoughts about sex that bother you a lot	0	1	2	3	4
85. The idea that you should be punished for your sins	0	1	2	3	4
86. Feeling pushed to get things done	0	1	2	3	4
87. The idea that something serious is wrong with your body	0	1	2	3	4
88. Never feeling close to another person	0	1	2	3	4
89. Feelings of guilt	0	1	2	3	4
90. The idea that something is wrong with your mind	0	1	2	3	4

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the **last 2 weeks**, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off **any** problems, how **difficult** have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

This page is intentionally left blank

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann
 © 2008 The Research Foundation for Mental Hygiene, Inc.

RISK ASSESSMENT

Instructions: Check all risk and protective factors that apply. To be completed following the patient interview, review of medical record(s) and/or consultation with family members and/or other professionals.				
Past 3 Months	Suicidal and Self-Injurious Behavior	Lifetime	Clinical Status (Recent)	
<input type="checkbox"/>	Actual suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	Hopelessness
<input type="checkbox"/>	Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/>	Major depressive episode
<input type="checkbox"/>	Aborted or Self-Interrupted attempt	<input type="checkbox"/>	<input type="checkbox"/>	Mixed affective episode (e.g. Bipolar)
<input type="checkbox"/>	Other preparatory acts to kill self	<input type="checkbox"/>	<input type="checkbox"/>	Command hallucinations to hurt self
<input type="checkbox"/>	Self-injurious behavior <i>without</i> suicidal intent	<input type="checkbox"/>	<input type="checkbox"/>	Highly impulsive behavior
Suicidal Ideation Check Most Severe in Past Month			<input type="checkbox"/>	Substance abuse or dependence
<input type="checkbox"/>	Wish to be dead		<input type="checkbox"/>	Agitation or severe anxiety
<input type="checkbox"/>	Suicidal thoughts		<input type="checkbox"/>	Perceived burden on family or others
<input type="checkbox"/>	Suicidal thoughts with method (but without specific plan or intent to act)		<input type="checkbox"/>	Chronic physical pain or other acute medical problem (HIV/AIDS, COPD, cancer, etc.)
<input type="checkbox"/>	Suicidal intent (without specific plan)		<input type="checkbox"/>	Homicidal ideation
<input type="checkbox"/>	Suicidal intent with specific plan		<input type="checkbox"/>	Aggressive behavior towards others
Activating Events (Recent)			<input type="checkbox"/>	Method for suicide available (gun, pills, etc.)
<input type="checkbox"/>	Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.)		<input type="checkbox"/>	Refuses or feels unable to agree to safety plan
Describe:			<input type="checkbox"/>	Sexual abuse (lifetime)
			<input type="checkbox"/>	Family history of suicide (lifetime)
<input type="checkbox"/>	Pending incarceration or homelessness		Protective Factors (Recent)	
<input type="checkbox"/>	Current or pending isolation or feeling alone		<input type="checkbox"/>	Identifies reasons for living
Treatment History			<input type="checkbox"/>	Responsibility to family or others; living with family
<input type="checkbox"/>	Previous psychiatric diagnoses and treatments		<input type="checkbox"/>	Supportive social network or family
<input type="checkbox"/>	Hopeless or dissatisfied with treatment		<input type="checkbox"/>	Fear of death or dying due to pain and suffering
<input type="checkbox"/>	Non-compliant with treatment		<input type="checkbox"/>	Belief that suicide is immoral; high spirituality
<input type="checkbox"/>	Not receiving treatment		<input type="checkbox"/>	Engaged in work or school
Other Risk Factors			Other Protective Factors	
<input type="checkbox"/>			<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	
<input type="checkbox"/>			<input type="checkbox"/>	
Describe any suicidal, self-injurious or aggressive behavior (include dates)				

This page is intentionally left blank

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Very Young Child/Cognitively Impaired – Lifetime Recent

Version 6/23/10 m4/3/18

*Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.;
Burke, A.; Oquendo, M.; Mann, J.*

Disclaimer:

This scale is intended to be used by individuals who have received training in its administration. The questions contained in the Columbia-Suicide Severity Rating Scale are suggested probes. Ultimately, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.

*Definitions of behavioral suicidal events in this scale are based on those used in **The Columbia Suicide History Form**, developed by John Mann, MD and Maria Oquendo, MD, Conte Center for the Neuroscience of Mental Disorders (CCNMD), New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY, 10032. (Oquendo M. A., Halberstam B. & Mann J. J., Risk factors for suicidal behavior: utility and limitations of research instruments. In M.B. First [Ed.] Standardized Evaluation in Clinical Practice, pp. 103-130, 2003.)*

For reprints of the C-SSRS contact Kelly Posner, Ph.D., New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; inquiries and training requirements contact posnerk@nyspi.columbia.edu

© 2008 The Research Foundation for Mental Hygiene, Inc.

SUICIDAL IDEATION			
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.		Lifetime: Time He/She Felt Most Suicidal	Past 1 month
1. Wish to be Dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. Have you thought about being dead or what it would be like to be dead? Have you wished you were dead or wished you could go to sleep and never wake up? Do you ever wish you weren't alive anymore? If yes, describe:		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
2. Non-Specific Active Suicidal Thoughts General, non-specific thoughts of wanting to end one's life/die by suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. Have you thought about doing something to make yourself not alive anymore? Have you had any thoughts about killing yourself? If yes, describe:		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it." Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about? If yes, describe:		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u> , as opposed to "I have the thoughts but I definitely will not do anything about them." When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do? This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it. If yes, describe:		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out. Have you ever decided how or when you would make yourself not alive anymore/kill yourself? Have you ever planned out (worked out the details of) how you would do it? What was your plan? When you made this plan (or worked out these details), was any part of you thinking about actually doing it? If yes, describe:		Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
INTENSITY OF IDEATION			
The following feature should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe).			
Lifetime - Most Severe Ideation: _____ Type # (1-5) Description of Ideation		Most Severe	Most Severe
Recent - Most Severe Ideation: _____ Type # (1-5) Description of Ideation			
Frequency How many times have you had these thoughts? Write response _____ (1) Only one time (2) A few times (3) A lot (4) All the time (0) Don't know/Not applicable		_____	_____

SUICIDAL BEHAVIOR <i>(Check all that apply, so long as these are separate events; must ask about all types)</i>		Lifetime		Past 3 Months	
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, <i>as a result of act</i> . Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm , just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferred Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. Did you ever do anything to try to kill yourself or make yourself not alive anymore? What did you do? Did you ever hurt yourself on purpose? Why did you do that? Did you _____ as a way to end your life? Did you want to die (even a little) when you _____? Were you trying to make yourself not alive anymore when you _____? Or did you think it was possible you could have died from _____? Or did you do it purely for other reasons, <u>not at all</u> to end your life or kill yourself (like to make yourself feel better, or get something else to happen)? (Self-Injurious Behavior without suicidal intent) If yes, describe:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has subject engaged in Non-Suicidal Self-Injurious Behavior?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has subject engaged in Self-Injurious Behavior, intent unknown?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (<i>if not for that, actual attempt would have occurred</i>). Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything? What did you do? If yes, describe:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aborted or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything? What did you do? If yes, describe:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself)- like giving things away, writing a goodbye note, getting things you need to kill yourself? If yes, describe:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Most Recent Attempt Date:	Most Lethal Attempt Date:	Initial/First Attempt Date:	
Actual Lethality/Medical Damage: 0. No physical damage or very minor physical damage (e.g., surface scratches). 1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). 2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). 3. Moderately severe physical damage; medical hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). 4. Severe physical damage; medical hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area). 5. Death		Enter Code _____	Enter Code _____	Enter Code _____	
Potential Lethality: Only Answer if Actual Lethality=0 Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over). 0 = Behavior not likely to result in injury 1 = Behavior likely to result in injury but not likely to cause death 2 = Behavior likely to result in death despite available medical care		Enter Code _____	Enter Code _____	Enter Code _____	

This page is intentionally left blank