The Child PTSD Symptom Scale (CPSS) – Part I

Below is a list of problems that kids sometimes have after experiencing an upsetting event. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered you IN THE LAST 2 WEEKS.

Please write down your most distressing event:

Length		

0	1	2	3
3	e a week or less ace in a while	2 to 4 times a week/ half the time	5 or more times a week/almost always
1. 0 1 2		ng upsetting thoughts or ima ame into your head when y	
2. 0 1 2	3 Havii	ng bad dreams or nightmare	es
3. 0 1 2	(hear	g or feeling as if the event of the something or seeing a p g as if I am there again)	11 0 0
4. 0 1 2		ng upset when you think ab (for example, feeling scare	
5. 0 1 2	hear a	ng feelings in your body whabout the event (for example, heart beating fast)	
6. 0 1 2	3 Tryin	g not to think about, talk at the event	oout, or have feelings
7. 0 1 2	•	g to avoid activities, people f the traumatic event	e, or places that remind
8. 0 1 2		eing able to remember an inting event	mportant part of the
9. 0 1 2	3 Havir	ng much less interest or doi	ng things you used to d
10. 0 1 2	3 Not fe	eeling close to people arour	nd you
11. 0 1 2		eing able to have strong fee unable to cry or unable to	

12.	0	1	2	3	true (for	as if your future plans or example, you will not hat or having kids)	•
	0			1		2	3
Not	at all or one tin	-		e a week	or less/ while	2 to 4 times a week/ half the time	5 or more times a week/almost always
13.	0	1	2	3	Having	trouble falling or staying	asleep
14.	0	1	2	3	Feeling irritable or having fits of anger		
15.	0	1	2	3	Having trouble concentrating (for example, losing track of a story on the television, forgetting what you read, not paying attention in class)		
16.	0	1	2	3	Being overly careful (for example, checking to see who is around you and what is around you)		
17.	0	1	2	3	Being jumpy or easily startled (for example, when someone walks up behind you)		

The Child PTSD Symptom Scale (CPSS) – Part 2

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

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