

Client Initials: _____

Client ID: _____

Date of Completion: ___/___/___

CPSS - V Caregiver Report (English)

These questions ask about how your child feels about the upsetting things you described. Choose the number (0-4) that best describes how often that problem has bothered him/ her **IN THE LAST MONTH.**

| 0 | 1 | 2 | 3 | 4 |
|------------|--------------------------------|--------------------------------|-----------------------------|--|
| Not at all | Once a week or less / a little | 2 to 3 times a week / somewhat | 4 to 5 times a week / a lot | 6 or more times a week / almost always |

| | | | | | | |
|-----|--|---|---|---|---|---|
| 1. | Having upsetting thoughts or pictures about it that came into your child's head when he/she didn't want them to | 0 | 1 | 2 | 3 | 4 |
| 2. | Having bad dreams or nightmares | 0 | 1 | 2 | 3 | 4 |
| 3. | Acting or feeling as if it was happening again (seeing or hearing something and feeling as if he/she was there again) | 0 | 1 | 2 | 3 | 4 |
| 4. | Feeling upset when he/she remember what happened (for example, feeling scared, angry, sad, guilty, confused) | 0 | 1 | 2 | 3 | 4 |
| 5. | Having feelings in his/her body when he/she remembers what happened (for example, sweating, heart beating fast, stomach or head hurting) | 0 | 1 | 2 | 3 | 4 |
| 6. | Trying not to think about it or have feelings about it | 0 | 1 | 2 | 3 | 4 |
| 7. | Trying to stay away from anything that remind him/her of what happened (for example, people, places, or conversations about it) | 0 | 1 | 2 | 3 | 4 |
| 8. | Not being able to remember an important part of what happened | 0 | 1 | 2 | 3 | 4 |
| 9. | Having bad thoughts about himself/herself, other people, or the world (for example, "I can't do anything right", "All people are bad", "The world is a scary place") | 0 | 1 | 2 | 3 | 4 |
| 10. | Thinking that what happened is his/her fault (for example, "I should have known better", "I shouldn't have done that", "I deserved it") | 0 | 1 | 2 | 3 | 4 |
| 11. | Having strong bad feelings (like fear, anger, guilt, or shame) | 0 | 1 | 2 | 3 | 4 |
| 12. | Having much less interest in doing things he/she used to do | 0 | 1 | 2 | 3 | 4 |
| 13. | Not feeling close to his/her friends or family or not wanting to be around them | 0 | 1 | 2 | 3 | 4 |
| 14. | Trouble having good feelings (like happiness or love) or trouble having any feelings at all | 0 | 1 | 2 | 3 | 4 |
| 15. | Getting angry easily (for example, yelling, hitting others, throwing things) | 0 | 1 | 2 | 3 | 4 |
| 16. | Doing things that might hurt himself/herself (for example, taking drugs, drinking alcohol, running away, cutting himself/herself) | 0 | 1 | 2 | 3 | 4 |
| 17. | Being very careful or on the lookout for danger (for example, checking to see who is around him/her and what is around him/her) | 0 | 1 | 2 | 3 | 4 |
| 18. | Being jumpy or easily scared (for example, when someone walks up behind him/her, when he/she hear a loud noise) | 0 | 1 | 2 | 3 | 4 |
| 19. | Having trouble paying attention (for example, losing track of a story on TV, forgetting what he/she read, unable to pay attention in class) | 0 | 1 | 2 | 3 | 4 |
| 20. | Having trouble falling or staying asleep | 0 | 1 | 2 | 3 | 4 |

Adapted from Foa, E.B.; Johnson, K.M., & Treadwell, K.R.H. The Child PTSD symptom Scale for DSM 5 (2014)

Child PTSD Symptom Scale

| | | | | |
|------------|-------------------------------------|--------------------------------------|-----------------------------------|--|
| 0 | 1 | 2 | 3 | 4 |
| Not at all | Once a week or less/ a little | 2 to 3 times a week / somewhat | 4 to 5 times a week / a lot | 6 or more times a week/almost always |

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| 0 | 1 | 2 | 3 | 4 |
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| | | | | | | |
|-----|---|---|---|---|---|---|
| 1. | Having upsetting thoughts or pictures about it that came into your head when you didn't want them to | 0 | 1 | 2 | 3 | 4 |
| 2. | Having bad dreams or nightmares | 0 | 1 | 2 | 3 | 4 |
| 3. | Acting or feeling as if it was happening again (seeing or hearing something and feeling as if you are there again) | 0 | 1 | 2 | 3 | 4 |
| 4. | Feeling upset when you remember what happened (for example, feeling scared, angry, sad, guilty, confused) | 0 | 1 | 2 | 3 | 4 |
| 5. | Having feelings in your body when you remember what happened (for example, sweating, heart beating fast, stomach or head hurting) | 0 | 1 | 2 | 3 | 4 |
| 6. | Trying not to think about it or have feelings about it | 0 | 1 | 2 | 3 | 4 |
| 7. | Trying to stay away from anything that reminds you of what happened (for example, people, places, or conversations about it) | 0 | 1 | 2 | 3 | 4 |
| 8. | Not being able to remember an important part of what happened | 0 | 1 | 2 | 3 | 4 |
| 9. | Having bad thoughts about yourself, other people, or the world (for example, "I can't do anything right", "All people are bad", "The world is a scary place") | 0 | 1 | 2 | 3 | 4 |
| 10. | Thinking that what happened is your fault (for example, "I should have known better", "I shouldn't have done that", "I deserved it") | 0 | 1 | 2 | 3 | 4 |
| 11. | Having strong bad feelings (like fear, anger, guilt, or shame) | 0 | 1 | 2 | 3 | 4 |
| 12. | Having much less interest in doing things you used to do | 0 | 1 | 2 | 3 | 4 |
| 13. | Not feeling close to your friends or family or not wanting to be around them | 0 | 1 | 2 | 3 | 4 |
| 14. | Trouble having good feelings (like happiness or love) or trouble having any feelings at all | 0 | 1 | 2 | 3 | 4 |
| 15. | Getting angry easily (for example, yelling, hitting others, throwing things) | 0 | 1 | 2 | 3 | 4 |
| 16. | Doing things that might hurt yourself (for example, taking drugs, drinking alcohol, running away, cutting yourself) | 0 | 1 | 2 | 3 | 4 |
| 17. | Being very careful or on the lookout for danger (for example, checking to see who is around you and what is around you) | 0 | 1 | 2 | 3 | 4 |
| 18. | Being jumpy or easily scared (for example, when someone walks up behind you, when you hear a loud noise) | 0 | 1 | 2 | 3 | 4 |
| 19. | Having trouble paying attention (for example, losing track of a story on TV, forgetting what you read, unable to pay attention in class) | 0 | 1 | 2 | 3 | 4 |
| 20. | Having trouble falling or staying asleep | 0 | 1 | 2 | 3 | 4 |

Adapted from Foa, E.B.; Johnson, K.M., & Treadwell, K.R.H. The Child PTSD Symptom Scale for DSM 5 (2014)

Child PTSD Symptom Scale

0

1

2

3

4

Not at all

Once a week

2 to 3 times a

4 to 5 times

6 or more times

or less/
a little

week /
somewhat

a week / a
lot

a week/almost
always