

YOUNG CHILD PTSD CHECKLIST (YCPC) (Caregiver: English)

For Child under 7 years old.

Below is a list of symptoms that children can have after life-threatening events.

When you think of ALL the life-threatening traumatic events from the first page, circle the number below (0-4) that best describes how often the symptom has bothered you in the LAST 2 WEEKS.

| 0 | 1 | 2 | 3 | 4 |
|-------------------|---|---|--|-----------------|
| Not at all | Once a week/ Once in a while | 2 to 4 times a week/ Half the time | 5 or more times a week/ Almost always | Everyday |

| | | | | | | |
|-----|--|---|---|---|---|---|
| 1. | Does your child have intrusive memories of the trauma? Does s/he bring it up on his/her own? | 0 | 1 | 2 | 3 | 4 |
| 2. | Does your child re-enact the trauma in play with dolls or toys? This would be scenes that look just like the trauma. Or does s/he act it out by him/herself or with other kids? | 0 | 1 | 2 | 3 | 4 |
| 3. | Is your child having more nightmares since the trauma(s) occurred? | 0 | 1 | 2 | 3 | 4 |
| 4. | Does your child act like the traumatic event is happening to him/her again, even when it isn't? This is where a child is acting like they are back in the traumatic event and aren't in touch with reality. This is a pretty obvious thing when it happens. | 0 | 1 | 2 | 3 | 4 |
| 5. | Since the trauma(s) has s/he had episodes when s/he seems to freeze? You may have tried to snap him/her out of it but s/he was unresponsive. | 0 | 1 | 2 | 3 | 4 |
| 6. | Does s/he get upset when exposed to reminders of the event(s)? For example, a child who was in a car wreck might be nervous while riding in a car now. Or, a child who was in a hurricane might be nervous when it is raining. Or, a child who saw domestic violence might be nervous when other people argue. Or, a girl who was sexually abused might be nervous when someone touches her. | 0 | 1 | 2 | 3 | 4 |
| 7. | Does your child get physically distressed when exposed to reminders? Like heart racing, shaking hands, sweaty, short of breath, or sick to his/her stomach? Think of the same type of examples as in #6. | 0 | 1 | 2 | 3 | 4 |
| 8. | Does your child try to avoid conversations that might remind him/her of the trauma(s)? For example, if other people talk about what happened, does s/he walk away or change the topic? | 0 | 1 | 2 | 3 | 4 |
| 9. | Does your child try to avoid things or places that remind him/her of the trauma(s)? For example, a child who was in a car wreck might try to avoid getting into a car. Or, a child who was in a flood might tell you not to drive over a bridge. Or, a child who saw domestic violence might be nervous to go in the house where it occurred. Or, a girl who was sexually abused might be nervous about going to bed because that's where she was abused before. | 0 | 1 | 2 | 3 | 4 |
| 10. | Does your child have difficulty remembering the whole incident? Has s/he blocked out the entire event? | | | | | |
| 11. | Has s/he lost interest in doing things that s/he used to like to do since the trauma(s)? | 0 | 1 | 2 | 3 | 4 |
| 12. | Since the trauma(s), does your child show a restricted range of positive emotions on his/her face compared to before? | 0 | 1 | 2 | 3 | 4 |

YCPC (Caregiver: English) continued

| | | | | | | |
|-----|--|---|---|---|---|---|
| 13. | Has your child lost hope for the future? For example, s/he believes will not have fun tomorrow, or will never be good at anything. | | | | | |
| 14. | Since the trauma(s) has your child become more distant and withdrawn from family members, relatives, or friends? | 0 | 1 | 2 | 3 | 4 |
| 15. | Has s/he had a hard time falling asleep or staying asleep since the trauma(s)? | 0 | 1 | 2 | 3 | 4 |
| 16. | Has your child become more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma(s)? | 0 | 1 | 2 | 3 | 4 |
| 17. | Has your child had more trouble concentrating since the trauma(s)? | 0 | 1 | 2 | 3 | 4 |
| 18. | Has s/he been more “on the alert” for bad things to happen? For example, does s/he look around for danger? | 0 | 1 | 2 | 3 | 4 |
| 19. | Does your child startle more easily than before the trauma(s)? For example, if there’s a loud noise or someone sneaks up behind him/her, does s/he jump or seem startled? | 0 | 1 | 2 | 3 | 4 |
| 20. | Has your child become more physically aggressive since the trauma(s)? Like hitting, kicking, biting, or breaking things. | 0 | 1 | 2 | 3 | 4 |
| 21. | Has s/he become more clingy to you since the trauma(s)? | 0 | 1 | 2 | 3 | 4 |
| 22. | Did night terrors start or get worse after the trauma(s)? Night terrors are different from nightmares: in night terrors a child usually screams in their sleep, they don’t wake up, and they don’t remember it the next day. | 0 | 1 | 2 | 3 | 4 |
| 23. | Since the trauma(s), has your child lost previously acquired skills? For example, lost toilet training? Or, lost language skills? Or, lost motor skills working snaps, buttons, or zippers? | 0 | 1 | 2 | 3 | 4 |
| 24. | Since the trauma(s), has your child developed any new fears about things that <u>don’t seem related</u> to the trauma(s)? What about going to the bathroom alone? Or, being afraid of the dark? | 0 | 1 | 2 | 3 | 4 |
| | FUNCTIONAL IMPAIRMENT Do the symptoms that you endorsed above get in the way of your child’s ability to function in the following areas? | | | | | |
| 25. | Do (symptoms) substantially “get in the way” of how s/he gets along with you, interfere in your relationship, or make you feel upset or annoyed? | 0 | 1 | 2 | 3 | 4 |
| 26. | Do these (symptoms) “get in the way” of how s/he gets along with brothers or sisters, and make them feel upset or annoyed? | 0 | 1 | 2 | 3 | 4 |
| 27. | Do (symptoms) “get in the way” of how s/he gets along with friends at all – at daycare, school, or in your neighborhood? | 0 | 1 | 2 | 3 | 4 |
| 28. | Do these (symptoms) “get in the way” with the teacher or the class more than average? | 0 | 1 | 2 | 3 | 4 |
| 29. | Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child? Is it harder to go out with your child to places like the grocery store? Or to a restaurant? | 0 | 1 | 2 | 3 | 4 |
| 30. | Do you think that these behaviors cause your child to feel upset? | 0 | 1 | 2 | 3 | 4 |

Young Child PTSD Checklist

Caregiver Response Scale

0

Not at all

1

Once a week/
Once in a while

2

2 to 4 times a week/
Half the time

3

5 or more times a week/
Almost always

4

Everyday