

TBH: CAREGIVER VERSION

TRAUMATIC EVENTS for 0-18 year-old children and adolescents

(Adapted from the Child PTSD Checklist, © Michael Scheeringa, MD, MPH, 2010, Tulane University, New Orleans, LA)

Youth TIPS #: _____

Today's Date: ____/____/____

Youth Name: _____

Age of Child: _____

For 0-18 Year-Olds:

Person filling this out (CIRCLE ONE): Parent Relative Foster parent Other

TO COUNT AN EVENT, YOUR CHILD MUST HAVE FELT ONE OF THESE:

- (1) Felt like he/she might die
- (2) He/she had a serious injury or felt like he/she might get a serious injury, or
- (3) He/she saw (1) or (2) happen to another person, or saw someone die.

	0 = Did not happen to my child. 1 = Did happen to my child.	Circle your child's <u>age</u> when this happened to him/her the <u>first</u> time.	Circle your child's <u>age</u> when this happened to him/her the <u>last</u> time.	Circle <u>how many times</u> this happened to your child.
1. Crash in automobile, plane, or boat.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
2. Attacked by an animal.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
3. Disasters (flood, hurricane, tornado, house fire, war, etc.).	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
4. Unusually scary medical procedures or hospitalization.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
5. Physical abuse.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
6. Sexual abuse, sexual assault, or rape.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
7. Life-threatening injuries (burns, falls, near drowning, etc.).	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
8. Witnessed <u>another person</u> being beaten, raped, threatened with serious harm, shot at, seriously wounded, or killed.	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
9. Other:	0 1 Not sure	0-6 7-12 13-18	0-6 7-12 13-18	1 2-5 6-9 ≥10
10. If more than one event happened to your child, write the number of the event that you think caused the most distress to him/her:				

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CONTINUED ON OTHER SIDE

For 3-18 Year-Olds ONLY:

Below is a list of problems that kids sometimes have after experiencing events from the previous page. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered your child IN THE LAST 2 WEEKS. Fill this out even if no events were endorsed on the previous page; for children in foster care in particular, filling this out might increase your awareness about events that you don't know about yet.

	(0) Not at all/ only once	(1) Once a week or less/ once in a while	(2) 2 to 4 times a week/ half the time	(3) 5 or more times a week/almost always
11. Having upsetting thoughts or images about the event that came into my child's head when he/she didn't want them to			0	1 2 3
12. Having bad dreams or nightmares			0	1 2 3
13. Acting or feeling as if the event was happening again (e.g., hearing something or seeing a picture about it, and feeling as if he/she is there again)			0	1 2 3
14. Feeling upset when he/she thinks or hears about the event (e.g., feeling scared, angry, sad, guilty, etc.)			0	1 2 3
15. Having feelings in his/her body when thinking about or hearing about the event (e.g., breaking out into a sweat, heart beating fast)			0	1 2 3
16. Trying not to think about, talk about, or have feelings about the event			0	1 2 3
17. Trying to avoid activities, people, or places that remind him/her of the traumatic event			0	1 2 3
18. Having much less interest in doing things he/she used to do			0	1 2 3
19. Not feeling close to people around them			0	1 2 3
20. Not being able to have strong feelings (e.g., being unable to cry or unable to feel happy)			0	1 2 3
21. Feeling as if his/her future plans or hopes will not come true (e.g., feeling like he/she will not have a job, get married, or have kids)			0	1 2 3
22. Having trouble falling or staying asleep			0	1 2 3
23. Feeling irritable or having fits of anger			0	1 2 3
24. Being overly careful (e.g., checking to see who is around and what is around)			0	1 2 3
25. Being jumpy or easily startled (e.g., jumping when someone walks up behind them)			0	1 2 3

(Items 11-25 are from the Child PTSD Symptom Scale (CPSS), Caregiver Version [Foa et al., 2001])

CONTINUED ON NEXT PAGE

For 3-18 Year-Olds ONLY:

Please circle the number under the heading that best describes your child:

	(0) Never	(1) Sometimes	(2) Often
26. Feels sad, unhappy	0	1	2
27. Feels hopeless	0	1	2
28. Is down on self	0	1	2
29. Worries a lot	0	1	2
30. Seems to be having less fun	0	1	2
31. Fidgety, unable to sit still	0	1	2
32. Daydreams too much	0	1	2
33. Distracted easily	0	1	2
34. Has trouble concentrating	0	1	2
35. Acts as if driven by a motor	0	1	2
36. Fights with other children	0	1	2
37. Does not listen to rules	0	1	2
38. Does not understand other people's feelings	0	1	2
39. Teases others	0	1	2
40. Blames others for his/her troubles	0	1	2
41. Refuses to share	0	1	2
42. Takes things that do not belong to him/her	0	1	2
43. Worries about things working out for him/her	0	1	2
44. Worries about being as good as other kids	0	1	2
45. Is afraid to be alone at home	0	1	2

(Items 26-42 are from the Pediatric Symptom Checklist [Murphy et al., 1989])

(Items 43-45 are from the SCARED [Birmaher et al., 1999])

	No or Unknown	Yes
46. Has child/adolescent been a danger to him/herself or others in the last 90 days? (E.g., attempted suicide; expressed suicidal ideas; put self in dangerous situations; assaulted other persons; attempted to or has sexually assaulted other children, etc.)	0	1
47. Has child/adolescent exhibited bizarre or unusual behaviors? (E.g., excessive or public masturbation; appeared to hear voices; head banging; smeared feces, set fire, harmed animal, etc.)	0	1

CONTINUED ON OTHER SIDE

For 13-18 Year-Olds ONLY:

	No or Unknown	Yes
48. Is child/adolescent known to abuse alcohol and/or drugs?	0	1

For 1-18 Year-Olds:

	No or Unknown	Yes
49. Does child/adolescent have problems with personal care? (E.g., eats or drinks non-food items; stuffs food; eats beyond reasonable amount to be full; hides food; for children 6 years and older – lack of toilet training)	0	1
50. Does the child have a language delay?	0	1
51. Does the child exhibit rocking or arm flapping behavior?	0	1

For 1-6 Year-Olds ONLY:

	No or Unknown	Yes
52. Does the child exhibit indiscriminant attachment? (E.g., runs up to a stranger for a hug)	0	1
53. Does the child have frequent, intense tantrums, or extremely aggressive behavior?	0	1
54. Does the child not seek comfort from anyone – or only from a sibling?	0	1
55. Does the child have a sleep problem, trouble getting to sleep, or kick around at night?	0	1
56. Is the child very withdrawn, just sitting, looking off, or have a vacant look?	0	1

(Items 46-56 are from the Behavioral Health Screening Form [DCFS])

Thank you.