

TBH: CHILD & ADOLESCENT VERSION

TRAUMATIC EVENTS for 7-18 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 7-18 Year-Olds to fill out about themselves:

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

- (1) Felt like you might die
- (2) Had a serious injury or felt like you might get a serious injury, or
- (3) Saw (1) or (2) happen to another person, or saw someone die.

| | 0 = Did not happen to me. 1 = Did happen to me. | Circle your <u>age</u> when this happened to you the <u>first</u> time. | Circle your <u>age</u> when this happened to you the <u>last</u> time. | Circle <u>how many times</u> this has happened to you. |
|--|--|---|--|--|
| 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 you, write the number of the event that you think caused the most distress: | | | | |

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For 7-18 Year-Olds:

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 you IN THE LAST 2 WEEKS. Fill this out even if no events were experienced on the previous page.

| | (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 head when I 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 I was there again) | 0 | 1 | 2 | 3 |
| 14. Feeling upset when I think or hear about the event (e.g., feeling scared, angry, sad, guilty, etc.) | 0 | 1 | 2 | 3 |
| 15. Having feelings in my 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 me of the traumatic event | 0 | 1 | 2 | 3 |
| 18. Having much less interest in doing things I used to do | 0 | 1 | 2 | 3 |
| 19. Not feeling close to people around me | 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 my future plans or hopes will not come true (e.g., feeling as if I will not have a job, or 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 me) | 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 7-18 Year-Olds:

Please circle the number under the heading that best describes you:

| | (0) Never | (1) Sometimes | (2) Often |
|---|--------------|------------------|--------------|
| 26. Feel sad, unhappy | 0 | 1 | 2 |
| 27. Feel hopeless | 0 | 1 | 2 |
| 28. Down on myself | 0 | 1 | 2 |
| 29. Worry a lot | 0 | 1 | 2 |
| 30. Seem to be having less fun | 0 | 1 | 2 |
| 31. Fidgety, unable to sit still | 0 | 1 | 2 |
| 32. Daydream too much | 0 | 1 | 2 |
| 33. Get distracted easily | 0 | 1 | 2 |
| 34. Have trouble concentrating | 0 | 1 | 2 |
| 35. Act as if driven by a motor | 0 | 1 | 2 |
| 36. Fight with other children | 0 | 1 | 2 |
| 37. Do not listen to rules | 0 | 1 | 2 |
| 38. Do not understand other people's feelings | 0 | 1 | 2 |
| 39. Tease others | 0 | 1 | 2 |
| 40. Blame others for my troubles | 0 | 1 | 2 |
| 41. Refuse to share | 0 | 1 | 2 |
| 42. Take things that do not belong to me | 0 | 1 | 2 |
| 43. Worry about things working out for me | 0 | 1 | 2 |
| 44. Worry about being as good as other kids | 0 | 1 | 2 |
| 45. Feel 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. In the last 90 days, have you had suicidal ideas or attempted suicide? | 0 | 1 |
| 47. Have you heard voices or seen things that other people don't hear or see? | 0 | 1 |

For 13-18 Year-Olds ONLY:

| | No or Unknown | Yes |
|--|---------------|-----|
| 48. In the last 90 days, have you abused alcohol and/or drugs? | 0 | 1 |

(Items 46-48 are from the Behavioral Health Screening Form [DCFS])

Thank you.