UCLA PTSD REACTION INDEX FOR CHLDREN/ADOLESCENTS - DSM-5©

Child/Adolescent Name: ________________________________ ID #_____________ Age: _____ Sex: □ Girl □ Boy
Grade in School _____ School: ______________________________ Teacher: _______________ City/State _________________
Interviewer Name/I.D. _____________________________ Date (*month, day, year*) ____/____/____ (Session #________)

TRAUMA/LOSS HISTORY SCREENING QUESTIONS: Use the questions in the screening form provided below to ask about history of different types of trauma and loss. Place a check mark in the box on the left for each type of trauma /loss experience that has occurred. In interviewing the child/adolescent, you may ask: ***Sometimes people have scary or violent things that happen to them where someone could have been or was badly hurt or killed. I'm going to ask you some questions about whether any of these kinds of things have happened to you so that you can tell me if they did.*** [For those children/adolescents able to complete the form on their own, you may instruct them to place a check mark in the box on the left of the screening form to indicate that the trauma/loss has happened to them.] In either case, follow up on those items endorsed using the **TRAUMA/LOSS DETAILS** form provided in the next section.

	TRAUMA/LOSS HISTORY SCREENING QUESTIONS
□	**Serious Accidental Injury**: Have you ever been in a bad accident (like a serious car, bus, train or bicycle accident or a bad fall) where you or someone else was or could have been badly hurt or killed? Have you ever seen a bad accident where someone was badly hurt or killed?
□	**Illness/Medical Trauma**: Have you ever been so sick that you and your parents (or people taking care of you) were scared that you might die? Did you have a medical treatment that was very scary or painful? Did you ever see someone you really care about get so sick that you were scared they might die?
□	**Community Violence**: Did you ever see a bad fight or shooting in your neighborhood, like between gangs? Were you afraid of getting badly hurt or killed? Have you seen someone mugged, robbed, stabbed or killed in your neighborhood?
□	**Domestic Violence**: Have you ever seen adults you live with get in a bad fight with each other, where someone got punched, kicked or hit with something? Have adults you live with threatened to hurt each other? Have you ever seen an adult you live with forced to do something sexual by another adult you live with?
□	**School Violence/Emergency**: Were you ever at school when something really scary happened, like a shooting, a stabbing, a fire, where you or someone else got badly beaten up or someone attempted or committed suicide?
□	**Physical Assault**: Have you ever been badly physically hurt (punched, kicked, stabbed) by someone outside of your family or who was not taking care of you? Have you ever been badly hurt by someone outside your family, like someone in your neighborhood, a boy or girl friend or a stranger?
□	**Disaster**: Have you ever been in a natural disaster, like a hurricane, tornado, earthquake, flood or wildfire where you were hurt or could have been hurt or killed? Have you been in a natural disaster where you saw someone badly hurt or killed? Have you been in a place where there was a chemical spill or explosion?
□	**Sexual Abuse**: Did someone who was taking care of you ever force you to do something sexual? Did someone taking care of you ever make you watch something sexual?
□	**Physical Abuse**: Have you ever been badly hurt (punched, kicked, stabbed, shaken) by someone who is in your family (like a parent, brother or sister) or someone who was taking care of you? Have you seen another child in your family being badly physically hurt by a parent, caregiver or legal guardian?
□	**Neglect**: Has there ever been a time when someone who should have been taking care of you didn't, like they didn't take you to a doctor when you were really sick, they left you alone for too long, didn't make sure you were going to school or didn't do their best to keep you healthy or safe?
□	**Psychological Maltreatment/Emotional Abuse**: Did anyone in your family ever keep telling you that you are no good, keep yelling at you or keep threatening to or send you away?

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.

- ☐ **Impaired Caregiver**: Was there ever a time when someone who was supposed to take care of you couldn't, like they were too sick, they were so sad they stayed in bed or they had a drinking or drug problem?
- ☐ **Sexual Assault/Rape**: Did someone outside your family ever force you to do something sexual? Did you ever see someone else being forced to do something sexual?
- ☐ **Kidnapping/Abduction**: Have you ever been stolen or kidnapped (taken somewhere against your will) by someone without the permission of your parent or legal guardian?
- ☐ **Terrorism**: Were you ever there when a terrorist attack happened, like a bombing, chemical attack or where people were taken hostage?
- ☐ **Bereavement**: Has someone you really cared about ever died?
- ☐ **Separation**: Were you ever separated for a long time from someone you depend on, like a parent went to jail or was hospitalized, or you were placed in foster care?
- ☐ **War/Political Violence**: Have you lived in a country where a war or armed conflict was happening (like soldiers or groups were fighting with weapons)? Did you see people who had been badly hurt or killed in a war or where soldiers were fighting?
- ☐ **Forced Displacement**: Have you ever been forced to move out of your house due to war, armed conflict or disaster, like having to move to a trailer or refugee camp?
- ☐ **Trafficking/Sexual Exploitation**: Have you ever done sexual things for money, food, clothes, shelter, or protection? Were you ever sold to someone to work for them? Have you been forced into having sex (prostitution) or doing sexual things, like being in sexual pictures (pornography)?
- ☐ **Bullying**: Has someone your age or a student at your school ever bullied you, like kept calling you dirty names, making sexual comments, threatening to beat you up or spreading mean rumors around school or online?
- ☐ **Attempted Suicide:** Have you ever tried to kill yourself?
- ☐ **Witnessed Suicide**: Have you ever seen someone after he/she committed suicide?

TRAUMA/LOSS DETAILS: For each experience endorsed on the Trauma/Loss History Screening Questions form, place a check mark to indicate whether the specified trauma details were present, whether the child/adolescent was a *victim*, *witness* or *learned about*[*] the trauma, and the age(s) over which the trauma occurred. (Both of these forms may be updated over the course of treatment as additional information about trauma history is revealed or as additional traumas occur.) [*]*Learned about* **only** refers to indirect exposure in learning aversive details of violent personal assault, homicide, suicide, serious accident, or serious injury to a close relative or friend. It does **not** include learning about death due to natural causes.

Trauma Type	Trauma Details	Role in Event	Age(s) Experienced																	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Serious Accidental Injury	☐ Motor Vehicle ☐ Fall ☐ Dog Bite ☐ Hospitalized ☐ Other ________________	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Illness/Medical Trauma	☐ Self ☐ Family ☐ Friend ☐ Type ________________ ________________________ ________________________	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.

UCLA PTSD REACTION INDEX FOR CHILDREN/ADOLESCENTS - DSM-5©

Trauma Type	Trauma Details	Role in Event	Age(s) Experienced																	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Community Violence	☐ Robbery ☐ Mugging ☐ Killed ☐ Gang-Related ☐ High Crime Community ☐ Drug Traffic ☐ Other ____________________ __________________________	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Domestic Violence	☐ Witnessed bad fight ☐ Threatened harm ☐ Witnessed sexual assault ☐ Weapon Used ☐ Serious Injury ☐ Report Filed	☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
School Violence/Emergency	☐ Shooting ☐ Stabbing ☐ Fire ☐ Suicide ☐ Bomb threat ☐ Assault ☐ Other ____________________ ________________________	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Physical Assault	☐ Punched ☐ Kicked ☐ Stabbed ☐ Shaken ☐ Weapon Used ☐ Reported to CPS (if a minor) ☐ Reported to police ☐ Other ____________________ ________________________	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Disaster	☐ Earthquake ☐ Fire ☐ Flood ☐ Hurricane ☐ Tornado ☐ Chemical spill ☐ Explosion Other _____________________ ☐ Lost Home ☐ Injured	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.

Trauma Type	Trauma Details	Role in Event	Age(s) Experienced																	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Sexual Abuse	☐ Forced sexual behavior ☐ Watch something sexual ☐ Penetration occurred ☐ CPS report filed ☐ Investigation conducted ☐ Charges filed ☐ Conviction ☐ Perpetrator removed from home	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Physical Abuse	☐ Badly physically hurt ☐ Punched ☐ Kicked ☐ Stabbed ☐ Shaken ☐ Weapon Used ☐ Reported to CPS ☐ Reported to police	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Neglect	☐ Medical (did not take to Dr.) ☐ Left alone/unsupervised ☐ School ☐ Failure to promote health ☐ Failure to promote safety ☐ Other ________________ ☐ Reported to CPS ☐ Child removed from home ☐ Caregiver removed from home	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Psychological Maltreatment/ Emotional Abuse	☐ Berating/humiliating ☐ Threatened abandonment ☐ Excessive punishment ☐ Other _________________	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.

Trauma Type	Trauma Details	Role in Event	Age(s) Experienced 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
Impaired Caregiver	**Impairment Due to:** ☐ Medical illness ☐ Mental health problem ☐ Alcohol use/abuse/addiction ☐ Drug use/abuse/addiction **Affected Caregiver:** ☐ Mother ☐ Father ☐ Other relative ☐ Other (non-related) adult ☐ Other ________________ ________________	☐ Victim ☐ Witness ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Sexual Assault/Rape	**Perpetrator**: ☐ Relative ☐ Boy or girl friend ☐ Position of trust (teacher, coach, minister) ☐ Acquaintance (neighbor etc) ☐ Stranger **Trauma Details:** ☐ Weapon used ☐ Drug used/suspected ☐ Penetration occurred ☐ Date/Acquaintance rape ☐ Reported to police ☐ Investigation conducted ☐ Charges filed ☐ Conviction ☐ Other ________________	☐ Victim ☐ Witness ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Kidnapping/ Abduction	**Perpetrator**: ☐ Relative ☐ Position of trust (teacher, coach, clergy, etc.) ☐ Acquaintance (neighbor etc) ☐ Stranger ☐ Other ________________	☐ Victim ☐ Witnessed ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.

Trauma Type	Trauma Details	Role in Event	Age(s) Experienced 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
Terrorism	☐ Shooting ☐ Suicide bombing ☐ Bombing (package, vehicle) ☐ Chemical agent ☐ Biological agent ☐ Radiological agent ☐ Hostages taken ☐ Other ___________________	☐ Victim ☐ Witnessed ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Bereavement	**<u>Deceased</u>:** ☐ Parent ☐ Sibling ☐ Other Relative ☐ Friend ☐ Other __________________ **<u>Cause of Death:</u>** ☐ Drug overdose ☐ Natural Causes (illness, age) ☐ Accident (car, drowning) ☐ Natural disaster ☐ Homicide ☐ Suicide ☐ Other __________________	☐ Witnessed ☐ Learned about	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Separation	**<u>Cause of Separation:</u>** ☐ Parents separated ☐ Parents divorced ☐ Parent hospitalized ☐ Parent deported ☐ Parent/sibling incarcerated ☐ Child placed in foster care ☐ As refugee, separated from relatives/close friends in country of origin ☐ Other __________________ ________________________		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.

Trauma Type	Trauma Details	Role in Event	Age(s) Experienced																	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
War/Political Violence	☐ Lived in war-torn region ☐ Saw wounded people ☐ Saw dead bodies ☐ Home damaged/destroyed ☐ Internally displaced ☐ War refugee ☐ Other ________________	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Forced Displacement	**Cause of Displacement:** ☐ War/political violence ☐ Disaster ☐ Other ________________ **Site of Displacement:** ☐ Trailer ☐ Refugee camp ☐ Relocation center ☐ Other ________________		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Trafficking/Sexual Exploitation	☐ Sex for money, food, clothes ☐ Pornography ☐ Sold into prostitution ☐ Sold into slave labor (unpaid servant or worker) ☐ Other ________________	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bullying	☐ Verbal insults ☐ Threats of physical harm ☐ Sexual comments ☐ Rumors at school/internet ☐ Other ________________	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Attempted Suicide	**Method:** ☐ Drug ☐ Hanging ☐ Drowning ☐ Firearm ☐ Other ________________	☐ Victim ☐ Witness ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.

Trauma Type	Trauma Details	Role in Event	Age(s) Experienced																	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Witnessed Suicide	☐ Mother ☐ Father ☐ Brother ☐ Sister ☐ Other relative ☐ Close friend ☐ Acquaintance/schoolmate ☐ Stranger ☐ Other ________________	☐ Witnessed suicide ☐ Witnessed body/scene ☐ Learned about	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

If only one trauma/loss type is endorsed above, write in the trauma/loss type in this blank: ________________________________.
If more than one trauma/loss type is endorsed, have the child/adolescent choose the trauma/loss experience that BOTHERS THEM THE MOST NOW and identify that trauma/loss type in this blank: ____.

Clinician: Provide a brief description of the trauma/loss type that is most bothersome now:

____
____
____
____
____
____
____

POSTTRAUMATIC STRESS SYMPTOMS

Here is a list of problems people can have after bad things happen. Please think about the bad thing that happened to you that bothers you the most now. For each problem **CIRCLE ONE** of the numbers (0, 1, 2, 3 or 4) that tells how many days the problem happened to you **in the past month,** even if the bad thing happened a long time ago. Use the **Frequency Rating Sheet** to help you decide how many days the problem happened **in the past month**.

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.

	HOW MUCH OF THE TIME DURING THE PAST MONTH…	**None**	**Little**	**Some**	**Much**	**Most**
1_{E3}	I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there).	0	1	2	3	4
2_{D2}	I have thoughts like "I am bad."		1	2	3	4
3_{C2}	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
4_{E1}	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
5_{B3}	I feel like I am back at the time when the bad thing happened, like it's happening all over again.	0	1	2	3	4
6_{D4}	I feel like what happened was sickening or gross.	0	1	2	3	4
7_{D5}	I don't feel like doing things with my family or friends or other things that I liked to do.	0	1	2	3	4
8_{E5}	I have trouble concentrating or paying attention.	0	1	2	3	4
9_{D2}	I have thoughts like, "The world is really dangerous."	0	1	2	3	4
10_{B2}	I have bad dreams about what happened, or other bad dreams.	0	1	2	3	4
11_{B4}	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
12_{D7}	I have trouble feeling happiness or love.	0	1	2	3	4
13_{C1}	I try not to think about or have feelings about what happened.	0	1	2	3	4
14_{B5}	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
15_{D3}	I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after.	0	1	2	3	4
16_{D2}	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
17_{D6}	I feel alone even when I am around other people.	0	1	2	3	4
18_{B1}	I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
19_{D3}	I think that part of what happened was my fault.	0	1	2	3	4
20_{E2}	I hurt myself on purpose.	0	1	2	3	4
21_{E6}	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4
22_{D4}	I feel ashamed or guilty about some part of what happened.	0	1	2	3	4
23_{D1}	I have trouble remembering important parts of what happened.	0	1	2	3	4
24_{E4}	I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	0	1	2	3	4
25_{D4}	I feel afraid or scared.	0	1	2	3	4
26_{E2}	I do risky or unsafe things that could really hurt me or someone else.	0	1	2	3	4

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.

27_{D4}	I want to get back at someone for what happened.	0	1	2	3	4
With Dissociative Symptoms (Dissociative Subtype)						
28_{A1}	I feel like I am seeing myself or what I am doing from outside my body (like watching myself in a movie).	0	1	2	3	4
29_{A1}	I feel not connected to my body, like I'm not really there inside.	0	1	2	3	4
30_{A2}	I feel like things around me look strange, different, or like I am in a fog.	0	1	2	3	4
31_{A2}	I feel like things around me are not real, like I am in a dream.	0	1	2	3	4

Clinician: Check whether the reactions (thoughts and feelings) above appear to cause clinically significant ***distress*** *or* ***functional impairment***.

☐ **Clinically Significant Distress:** (check if youth endorses #1 below)
☐ Yes ☐ No 1. Do these reactions (thoughts and feelings) bother or upset you a lot?

☐ **Clinically Significant Functional Impairment**: (check if functional impairment at home, at school, in peer relationships, in developmental progression)

☐ **Home**: (check if youth endorses #1, #2 or #3 below)
☐ Yes ☐ No 1. Do these reactions (thoughts and feelings) make it harder for you to get along with people at home?
☐ Yes ☐ No 2. Do these reactions (thoughts and feelings) get you into trouble at home?
☐ Yes ☐ No 3. Do these reactions (thoughts and feelings) cause some other problem at home?
Describe: ______________________________

☐ **School**: (check if youth endorses #1 *or* #2 below)
☐ Yes ☐ No 1. Do these reactions (thoughts and feelings) make it harder for you to do well in school?
☐ Yes ☐ No 2. Do these reactions (thoughts and feelings) cause other problems at school?
Describe: ______________________________

☐ **Peer Relationships**: (check if youth endorses #1 below)
☐ Yes ☐ No 1. Do these reactions (thoughts and feelings) make it harder for you to get along with your friends or make new friends?
Describe: ______________________________

☐ **Developmental Progression**: (check if youth endorses #1 below)
☐ Yes ☐ No 1. Do these reactions (thoughts and feelings) make it harder for you to do important things that other kids your age are doing?
☐ Yes ☐ N0 2. Other (describe) ______________________________
____

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.

FREQUENCY RATING SHEET

HOW MANY DAYS <u>DURING THE PAST MONTH</u> DID THE PROBLEM HAPPEN?

0

NONE

S	M	T	W	H	F	S

NEVER

1

LITTLE

S	M	T	W	H	F	S
	X					
					X	

TWO DAYS A MONTH

2

SOME

S	M	T	W	H	F	S
		X			X	
		X				
			X			
		X		X		

1-2 DAYS A WEEK

3

MUCH

S	M	T	W	H	F	S
	X		X		X	
X		X				
	X		X		X	
X	X					

2-3 DAYS A WEEK

4

MOST

S	M	T	W	H	F	S
X	X	X	X	X	X	X
	X	X	X	X		
	X	X		X	X	
X	X	X	X	X	X	X

ALMOST EVERY DAY

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.

UCLA PTSD REACTION INDEX FOR CHILDREN/ADOLESCENTS - DSM-5©
SCORE SHEET

Subject ID#__________ Age____ Sex (circle): M F Date: _____________ Subject Name: _________________________

For Items 2, 9, and 16: indicate highest score only for DSM-5 Symptom D2; for Items 15 and19: indicate highest score only for DSM-5 Symptom D3; for Items 6, 22, 25, and 27: indicate highest score only for DSM-5 Symptom D4; for Items 20 and 26: indicate highest score only for DSM-5 Symptom E2. Category B Total: Sum scores for symptoms B1-B5; Category C Total: Sum scores for symptoms C1 and *C2; Category D Total: Sum scores for symptoms D1-D7; Category E Total: Sum scores for symptoms E1-E6; PTSD-RI Total Scale Score: Sum Category B, C, D, and E.*

Item #	DSM-5 Symptom	Score (0-4)
18	B1	
10	B2	
5	B3	
11	B4	
14	B5	
SYMPTOM CATEGORY B SUMMATIVE SCORE:		______
13	C1	
3	C2	
SYMPTOM CATEGORY C SUMMATIVE SCORE:		______

Item #	DSM-5 Symptom	Score (0-4)
23	D1	
2*	D2	___
9*	D2	
16*	D2	
15*	D3	___
19*	D3	
6*	D4	___
22*	D4	
25*	D4	
27*	D4	
7	D5	
17	D6	
12	D7	
SYMPTOM CATEGORY D SUMMATIVE SCORE:		______

Item #	DSM-5 Symptom	Score (0-4)
4	E1	
20*	E2	___
26*	E2	
1	E3	
24	E4	
8	E5	
21	E6	
SYMPTOM CATEGORY E SUMMATIVE SCORE		______

Dissociative Symptoms

28. A1 ____
29. A1 ____
(*Indicate highest score for A1*) ___
30. A2 ____
31. A2 ____
(*Indicate highest score for A2*) ___

PTSD-RI TOTAL SCALE SCORE
______

DSM-5 PTSD DIAGNOSIS

B: One or more Category B symptoms present: ☐
C: One or more Category C symptoms present: ☐
D: Two or more Category D symptoms present: ☐
E: Two or more Category E symptoms present: ☐
F: Symptom duration greater than one month: ☐
G: Symptoms cause clinically significant ***distress*** or ***impairment***: ☐
Specify Dissociative Subtype:
One or more dissociative symptoms present: ☐

Estimating Whether DSM-5 PTSD Category B, C, D, and E Symptom Criteria are Met

If symptom score is 3 or 4, then score symptom as "present." For question #4, #10, and #26; use a rating of 2 or more for symptom presence. Then determine whether one or more B symptoms are present; whether one or more C symptoms are present; whether two or more D symptoms are present; and whether two or more E symptoms are present. If one or more Dissociative Symptoms are present, then assign Dissociative Subtype.

© 2015: Robert S. Pynoos, M.D., M.P.H. and Alan M. Steinberg, Ph.D. All rights reserved.