

UCLA PTSD INDEX FOR DSM-IV ©

Form Approved
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UCLA-PTSD INDEX FOR DSM-IV (UCLA-PTSD)

DATE (Today's Date)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day		Year		

CHILD ID Number :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name: _____ Child: _____ Age: _____
 Sex: _____ Today's Date: _____ Week of Treatment: _____

Here is a list of problems people sometimes have after very bad things happen. Please think about the bad thing that happened to you. Then, read each problem on the list carefully. **CIRCLE** one of the numbers (0, 1, 2, 3, or 4) that tells how often the problem has happened to you **in the past month**. Use the Rating Sheet on page 4 to help you decide how often the problem has happened in the last month.

PLEASE BE SURE TO ANSWER ALL QUESTIONS

	None	Little	Some	Much	Most
1 ^{D4} I watch out for danger or things that I am afraid of.	0	1	2	3	4
2 ^{B4} When something reminds me of what happened, I get very upset, afraid or sad.	0	1	2	3	4
3 ^{B1} I have upsetting thoughts, pictures or sounds of what happened come into my mind when I do not want them to.	0	1	2	3	4
4 ^{D2} I feel grouchy, angry or mad.	0	1	2	3	4
5 ^{B2} I have dreams about what happened or other bad dreams	0	1	2	3	4
6 ^{B3} I feel like I am back at the time when the bad thing happened, living through it again.	0	1	2	3	4
7 ^{C4} I feel like staying by myself and not being with my friends.	0	1	2	3	4
8 ^{C5} I feel alone inside and not close to other people.	0	1	2	3	4
9 ^{C1} I try not to talk about, think about, or have feelings about what happened.	0	1	2	3	4
10 ^{C6} I have trouble feeling happiness or love.	0	1	2	3	4
11 ^{C6} I have trouble feeling sadness or anger.	0	1	2	3	4
12 ^{D5} I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	0	1	2	3	4
13 ^{D1} I have trouble going to sleep or I wake up often during the night.	0	1	2	3	4

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14 ^{AF} I think that some part of what happened is my fault.	0	1	2	3	4
15 ^{C3} I have trouble remembering important parts of what happened.	0	1	2	3	4
16 ^{D3} I have trouble concentrating or paying attention.	0	1	2	3	4
17 ^{C2} I try to stay away from people, places, or things that make me remember what happened.	0	1	2	3	4
18 ^{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
19 ^{C7} I think that I will not live a long life.	0	1	2	3	4
20 ^{D2} I have arguments or physical fights.	0	1	2	3	4
21 ^{c7} I feel pessimistic or negative about my future.	0	1	2	3	4
22 ^{AF} I am afraid that the bad thing will happen again.	0	1	2	3	4

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FREQUENCY RATING SHEET

HOW OFTEN OR HOW MUCH OF THE TIME
DURING THE PAST MONTH, THAT IS SINCE
_____,
DOES THE PROBLEM HAPPEN?

0

1

2

3

4

NONE

LITTLE

SOME

MUCH

MOST

S	M	T	W	H	F	S

S	M	T	W	H	F	S
	X					
					X	

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

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

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

NEVER

**TWO TIMES
A MONTH**

**1-2 TIMES
A WEEK**

**2-3 TIMES
EACH WEEK**

**ALMOST
EVERY DAY**