

# UCLA PTSD INDEX FOR DSM-IV ©

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## UCLA-PTSD INDEX FOR DSM-IV (UCLA-PTSD)

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**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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## UCLA PTSD INDEX FOR DSM-IV ©

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 <sup>D4</sup> I watch out for danger or things that I am afraid of.	0	1	2	3	4
2 <sup>B4</sup> When something reminds me of what happened, I get very upset, afraid or sad.	0	1	2	3	4
3 <sup>B1</sup> 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 <sup>D2</sup> I feel grouchy, angry or mad.	0	1	2	3	4
5 <sup>B2</sup> I have dreams about what happened or other bad dreams	0	1	2	3	4
6 <sup>B3</sup> I feel like I am back at the time when the bad thing happened, living through it again.	0	1	2	3	4
7 <sup>C4</sup> I feel like staying by myself and not being with my friends.	0	1	2	3	4
8 <sup>C5</sup> I feel alone inside and not close to other people.	0	1	2	3	4
9 <sup>C1</sup> I try not to talk about, think about, or have feelings about what happened.	0	1	2	3	4
10 <sup>C6</sup> I have trouble feeling happiness or love.	0	1	2	3	4
11 <sup>C6</sup> I have trouble feeling sadness or anger.	0	1	2	3	4
12 <sup>D5</sup> I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	0	1	2	3	4
13 <sup>D1</sup> I have trouble going to sleep or I wake up often during the night.	0	1	2	3	4

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14 <sup>AF</sup> I think that some part of what happened is my fault.	0	1	2	3	4
15 <sup>C3</sup> I have trouble remembering important parts of what happened.	0	1	2	3	4
16 <sup>D3</sup> I have trouble concentrating or paying attention.	0	1	2	3	4
17 <sup>C2</sup> I try to stay away from people, places, or things that make me remember what happened.	0	1	2	3	4
18 <sup>B5</sup> 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 <sup>C7</sup> I think that I will not live a long life.	0	1	2	3	4
20 <sup>D2</sup> I have arguments or physical fights.	0	1	2	3	4
21 <sup>c7</sup> I feel pessimistic or negative about my future.	0	1	2	3	4
22 <sup>AF</sup> 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**