UCLA Brief COVID-19 Screen for Child/Adolescent PTSD ©

Name:	ID #	Age:	Sex: □ F	emale Male
Grade in School School:	ID # Teacher:		City/State	
Interviewer Name/I.D	Date (month, day, year)	/	(Session #	
and health of their family and friends	ot of people very scared and worried ab s. To help me understand how you are of t we know people react to this kind of of u a few questions first.	loing with wh	nat is happening,	, I'd like to ask yo
Have you or someone close to you g	gotten very sick or been in the hospital	because of th	is illness?	□ Yes □ No
Have you or someone close to you b	peen quarantined because of having syn	nptoms of thi	s illness?	□ Yes □ No
Have you or someone close to you been told of a positive test for this illness? □ Yes □ No				
Does someone close to you work around people who might have this illness?				
Have you or a family member had to move away from home because of this illness?				
Has anyone close to you died because of this illness?				□ Yes □ No
If yes, can you tell me who? Military Families				_
Has a military member of your fami	ly been deployed to a place where peop	ole have this	illness?	□ Yes □ No
Have you and your family been quarantined and made to stay on your military base? □ Yes □ N				□ Yes □ No
Has a military member of your family because of being quarantined or because	ly been unable to return home or leave ause of having this illness?	a foreign cou	ıntry	□ Yes □ No
				<u>, </u>
Has anything else happened to you/	your family because of this illness that	has been very	y upsetting?	□ Yes □ No
Describe:				_

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(Even if no item above is scored "Yes", continue to ask the following.)

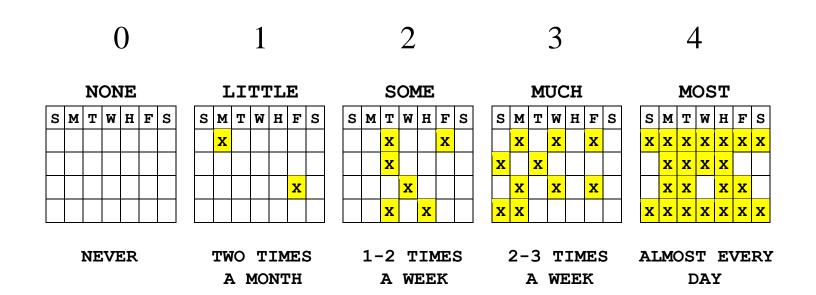
For your reactions to what's happening because of the coronavirus illness, TELL ME for each problem listed below the number (0, 1, 2, 3 or 4) that shows how often the problem happened to you in the past month. Use the Frequency Rating Sheet to help you decide how often the problem happened in the past month.

НО	HOW MUCH OF THE TIME DURING THE PAST MONTH			Some	Much	Most
1	I try to stay away from people, places, or things that remind me about what happened or what is still happening.	0	1	2	3	4
2	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
3	I have trouble concentrating or paying attention.	0	1	2	3	4
4	When something reminds me of what happened or is still happening, I get very upset, afraid, or sad.	0	1	2	3	4
5	I have trouble feeling happiness or love.	0	1	2	3	4
6	I try not to think about or have feelings about what happened or is still happening.	0	1	2	3	4
7	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
8	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
9	I feel alone even when I am around other people.	0	1	2	3	4
10	I have upsetting thoughts, pictures or sounds of what happened or is still happening come into my mind when I don't want them to.	0	1	2	3	4
11	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4

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FREQUENCY RATING SHEET

HOW MUCH OF THE TIME DURING THE PAST MONTH DID THE PROBLEM HAPPEN?



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Name:	ID#	Age:	Sex: □ Female	□ Male	Date:	

Score Sheet

Category B Total: Sum scores for symptoms; Category C Total: Sum scores for symptoms; Category D Total: Sum scores for symptoms; Category E Total: Sum scores for symptoms; Total PTSD-RI Brief Scale Score: Sum Category B, C, D, and E scores.

Item #	Score (0-4)	Item#	Score (0-4)
10		8	
4		9	
7		5	
SYMPTOM CATEGORY B SUMMATIVE SCORE:		CATE: SUMN	PTOM GORY D MATIVE ORE:
6		2	
1		3	
SYMPTOM CATEGORY C SUMMATIVE SCORE:		CATE SUMM SCO	PTOM GORY E MATIVE ORE SCALE ORE

DSM-5 PTSD DIAGNOSTIC SCREENER

A PTSD-RI BRIEF FORM TOTAL SCALE SCORE THAT IS <u>21</u> OR HIGHER IS INDICATIVE OF POTENTIAL PTSD AND WARRANTS FURTHER EVALUATION OR REFERRAL.

Rating	Description	Recommendation
1-10	Minimal PTSD symptoms	Monitor, Education, Periodic Rescreening
11-20	Mild PTSD symptoms	Consider Further Evaluation – Monitor, Education, Suggest Full PTSD-RI Assessment
21+	Potential PTSD	Warrants Full PTSD-RI Assessment and Triage

For information or to obtain a license for the full UCLA PTSD Reaction Indices, contact www.reactionindex.com.

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