

Instrument Title: Young Child PTSD Checklist
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YOUNG CHILD PTSD CHECKLIST (YCPC)

Name _____ ID _____ Date _____

TRAUMATIC EVENTS

AN EVENT MUST HAVE LED TO SERIOUS INJURY OR BE PERCEIVED AS IF IT COULD HAVE LED TO SERIOUS INJURY TO THE CHILD, OR TO ANOTHER PERSON (USUALLY A LOVED ONE) AND THE CHILD WITNESSED IT.

0 = Absent 1 = Present

Frequency is the number of events the child can remember. Generally, children start remembering events around 3 years of age.

P1. Accident or crash with automobile, plane or boat.	0	1	___/___/___ First Onset	___ Frequency	___/___/___ Latest Onset
P2. Attacked by an animal.	0	1	___/___/___	___	___/___/___
P3. Man-made disasters (fires, war, etc)	0	1	___/___/___	___	___/___/___
P4. Natural disasters (hurricane, tornado, flood)	0	1	___/___/___ First Onset	___ Frequency	___/___/___ Latest Onset
P5. Hospitalization or invasive medical procedures	0	1	___/___/___	___	___/___/___
P6. Physical abuse	0	1	___/___/___	___	___/___/___
P7. Sexual abuse, sexual assault, or rape	0	1	___/___/___ First Onset	___ Frequency	___/___/___ Latest Onset
P8. Accidental burning	0	1	___/___/___	___	___/___/___
P9. Near drowning	0	1	___/___/___	___	___/___/___
P10. Witnessed another person being beaten, raped, threatened with serious harm, shot at seriously wounded, or killed.	0	1	___/___/___ First Onset	___ Frequency	___/___/___ Latest Onset
P11. Kidnapped	0	1	___/___/___	___	___/___/___
P12. Other: _____	0	1	___/___/___ First Onset	___ Frequency	___/___/___ Latest Onset

YCPC

ID _____

Date _____

Write down ALL the life-threatening traumatic events (if Traumatic Events page not used, Rater writes in the events from interview):

Parent:

Below is a list of symptoms that children can have after life-threatening events. Circle the number (0-4) that best describes how often the symptom has bothered your child in the LAST 2 WEEKS.

	0	1	2	3	4
	Not at all	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/ almost always	Everyday
1. Does your child have intrusive memories of the trauma? Does s/he bring it up on his/her own?	0	1	2	3	4
2. Does your child re-enact the trauma in play with dolls or toys? This would be scenes that look just like the trauma. Or does s/he act it out by him/herself or with other kids?	0	1	2	3	4
3. Is your child having more nightmares since the trauma(s) occurred?	0	1	2	3	4
4. Does your child act like the traumatic event is happening to him/her again, even when it isn't? This is where a child is acting like they are back in the traumatic event and aren't in touch with reality. This is a pretty obvious thing when it happens.	0	1	2	3	4
5. Since the trauma(s) has s/he had episodes when s/he seems to freeze? You may have tried to snap him/her out of it but s/he was unresponsive.	0	1	2	3	4
6. Does s/he get upset when exposed to reminders of the event(s)?	0	1	2	3	4
<p>For example, a child who was in a car wreck might be nervous while riding in a car now. Or, a child who was in a hurricane might be nervous when it is raining. Or, a child who saw domestic violence might be nervous when other people argue. Or, a girl who was sexually abused might be nervous when someone touches her.</p>					
7. Does your child get physically distressed when exposed to reminders? Like heart racing, shaking hands, sweaty, short of breath, or sick to his/her stomach?"	0	1	2	3	4

Think of the same type of examples as in #6.

0	1	2	3	4	
Not at all	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/ almost always	Everyday	
8. Does your child try to avoid conversations that might remind him/her of the trauma(s)? For example, if other people talk about what happened, does s/he walk away or change the topic?	0	1	2	3	4
9. Does your child try to avoid things or places that remind him/her of the trauma(s)? For example, a child who was in a car wreck might try to avoid getting into a car. Or, a child who was in a flood might tell you not to drive over a bridge. Or, a child who saw domestic violence might be nervous to go in the house where it occurred. Or, a girl who was sexually abused might be nervous about going to bed because that's where she was abused before.	0	1	2	3	4
10. Does your child have difficulty remembering the whole incident? Has s/he blocked out the entire event?	0	1	2	3	4
11. Has s/he lost interest in doing things that s/he used to like to do since the trauma(s)?	0	1	2	3	4
12. Since the trauma(s), does your child show a restricted range of emotions on his/her face compared to before?	0	1	2	3	4
13. Has your child lost hope for the future? For example, s/he believes will not have fun tomorrow, or will never be good at anything.	0	1	2	3	4
14. Since the trauma(s) has your child become more distant and detached from family members, relatives, or friends?	0	1	2	3	4
15. Has s/he had a hard time falling asleep or staying asleep since the trauma(s)?	0	1	2	3	4
16. Has your child become more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma(s)?	0	1	2	3	4
17. Has your child had more trouble concentrating since the trauma(s)?	0	1	2	3	4
18. Has s/he been more "on the alert" for bad things to happen? For example, does s/he look around for danger?	0	1	2	3	4
19. Does your child startle more easily than before the trauma(s)? For example, if there's a loud noise or someone sneaks up behind him/her, does s/he jump or seem startled?	0	1	2	3	4
20. Has your child become more physically aggressive since the trauma(s)? Like hitting, kicking, biting, or breaking things.	0	1	2	3	4
21. Has s/he become more clingy to you since the trauma(s)?	0	1	2	3	4

0	1	2	3	4
Not at all	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/ almost always	Everyday

- | | | | | | |
|--|---|---|---|---|---|
| 22. Did night terrors start or get worse after the trauma(s)? Night terrors are different from nightmares: in night terrors a child usually screams in their sleep, they don't wake up, and they don't remember it the next day. | 0 | 1 | 2 | 3 | 4 |
| 23. Since the trauma(s), has your child lost previously acquired skills?
For example, lost toilet training?
Or, lost language skills?
Or, lost motor skills working snaps, buttons, or zippers? | 0 | 1 | 2 | 3 | 4 |
| 24. Since the trauma(s), has your child developed any new fears about things that <u>don't seem related</u> to the trauma(s)?
What about going to the bathroom alone?
Or, being afraid of the dark? | 0 | 1 | 2 | 3 | 4 |

FUNCTIONAL IMPAIRMENT

Do the symptoms that you endorsed above get in the way of your child's ability to function in the following areas?

- | | 0 | 1 | 2 | 3 | 4 |
|--|----------------------|------------------|---------------------|----------------------------|----------|
| | Hardly ever/
none | Some of the time | About half the days | More than half
the days | Everyday |
| 25. Do (symptoms) substantially "get in the way" of how s/he gets along with you, interfere in your relationship, or make you feel upset or annoyed? | 0 | 1 | 2 | 3 | 4 |
| 26. Do these (symptoms) "get in the way" of how s/he gets along with brothers or sisters, and make them feel upset or annoyed? | 0 | 1 | 2 | 3 | 4 |
| 27. Do these (symptoms) "get in the way" with the teacher or the class more than average? | 0 | 1 | 2 | 3 | 4 |
| 28. Do (symptoms) "get in the way" of how s/he gets along with friends – at daycare, school, or in your neighborhood? | 0 | 1 | 2 | 3 | 4 |
| 29. Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?"
Is it harder to go out with your child to places like the grocery store?
Or to a restaurant? | 0 | 1 | 2 | 3 | 4 |
| 30. Do you think that these behaviors cause your child to feel upset? | 0 | 1 | 2 | 3 | 4 |

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