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

Name: _____ ID #_____ Age: _____ Sex: □ Female □ Male
Grade in School _____ School: _____ Teacher: _____ City/State _____
Interviewer Name/I.D. _____ Date (*month, day, year*) _____/_____/_____ (Session #_____)

The coronavirus illness has made a lot of people very scared and worried about their own safety and health, and the safety and health of their family and friends. To help me understand how you are doing with what is happening, I'd like to ask you some questions about some ways that we know people react to this kind of danger. For me to better understand your answers, it's helpful for me to ask you a few questions first.

Have you or someone close to you gotten very sick or been in the hospital because of this illness?	□ Yes □ No
Have you or someone close to you been quarantined because of having symptoms of this 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?	□ Yes □ No
Have you or a family member had to move away from home because of this illness?	□ Yes □ No
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 family been deployed to a place where people have this illness?	□ Yes □ No
Have you and your family been quarantined and made to stay on your military base?	□ Yes □ No
Has a military member of your family been unable to return home or leave a foreign country because of being quarantined or because of having this illness?	□ Yes □ No

Has anything else happened to you/your family because of this illness that has been very upsetting?	□ Yes □ No

Describe: _____

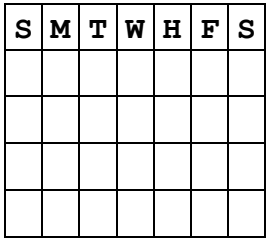
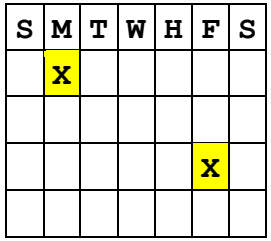
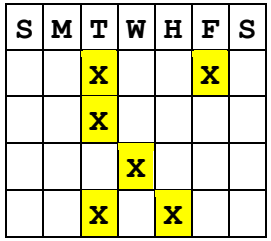
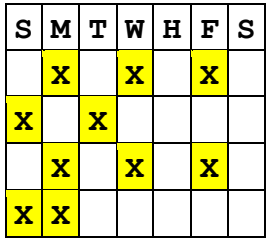
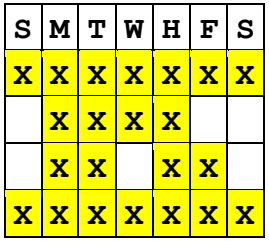
(Even if no item above is scored "Yes", continue to ask the following.)

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.

	HOW MUCH OF THE TIME DURING THE PAST MONTH…	**None**	**Little**	**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

FREQUENCY RATING SHEET

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

0	1	2	3	4
NONE	**LITTLE**	**SOME**	**MUCH**	**MOST**
				
NEVER	**TWO TIMES A MONTH**	**1-2 TIMES A WEEK**	**2-3 TIMES A WEEK**	**ALMOST EVERY DAY**

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)*
10	
4	
7	
SYMPTOM CATEGORY B SUMMATIVE SCORE: _____	
6	
1	
SYMPTOM CATEGORY C SUMMATIVE SCORE: _____	

Item #	Score *(0-4)*
8	
9	
5	
SYMPTOM CATEGORY D SUMMATIVE SCORE: _____	
2	
3	
11	
SYMPTOM CATEGORY E SUMMATIVE SCORE _____	
TOTAL SCALE SCORE _____	

DSM-5 PTSD DIAGNOSTIC SCREENER

A PTSD-RI BRIEF FORM TOTAL SCALE SCORE THAT IS **21** 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**.