

PCL-5-C/PR

Instructions: Below is a list of problems and complaints that children sometimes have after stressful experiences where they were severely threatened, assaulted or injured, or sexually abused, or witness someone killed or severely assaulted or injured. Please read each one carefully, then circle one of the numbers describing how much your child has been bothered by that problem in the past month.

<i>In the past month, how much was your child bothered by:</i>	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
1. Repeated, disturbing, and unwanted memories of the stressful experience. This includes repeating similar experiences in play or other activities.	1	2	3	4	5
2. Repeated disturbing or frightening dreams?	1	2	3	4	5
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if she or he was actually back there reliving it)? This includes acting out the experience in play.	1	2	3	4	5
4. Feeling very upset when something reminded her or him of the stressful experience?	1	2	3	4	5
5. Having strong physical reactions when something reminded her or him of the stressful experience (for example, heart pounding, trouble breathing, sweating, or stomach aches)?	1	2	3	4	5
6. When reminded of the stressful experience, trying not to think about it, not feel emotionally upset, or not have physical reactions (for example by doing something distracting or pretending to be okay)?	1	2	3	4	5
7. Avoiding people, places, conversations, objects, activities, or situations that may be reminders of the stressful experience?	1	2	3	4	5
8. Not being able to remember important parts of the stressful experience?	1	2	3	4	5
9. Feeling like a very bad or messed up person, or like no one can be trusted, or that the world is completely dangerous?	1	2	3	4	5
10. Feeling guilty or ashamed about the stressful experience or bad things that happened after it?	1	2	3	4	5
11. Not being able to stop feeling scared, sad, angry, guilty, ashamed, or emotionally mixed up.	1	2	3	4	5

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***In the past month, how much was your child
bothered by:***

	<i>Not at all</i>	<i>A little bit</i>	<i>Moderately</i>	<i>Quite a bit</i>	<i>Extremely</i>
12. Not being able to enjoy activities that she or he used to enjoy?	1	2	3	4	5
13. Not being able to feel emotionally close to or cared for by other people?	1	2	3	4	5
14. Not having positive feelings, for example, being unable to feel happy, enthusiastic, or loving).	1	2	3	4	5
15. Feeling irritable or angry or acting aggressively?	1	2	3	4	5
16. Doing dangerous things without being careful or actually trying to get hurt?	1	2	3	4	5
17. Being “superalert” or watchful or on guard?	1	2	3	4	5
18. Feeling jumpy or easily startled?	1	2	3	4	5
19. Having difficulty concentrating?	1	2	3	4	5
20. Having trouble falling or staying asleep?	1	2	3	4	5