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DEPARTMENT OF SPECIAL EDUCATION, REHABILITATION
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**POSTTRAUMATIC STRESS DISORDER DIAGNOSTIC EVALUATION:
HEALTH, FAMILY, DEVELOPMENTAL, & BEHAVIORAL HISTORY INTERVIEW FORM**

Child's Name: _____ Birth date: _____
School: _____ Grade: _____
Parent(s): _____ E-mail: _____
Home phone: _____ Alt. Phone: _____
Languages spoken in the home: _____
Siblings (ages): _____
Other adults living in the home: _____

Referring concern: _____

At what age did the referring concerns first emerge? _____

Health History (Perinatal Factors)

- | | Optimal | Adequate | Poor |
|--|-------------------------|----------|------|
| 1. General obstetric status (circle one): | | | |
| 2. Prenatal care (describe): | _____

_____ | | |
| 3. Maternal stressor (list and describe): | _____

_____ | | |
| 4. Complications during pregnancy: | _____

_____ | | |
| 5. Maternal illnesses during the pregnancy | _____

_____ | | |
| 6. Maternal accidents during the pregnancy | _____

_____ | | |
| 7. Mother's age at time of the pregnancy (list): | _____ | | |

Health History (Perinatal Factors; Continued)

8. Nicotine exposure during pregnancy (circle): YES NO If YES answer the following:
- a. How often did mother smoke? Every day Once a week Rarely
- b. How much did mother smoke? < 10 cigarettes ≥ 10 cigarettes
- c. When during pregnancy did the mother smoke? 1st trimester 2nd Trimester 3rd trimester
9. Alcohol exposure during pregnancy (circle): YES NO If YES answer the following:
- a. How often did mother drink? Every day Once a week Rarely
- b. How much did mother drink? Just a little One drink Several drinks
- c. When during pregnancy did the mother drink? 1st trimester 2nd Trimester 3rd trimester
10. Medication/Drug exposure during pregnancy (circle): YES NO If YES answer the following:
- What drugs were taken? (list): _____
- _____
- _____
- a. When during pregnancy were medications/drugs taken? 1st trimester 2nd Trimester 3rd trimester
11. Birth weight (list): _____ lbs. _____ oz.
- (if exact weight not known check one of the following)
- _____ less than 2.2 lbs. _____ less than 5.5 lbs.
- _____ less than 3.3 lbs. _____ more than 5.5 lbs.
12. Length (list): _____ inches
13. Length of pregnancy (circle/list): Full term Premature @ _____ weeks
14. Was an incubator required (circle): YES NO If YES report how long:
- _____
15. Was oxygen therapy required (circle): YES NO If YES report how long:
- _____
16. Complications during labor/delivery (circle)? YES NO If YES answer the following:
- a. What complications? Respiratory distress Meconium aspiration
- Prolonged labor Prolapsed umbilical cord
- Fetal postmaturity Forceps delivery
- Cardiopulmonary abnormalities
- Other (list): _____
- _____
- b. C-section YES NO Planned Emergency
- c. APGAR (list): 1-min. _____ 5-min. _____ 10-min. _____

Health History (Infancy and childhood; Continued)

25. Medications currently prescribed (list): _____

26. Vision Screening (list): Date: _____ Near 20/____ Far 20/____

27. Suspected hearing loss YES NO If YES describe reasons for concern: _____

28. Hearing Screening (list): Date: _____ Result: _____

Family History

29. Siblings with PTSD (circle)? YES NO
a. Is sibling an identical twin? YES NO

30. Siblings with PTSD-like behavior (circle)? YES NO
a. Is sibling an identical twin? YES NO

31. Parent with PTSD (circle)? YES NO
a. Relationship to child (circle): biological father biological mother step-parent

32. Parent with PTSD-like behavior (circle): YES NO
a. Relationship to child (circle): biological father biological mother step-parent

33. Other family members with PTSD (circle)? YES NO
a. Relationship to child (list): _____

34. Other family members with PTSD-like behavior (circle)? YES NO
a. Relationship to child (list): _____

35. Any family member with any other anxiety or mood disorder history (circle)? YES NO
a. Disorder (list): _____
b. Relationship to child (list): _____

36. Any family members with any medical condition that may present as a mood or anxiety disorder (e.g., thyroid disease)? YES NO
a. Disorder (list): _____
b. Relationship to child (list): _____

37. Family history of alcoholism (circle)? YES NO

Family History (Continued)

38. Highest parental educational attainment (list)

Mother _____ grade Father _____ grade

39. Current family conflict (e.g., parental separation or divorce (circle)?

YES NO If YES describe situation: _____

40. Number of family moves (list)

41. Other family disruptions (e.g., death, illness, disability, substance abuse)

42. Is child aware of any parental traumas?

YES NO If YES describe reactions: _____

School History

43. School changes (list):

44. Changes in child's school behavior?

YES NO If YES describe: _____

45. Changes in the ability to concentrate?

YES NO If YES, are they related to traumatic event exposure? _____

46. Changes in activity level?

YES NO If YES, are they related to traumatic event exposure? _____

47. Changes in academic performance?

YES NO If YES, are they related to traumatic event exposure? _____

Traumatic Event Exposure History

48. Is there a history of child abuse/neglect?

YES NO If YES describe: _____

Traumatic Event Exposure History (Continued)

49. Has there been exposure to other stressful events in the past (e.g., domestic/community death of friend or relative)? YES NO If YES describe: _____

50. Child's reactions to prior stressful events? _____

51. Has the child (within the past 3 months) been exposed to a traumatic event? YES NO If YES, describe the event _____

When did the event occur? _____

Where did the event occur? _____

How close was the child to the traumatic event? _____

What did the child see and hear? _____

How intense was the exposure? _____

Was the child physically injured? YES NO If YES describe the injury _____

52. Coping behaviors demonstrated? _____

53. Is child able to control reactions? YES NO If NO describe reactions _____

54. Caregiver exposure to the trauma? YES NO If YES describe exposure _____

55. Caregiver reactions to the trauma? _____

56. Caregiver PTSD symptoms? YES NO If YES describe _____

57. Caregiver support offered to child since the trauma? _____

Traumatic Event Exposure History (Continued)

58. Support available to the family since the trauma?

59. What are the child's reactions to the traumatic event?

Criterion	Symptoms Demonstrated Since Trauma Exposure		
A	Intense fear, helplessness, or horror	YES	NO
A*	Disorganized or agitated behavior	YES	NO
B ¹	Recurrent and intrusive distressing recollections of the event	YES	NO
B ^{SC}	Recurrent and intrusive recollections of the event	YES	NO
B ^{1*}	Repetitive play in which themes or aspects of the trauma are expressed	YES	NO
B ²	Recurrent distressing dreams of the event	YES	NO
B ^{2*}	Frightening dreams without recognizable content	YES	NO
B ³	Acting or feeling as if the traumatic event were recurring	YES	NO
B ^{3*}	Trauma-specific reenactment	YES	NO
B ⁴	Psychological distress at exposure to cues that symbolize/resemble the event	YES	NO
B ⁵	Physiological reactivity on exposure to cues that symbolize/resemble the event	YES	NO
C ¹	Avoids thoughts, feelings, or conversations associated with the trauma	YES	NO
C ²	Avoids activities, places, or people that arouse recollections of the trauma	YES	NO
C ³	Unable to recall an important aspect of the trauma	YES	NO
C ⁴	Markedly diminished interest in participation in significant activities	YES	NO
C ^{SC}	Markedly constricted patterns of play	YES	NO
C ⁵	Feeling of detachment or estrangement from others	YES	NO
C ^{5SC}	Social withdrawal	YES	NO
C ⁶	Restricted range of affect (e.g., unable to have loving feelings)	YES	NO
C ⁷	Sense of foreshortened future (e.g., does not expect to have normal life span)	YES	NO
D ¹	Difficulty falling or staying asleep	YES	NO
D ²	Irritability or outbursts of anger	YES	NO
D ³	Difficulty concentrating	YES	NO
D ⁴	Hypervigilance	YES	NO
D ⁵	Exaggerated startle response	YES	NO
E ^{SC}	Loss of a previously acquired developmental skill (e.g., toileting or speech)	YES	NO
E ^{SC}	New separation anxiety	YES	NO
E ^{SC}	New onset of aggression	YES	NO
E ^{SC}	New fears without obvious links to the trauma (e.g., fear of going to bathroom alone, the dark)	YES	NO

Notes. * = DSM (APA, 2000) criteria for children (see Table 5.1). SC = Scheeringa et al.'s (1995) alternative criteria for very young children (See Table 5.2).

60. Were any of the symptoms listed above demonstrated before trauma exposure(s)?

YES NO If YES list _____

NOTE: in the case of chronic exposure this distinction may be difficult.
