



National Center for
PTSD
POSTTRAUMATIC STRESS DISORDER

Clinician-Administered PTSD Scale for *DSM-5* (CAPS-5) Past Week Version

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Reference: Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2015). *The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) – Past Week* [Measurement instrument]. Available from <https://www.ptsd.va.gov/>

URL: <https://www.ptsd.va.gov/professional/assessment/adult-int/caps.asp>

Note: This is a fillable form. You may complete it electronically.

Name: _____

Interviewer: _____

Study: _____

ID#: _____

Date: _____

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CAPS-5 Past Week

The CAPS-5 Past Week instrument assesses PTSD symptoms which have occurred in the past week. This version is best used for determining whether PTSD symptoms have changed over time (e.g., in a treatment study in which you are interested in comparing a participant's PTSD symptoms at baseline versus mid-treatment). It should NOT be used to establish PTSD diagnostic status.

Instructions:

Standard administration and scoring of the CAPS-5 are essential for producing reliable and valid scores and diagnostic decisions. The CAPS-5 should be administered only by qualified interviewers who have formal training in structured clinical interviewing and differential diagnosis, a thorough understanding of the conceptual basis of PTSD and its various symptoms, and detailed knowledge of the features and conventions of the CAPS-5 itself.

Administration

1. Criterion A should already have been evaluated in a prior administration of the PAST MONTH version of the CAPS-5. Thus, for most applications of the PAST WEEK version, Criterion A does not need to be re-evaluated. However, if Criterion A has not been established, to identify an index traumatic event to serve as the basis for symptom inquiry, administer the Life Events Checklist and Criterion A inquiry provided on p. 4 , or use some other structured, evidence-based method. The index event may involve either a single incident (e.g., "the accident") or multiple, closely related incidents (e.g., "the worst parts of your combat experiences").
2. Read prompts verbatim, one at a time, and in the order presented, EXCEPT:
 - a. Use the respondent's own words for labeling the index event or describing specific symptoms.
 - b. Rephrase standard prompts to acknowledge previously reported information, but return to verbatim phrasing as soon as possible. For example, inquiry for item 20 might begin: "You already mentioned having problem sleeping. What kinds of problems?"
 - c. If you don't have sufficient information after exhausting all standard prompts, follow up ad lib. In this situation, repeating the initial prompt often helps refocus the respondent.
 - d. As needed, ask for specific examples or direct the respondent to elaborate even when such prompts are not provided explicitly.
3. In general, DO NOT suggest responses. If a respondent has pronounced difficulty understanding a prompt it may be necessary to offer a brief example to clarify and illustrate. However, this should be done rarely and only after the respondent has been given ample opportunity to answer spontaneously.
4. DO NOT read rating scale anchors to the respondent. They are intended only for you, the interviewer, because appropriate use requires clinical judgment and a thorough understanding of CAPS-5 scoring conventions.
5. Move through the interview as efficiently as possible to minimize respondent burden. Some useful strategies:
 - a. Be thoroughly familiar with the CAPS-5 so that prompts flow smoothly.
 - b. Ask the fewest number of prompts needed to obtain sufficient information to support a valid rating.
 - c. Minimize note-taking and write while the respondent is talking to avoid long pauses.
 - d. Take charge of the interview. Be respectful but firm in keeping the respondent on task, transitioning between questions, pressing for examples, or pointing out contradictions.

Scoring

1. As with previous versions of the CAPS, CAPS-5 symptom severity ratings are based on symptom frequency and intensity, except for items 8 (amnesia) and 12 (diminished interest), which are based on amount and intensity. However, CAPS-5 items are rated with a single severity score, in contrast to previous versions of the CAPS which required separate frequency and intensity scores for each item that were either summed to create a symptom severity score or combined in various scoring rules to create a dichotomous (present/absent) symptom score. Thus, on the CAPS-5 the clinician combines information about frequency and intensity before making a single severity rating. Depending on the item, frequency is rated as either the number of occurrences (how often in the past month) or percent of time (how much of the time in the past month). Intensity is rated on a four-point ordinal scale with ratings of *Minimal*, *Clearly Present*, *Pronounced*, and *Extreme*. Intensity and severity are related but distinct. Intensity refers to the strength of a typical occurrence of a symptom. Severity refers to the total symptom load over a given time period, and is a combination of intensity and frequency. This is similar to the quantity/frequency assessment approach to alcohol consumption. In general, intensity rating anchors correspond to severity scale anchors described below and should be interpreted and used in the same way, except that severity ratings require joint consideration of intensity and frequency. Thus, before taking frequency into account, an intensity rating of *Minimal* corresponds to a severity rating of *Mild / subthreshold*, *Clearly Present* corresponds with *Moderate / threshold*, *Pronounced* corresponds with *Severe / markedly elevated*, and *Extreme* corresponds with *Extreme / incapacitating*.
2. The five-point CAPS-5 symptom severity rating scale is used for all symptoms. Rating scale anchors should be interpreted and used as follows:
 - 0 **Absent** The respondent denied the problem or the respondent's report doesn't fit the *DSM-5* symptom criterion.
 - 1 **Mild / subthreshold** The respondent described a problem that is consistent with the symptom criterion but isn't severe enough to be considered clinically significant. The problem doesn't satisfy the *DSM-5* symptom criterion and thus doesn't count toward a PTSD diagnosis.
 - 2 **Moderate / threshold** The respondent described a clinically significant problem. The problem satisfies the *DSM-5* symptom criterion and thus counts toward a PTSD diagnosis. The problem would be a target for intervention. This rating requires a minimum frequency of *2 X month* or *some of the time (20-30%)* PLUS a minimum intensity of *Clearly Present*.
 - 3 **Severe / markedly elevated** The respondent described a problem that is well above threshold. The problem is difficult to manage and at times overwhelming, and would be a prominent target for intervention. This rating requires a minimum frequency of *2 X week* or *much of the time (50-60%)* PLUS a minimum intensity of *Pronounced*.
 - 4 **Extreme / incapacitating** The respondent described a dramatic symptom, far above threshold. The problem is pervasive, unmanageable, and overwhelming, and would be a high-priority target for intervention.
3. Use the scoring grid on the next page to determine the appropriate severity score for each CAPS-5 item. Start on the left side of the grid with the row corresponding to your intensity rating. Then follow the row that corresponds to the reported frequency to determine the severity score. For example, if your intensity rating is *Pronounced*, and the reported frequent is 2 x week, the corresponding severity score would be *Severe / markedly elevated*. However, if your intensity rating is *Pronounced*, but the reported frequency is 10%, then the corresponding severity score would be *Moderate / threshold*.

CAPS-5 Past Week Scoring Rules

INTENSITY	FREQUENCY (# of times or %)		SEVERITY
Minimal	1x/week or more	1-100%	1 = Mild / subthreshold
Clearly Present		1-19%	1 = Mild / subthreshold
	1x/week or more ^a	20-100%	2 = Moderate / threshold
Pronounced	1x/week only ^a	1-49%	2 = Moderate / threshold
	2x/week or more ^b	50-100%	3 = Severe / markedly elevated
Extreme	1x/week only ^a	1-19%	2 = Moderate / threshold
	At least 2x/week but not daily/almost every day ^b	20-79%	3 = Severe / markedly elevated
	Daily/almost every day ^c	80-100%	4 = Extreme / incapacitating

^aFor D1: 1-2 important parts ^bFor D1: several important parts ^cFor D1: most/all important parts

4. You need to establish that a symptom not only meets the *DSM-5* criterion phenomenologically, but is also functionally related to the index traumatic event, i.e., started or got worse as a result of the event. CAPS-5 items 1-8 and 10 (reexperiencing, effortful avoidance, amnesia, and blame) are inherently linked to the event. Evaluate the remaining items for trauma-relatedness (TR) using the TR inquiry and rating scale. The three TR ratings are:
 - a. **Definite** = the symptom can clearly be attributed to the index trauma, because (1) there is an obvious change from the pre-trauma level of functioning and/or (2) the respondent makes the attribution to the index trauma with confidence.
 - b. **Probable** = the symptom is likely related to the index trauma, but an unequivocal connection can't be made. Situations in which this rating would be given include the following: (1) there seems to be a change from the pre-trauma level of functioning, but it isn't as clear and explicit as it would be for a *Definite*; (2) the respondent attributes a causal link between the symptom and the index trauma, but with less confidence than for a rating of *Definite*; (3) there appears to be a functional relationship between the symptom and inherently trauma-linked symptoms such as reexperiencing symptoms (e.g., numbing or withdrawal increases when reexperiencing increases).
 - c. **Unlikely** = the symptom can be attributed to a cause other than the index trauma because (1) there is an obvious functional link with this other cause and/or (2) the respondent makes a confident attribution to this other cause and denies a link to the index trauma. Because it can be difficult to rule out a functional link between a symptom and the index trauma, a rating of *Unlikely* should be used only when the available evidence strongly points to a cause other than the index trauma. NOTE: Symptoms with a TR rating of *Unlikely* should not be counted toward a PTSD diagnosis or included in the total CAPS-5 symptom severity score.
5. **CAPS-5 total symptom severity score** is calculated by summing severity scores for items 1-20. NOTE: Severity scores for the two dissociation items (29 and 30) should NOT be included in the calculation of the total CAPS-5 severity score.
6. **CAPS-5 symptom cluster severity scores** are calculated by summing the individual item severity scores for symptoms contained in a given *DSM-5* cluster. Thus, the Criterion B (reexperiencing) severity score is the sum of the individual severity scores for items 1-5; the Criterion C (avoidance) severity score is the sum of items 6 and 7; the Criterion D (negative alterations in cognitions and mood) severity score is the sum of items 8-14; and the Criterion E (hyperarousal) severity score is the sum of items 15-20. A symptom cluster score may also be calculated for dissociation by summing items 29 and 30.
7. **PTSD diagnostic status** should be evaluated with the PAST MONTH version of the CAPS-5. This PAST WEEK version of the CAPS-5 should be used only to evaluate PTSD symptom severity over the past week.

NOTE: This is the PAST WEEK version of the CAPS-5, which should be used only to evaluate PTSD symptom severity over the past week. PTSD diagnostic status should be evaluated with the PAST MONTH version of the CAPS-5.

Criterion A:

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

NOTE: Criterion A should already have been evaluated in a prior administration of the PAST MONTH version of the CAPS-5. Thus, for most applications of the PAST WEEK version, Criterion A does not need to be re-evaluated.

[Administer Life Events Checklist or other structured trauma screen]

I'm going to ask you about the stressful experiences questionnaire you filled out. First I'll ask you to tell me a little bit about the event you said was the worst for you. Then I'll ask how that event may have affected you over the past week. In general I don't need a lot of information – just enough so I can understand any problems you may have had. Please let me know if you find yourself becoming upset as we go through the questions so we can slow down and talk about it. Also, let me know if you have any questions or don't understand something. Do you have any questions before we start?

The event you said was the worst was (EVENT). What I'd like for you to do is briefly describe what happened.

Index event (specify): _____

What happened? (*How old were you? How were you involved? Who else was involved? Was anyone seriously injured or killed? Was anyone's life in danger? How many times did this happen?*)

Exposure type:

- Experienced
- Witnessed
- Learned about
- Exposed to aversive details

Life threat?

NO YES (self ___ other ___)

Serious injury?

NO YES (self ___ other ___)

Sexual violence?

NO YES (self ___ other ___)

Criterion A met?

NO PROBABLE YES

For the rest of the interview, I want you to keep (EVENT) in mind as I ask you about different problems it may have caused you. You may have had some of these problems before, but for this interview we're going to focus just on the past week. For each problem I'll ask if you've had it in the past week, and if so, how often and how much it bothered you.

Criterion B:

Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

Item 1 (B1): Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.

In the past week, have you had any unwanted memories of (EVENT) while you were awake, so not counting dreams? (Rate 0=Absent if only during dreams)

How does it happen that you start remembering (EVENT)?

[If not clear:] (**Are these unwanted memories, or are you thinking about (EVENT) on purpose?**) (Rate 0=Absent unless perceived as involuntary and intrusive)

How much do these memories bother you?

Are you able to put them out of your mind and think about something else?

[If not clear:] (**Overall, how much of a problem is this for you? How so?**)

Circle: Distress = *Minimal* *Clearly Present* *Pronounced* *Extreme*

How often have you had these memories in the past week?

of times _____

0 Absent

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of distress

Moderate = at least 1 X week / distress clearly present, some difficulty dismissing memories

Severe = at least 2 X week / pronounced distress, considerable difficulty dismissing memories

Item 2 (B2): Recurrent distressing dreams in which the content and/or affect of the dream are related to the event(s). Note: In children, there may be frightening dreams without recognizable content.

In the past week, have you had any unpleasant dreams about (EVENT)?

Describe a typical dream. (*What happens?*)

[If not clear:] (**Do they wake you up?**)

[If yes:] (**What do you experience when you wake up? How long does it take you to get back to sleep?**)

[If reports not returning to sleep:] (**How much sleep do you lose?**)

How much do these dreams bother you?

Circle: Distress = *Minimal* *Clearly Present* *Pronounced* *Extreme*

How often have you had these dreams in the past week? # of times _____

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of distress

Moderate = at least 1 X week / distress clearly present, less than 1 hour sleep loss

Severe = at least 2 X week / pronounced distress, more than 1 hour sleep loss

Item 3 (B3): Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Note: In children, trauma-specific reenactment may occur in play.

In the past week, have there been times when you suddenly acted or felt as if (EVENT) were actually happening again?

[If not clear:] (**This is different than thinking about it or dreaming about it – now I’m asking about flashbacks, when you feel like you’re actually back at the time of (EVENT), actually reliving it.**)

How much does it seem as if (EVENT) were happening again? (*Are you confused about where you actually are?*)

What do you do while this is happening? (*Do other people notice your behavior? What do they say?*)

How long does it last?

Circle: Dissociation = *Minimal* *Clearly Present* *Pronounced* *Extreme*

How often has this happened in the past week? # of times _____

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of dissociation

Moderate = at least 1 X week / dissociative quality clearly present, may retain some awareness of surroundings but relives event in a manner clearly distinct from thoughts and memories

Severe = at least 2 X week / pronounced dissociative quality, reports vivid reliving, e.g., with images, sounds, smells

Item 4 (B4): Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

In the past week, have you gotten emotionally upset when something reminded you of (EVENT)?

What kinds of reminders make you upset?

How much do these reminders bother you?

Are you able to calm yourself down when this happens? (How long does it take?)

[If not clear:] (**Overall, how much of a problem is this for you? How so?**)

Circle: Distress = *Minimal* *Clearly Present* *Pronounced* *Extreme*

How often has this happened in the past week? # of times _____

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of distress

Moderate = at least 1 X week / distress clearly present, some difficulty recovering

Severe = at least 2 X week / pronounced distress, considerable difficulty recovering

Item 5 (B5): Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

In the past week, have you had any physical reactions when something reminded you of (EVENT)?

Can you give me some examples? (Does your heart race or your breathing change? What about sweating or feeling really tense or shaky?)

What kinds of reminders trigger these reactions?

How long does it take you to recover?

Circle: Physiological reactivity = *Minimal* *Clearly Present* *Pronounced* *Extreme*

How often has this happened in the past week? # of times _____

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of physiological arousal

Moderate = at least 1 X week / reactivity clearly present, some difficulty recovering

Severe = at least 2 X week / pronounced reactivity, sustained arousal, considerable difficulty recovering

Criterion C:

Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

Item 6 (C1): Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

In the past week, have you tried to avoid thoughts or feelings about (EVENT)?

What kinds of thoughts or feelings do you avoid?

How hard do you try to avoid these thoughts or feelings? (*What kinds of things do you do?*)

[If not clear:] **(Overall, how much of a problem is this for you? How would things be different if you didn't have to avoid these thoughts or feelings?)**

Circle: Avoidance = *Minimal* *Clearly Present* *Pronounced* *Extreme*

How often in the past week? # of times _____

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of avoidance

Moderate = at least 1 X week / avoidance clearly present

Severe = at least 2 X week / pronounced avoidance

Item 7 (C2): Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

In the past week, have you tried to avoid things that remind you of (EVENT), like certain people, places, or situations?

What kinds of things do you avoid?

How much effort do you make to avoid these reminders? (*Do you have to make a plan or change your activities to avoid them?*)

[If not clear:] **(Overall, how much of a problem is this for you? How would things be different if you didn't have to avoid these reminders?)**

Circle: Avoidance = *Minimal* *Clearly Present* *Pronounced* *Extreme*

How often in the past week? # of times _____

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of avoidance

Moderate = at least 1 X week / avoidance clearly present

Severe = at least 2 X week / pronounced avoidance

Criterion D:

Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

Item 8 (D1): Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

In the past week, have you had difficulty remembering some important parts of (EVENT)? (Do you feel there are gaps in your memory of (EVENT)?)

What parts have you had difficulty remembering?

Do you feel you should be able to remember these things?

[If not clear:] (**Why do you think you can't? Did you have a head injury during (EVENT)? Were you knocked unconscious? Were you intoxicated from alcohol or drugs?**) (Rate 0=Absent if due to head injury or loss of consciousness or intoxication during event)

[If still not clear:] (**Is this just normal forgetting? Or do you think you may have blocked it out because it would be too painful to remember?**) (Rate 0=Absent if due only to normal forgetting)

Circle: Difficulty remembering = *Minimal* *Clearly Present* *Pronounced* *Extreme*

In the past week, how many of the important parts of (EVENT) have you had difficulty remembering? (What parts do you still remember?)

of important aspects _____

Would you be able to recall these things if you tried?

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = amount of event not recalled / intensity of inability to recall

Moderate = at least one important aspect / difficulty remembering clearly present, some recall possible with effort

Severe = several important aspects / pronounced difficulty remembering, little recall even with effort

Item 9 (D2): Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”).

In the past week, have you had strong negative beliefs about yourself, other people, or the world?

Can you give me some examples? (What about believing things like “I am bad,” “there is something seriously wrong with me,” “no one can be trusted,” “the world is completely dangerous”?)

How strong are these beliefs? (How convinced are you that these beliefs are actually true? Can you see other ways of thinking about it?)

Circle: Conviction = Minimal Clearly Present Pronounced Extreme

How much of the time in the past week have you felt that way, as a percentage? % of time _____

Did these beliefs start or get worse after (EVENT)? (Do you think they’re related to (EVENT)? How so?) Circle: Trauma-relatedness = Definite Probable Unlikely

0 Absent

1 Mild / subthreshold

2 Moderate / threshold

3 Severe / markedly elevated

4 Extreme / incapacitating

Key rating dimensions = frequency / intensity of beliefs

Moderate = some of the time (20-30%) / exaggerated negative expectations clearly present, some difficulty considering more realistic beliefs

Severe = much of the time (50-60%) / pronounced exaggerated negative expectations, considerable difficulty considering more realistic beliefs

Item 10 (D3): Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

In the past week, have you blamed yourself for (EVENT) or what happened as a result of it? Tell me more about that. (In what sense do you see yourself as having caused (EVENT)? Is it because of something you did? Or something you think you should have done but didn’t? Is it because of something about you in general?)

What about blaming someone else for (EVENT) or what happened as a result of it? Tell me more about that. (In what sense do you see (OTHERS) as having caused (EVENT)? Is it because of something they did? Or something you think they should have done but didn’t?)

How much do you blame (YOURSELF OR OTHERS)?

How convinced are you that (YOU OR OTHERS) are truly to blame for what happened? (Do other people agree with you? Can you see other ways of thinking about it?)

(Rate 0=Absent if only blames perpetrator, i.e., someone who deliberately caused the event and intended harm)

Circle: Conviction = Minimal Clearly Present Pronounced Extreme

How much of the time in the past week have you felt that way, as a percentage? % of time _____

0 Absent

1 Mild / subthreshold

2 Moderate / threshold

3 Severe / markedly elevated

4 Extreme / incapacitating

Key rating dimensions = frequency / intensity of blame

Moderate = some of the time (20-30%) / distorted blame clearly present, some difficulty considering more realistic beliefs

Severe = much of the time (50-60%) / pronounced distorted blame, considerable difficulty considering more realistic beliefs

Item 11 (D4): Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

In the past week, have you had any strong negative feelings such as fear, horror, anger, guilt, or shame?

Can you give me some examples? (What negative feelings do you experience?)

How strong are these negative feelings?

How well are you able to manage them?

[If not clear:] **(Overall, how much of a problem is this for you? How so?)**

Circle: Negative emotions = *Minimal* *Clearly Present* *Pronounced* *Extreme*

How much of the time in the past week have you felt that way, as a percentage? % of time _____

Did these negative feelings start or get worse after (EVENT)? (Do you think they're related to (EVENT)? How so?)

Circle: Trauma-relatedness = *Definite* *Probable* *Unlikely*

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of negative emotions

Moderate = some of the time (20-30%) / negative emotions clearly present, some difficulty managing

Severe = much of the time (50-60%) / pronounced negative emotions, considerable difficulty managing

Item 12 (D5): Markedly diminished interest or participation in significant activities.

In the past week, have you been less interested in activities that you used to enjoy?

What kinds of things have you lost interest in or don't do as much as you used to? (Anything else?)

Why is that? (Rate 0=Absent if diminished participation is due to lack of opportunity, physical inability, or developmentally appropriate change in preferred activities)

How strong is your loss of interest? (Would you still enjoy (ACTIVITIES) once you got started?)

Circle: Loss of interest = *Minimal* *Clearly Present* *Pronounced* *Extreme*

Overall, in the past week, how many of your usual activities have you been less interested in, as a percentage? % of activities _____

What kinds of things do you still enjoy doing?

Did this loss of interest start or get worse after (EVENT)? (Do you think it's related to (EVENT)? How so?)

Circle: Trauma-relatedness = *Definite* *Probable* *Unlikely*

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = percent of activities affected / intensity of loss of interest

Moderate = some activities (20-30%) / loss of interest clearly present but still has some enjoyment of activities

Severe = many activities (50-60%) / pronounced loss of interest, little interest or participation in activities

Item 13 (D6): Feelings of detachment or estrangement from others.

In the past week, have you felt distant or cut off from other people?

Tell me more about that.

How strong are your feelings of being distant or cut off from others? (*Who do you feel closest to? How many people do you feel comfortable talking with about personal things?*)

Circle: Detachment or estrangement =
Minimal Clearly Present Pronounced Extreme

How much of the time in the past week have you felt that way, as a percentage? % of time _____

Did this feeling of being distant or cut off start or get worse after (EVENT)? (*Do you think it's related to (EVENT)? How so?*)

Circle: Trauma-relatedness = *Definite Probable Unlikely*

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of detachment or estrangement

Moderate = some of the time (20-30%) / feelings of detachment clearly present but still feels some interpersonal connection

Severe = much of the time (50-60%) / pronounced feelings of detachment or estrangement from most people, may feel close to only one or two people

Item 14 (D7): Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

In the past week, have there been times when you had difficulty experiencing positive feelings like love or happiness?

Tell me more about that. (*What feelings are difficult to experience?*)

How much difficulty do you have experiencing positive feelings? (*Are you still able to experience any positive feelings?*)

Circle: Reduction of positive emotions =
Minimal Clearly Present Pronounced Extreme

How much of the time in the past week have you felt that way, as a percentage? % of time _____

Did this trouble experiencing positive feelings start or get worse after (EVENT)? (*Do you think it's related to (EVENT)? How so?*)

Circle: Trauma-relatedness = *Definite Probable Unlikely*

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of reduction in positive emotions

Moderate = some of the time (20-30%) / reduction of positive emotional experience clearly present but still able to experience some positive emotions

Severe = much of the time (50-60%) / pronounced reduction of experience across range of positive emotions

Criterion E:

Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

Item 15 (E1): Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

In the past week, have there been times when you felt especially irritable or angry and showed it in your behavior?

Can you give me some examples? (How do you show it? Do you raise your voice or yell? Throw or hit things? Push or hit other people?)

Circle: Aggression = Minimal Clearly Present Pronounced Extreme

How often in the past week? # of times _____

Did this behavior start or get worse after (EVENT)? (Do you think it's related to (EVENT)? How so?) Circle: Trauma-relatedness = Definite Probable Unlikely

0 Absent

1 Mild / subthreshold

2 Moderate / threshold

3 Severe / markedly elevated

4 Extreme / incapacitating

Key rating dimensions = frequency / intensity of aggressive behavior

Moderate = at least 1 X week / aggression clearly present, primarily verbal

Severe = at least 2 X week / pronounced aggression, at least some physical aggression

Item 16 (E2): Reckless or self-destructive behavior.

In the past week, have there been times when you were taking more risks or doing things that might have caused you harm?

Can you give me some examples?

How much of a risk do you take? (How dangerous are these behaviors? Were you injured or harmed in some way?)

Circle: Risk = Minimal Clearly Present Pronounced Extreme

How often have you taken these kinds of risks in the past week?

of times _____

Did this behavior start or get worse after (EVENT)? (Do you think it's related to (EVENT)? How so?) Circle: Trauma-relatedness = Definite Probable Unlikely

0 Absent

1 Mild / subthreshold

2 Moderate / threshold

3 Severe / markedly elevated

4 Extreme / incapacitating

Key rating dimensions = frequency / degree of risk

Moderate = at least 1 X week / risk clearly present, may have been harmed

Severe = at least 2 X week / pronounced risk, actual harm or high probability of harm

Item 17 (E3): Hypervigilance.

In the past week, have you been especially alert or watchful, even when there was no specific threat or danger? (*Have you felt as if you had to be on guard?*)

Can you give me some examples? (*What kinds of things do you do when you're alert or watchful?*)

[If not clear:] **(What causes you to react this way? Do you feel like you're in danger or threatened in some way? Do you feel that way more than most people would in the same situation?)**

Circle: Hypervigilance = *Minimal* *Clearly Present* *Pronounced* *Extreme*

How much of the time in the past week have you felt that way, as a percentage? % of time _____

Did being especially alert or watchful start or get worse after (EVENT)? (*Do you think it's related to (EVENT)? How so?*)

Circle: Trauma-relatedness = *Definite* *Probable* *Unlikely*

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of hypervigilance

Moderate = some of the time (20-30%) / hypervigilance clearly present, e.g., watchful in public, heightened awareness of threat

Severe = much of the time (50-60%) / pronounced hypervigilance, e.g., scans environment for danger, may have safety rituals, exaggerated concern for safety of self/family/home

Item 18 (E4): Exaggerated startle response.

In the past week, have you had any strong startle reactions?

What kinds of things made you startle?

How strong are these startle reactions? (*How strong are they compared to how most people would respond? Do you do anything other people would notice?*)

How long does it take you to recover?

Circle: Startle = *Minimal* *Clearly Present* *Pronounced* *Extreme*

How often has this happened in the past week? # of times _____

Did these startle reactions start or get worse after (EVENT)? (*Do you think it's related to (EVENT)? How so?*)

Circle: Trauma-relatedness = *Definite* *Probable* *Unlikely*

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of startle

Moderate = at least 1 X week / startle clearly present, some difficulty recovering

Severe = at least 2 X week / pronounced startle, sustained arousal, considerable difficulty recovering

Item 19 (E5): Problems with concentration.

In the past week, have you had any problems with concentration?

Can you give me some examples?

Are you able to concentrate if you really try?

[If not clear:] **(Overall, how much of a problem is this for you? How would things be different if you didn't have problems with concentration?)**

Circle: Problem concentrating = *Minimal Clearly Present Pronounced Extreme*

How much of the time in the past week have you had problems with concentration, as a percentage? % of time _____

Did these problems with concentration start or get worse after (EVENT)?
(Do you think they're related to (EVENT)? How so?)

Circle: Trauma-relatedness = *Definite Probable Unlikely*

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of concentration problems

Moderate = some of the time (20-30%) / problem concentrating clearly present, some difficulty but can concentrate with effort

Severe = much of the time (50-60%) / pronounced problem concentrating, considerable difficulty even with effort

Item 20 (E6): Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

In the past week, have you had any problems falling or staying asleep?

What kinds of problems? (How long does it take you to fall asleep? How often do you wake up in the night? Do you wake up earlier than you want to?)

How many total hours do you sleep each night?

How many hours do you think you should be sleeping?

Circle: Problem sleeping = *Minimal Clearly Present Pronounced Extreme*

How often in the past week have you had these sleep problems?
of times _____

Did these sleep problems start or get worse after (EVENT)? (Do you think they're related to (EVENT)? How so?)

Circle: Trauma-relatedness = *Definite Probable Unlikely*

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of sleep problems

Moderate = at least 1 X week / sleep disturbance clearly present, clearly longer latency or clear difficulty staying asleep, 30-90 minutes loss of sleep

Severe = at least 2 X week / pronounced sleep disturbance, considerably longer latency or marked difficulty staying asleep, 90 min to 3 hrs loss of sleep

Criterion F: -

Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

NOTE: Items 21 and 22 are not applicable for the PAST WEEK version. They are listed here without prompts only to maintain correspondence with item numbering on the PAST MONTH version. Onset and duration of symptoms should be assessed with

Item 21: Onset of symptoms.

Item 22: Duration of symptoms.

Criterion G:

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Item 23: Subjective distress.

Overall, in the past week, how much have you been bothered by these (PTSD SYMPTOMS) you've told me about? [Consider distress reported on earlier items]

- 0 *None*
- 1 *Mild, minimal distress*
- 2 *Moderate, distress clearly present but still manageable*
- 3 *Severe, considerable distress*
- 4 *Extreme, incapacitating distress*

Item 24: Impairment in social functioning.

In the past week, have these (PTSD SYMPTOMS) affected your relationships with other people? How so? [Consider impairment in social functioning reported on earlier items]

- 0 *No adverse impact*
- 1 *Mild impact, minimal impairment in social functioning*
- 2 *Moderate impact, definite impairment but many aspects of social functioning still intact*
- 3 *Severe impact, marked impairment, few aspects of social functioning still intact*
- 4 *Extreme impact, little or no social functioning*

Item 25: Impairment in occupational or other important area of functioning.

[If not clear:] **Are you working now?**

[If yes:] **In the past week, have these (PTSD SYMPTOMS) affected your work or your ability to work? How so?**

[If no:] **Why is that?** (Do you feel that your (PTSD SYMPTOMS) are related to you not working now? How so?)

[If unable to work because of PTSD symptoms, rate at least 3=Severe. If unemployment is not due to PTSD symptoms, or if the link is not clear, base rating only on impairment in other important areas of functioning]

Have these (PTSD SYMPTOMS) affected any other important part of your life? [As appropriate, suggest examples such as parenting, housework, schoolwork, volunteer work, etc.] **How so?**

- 0 *No adverse impact*
- 1 *Mild impact, minimal impairment in occupational/other important functioning*
- 2 *Moderate impact, definite impairment but many aspects of occupational/other important functioning still intact*
- 3 *Severe impact, marked impairment, few aspects of occupational/other important functioning still intact*
- 4 *Extreme impact, little or no occupational/other important functioning*

Global Ratings

Item 26: Global validity.

Estimate the overall validity of responses. Consider factors such as compliance with the interview, mental status (e.g., problems with concentration, comprehension of items, dissociation), and evidence of efforts to exaggerate or minimize symptoms.

- 0 *Excellent, no reason to suspect invalid responses*
- 1 *Good, factors present that may adversely affect validity*
- 2 *Fair, factors present that definitely reduce validity*
- 3 *Poor, substantially reduced validity*
- 4 *Invalid responses, severely impaired mental status or possible deliberate "faking bad" or "faking good"*

Item 27: Global severity.

Estimate the overall severity of PTSD symptoms. Consider degree of subjective distress, degree of functional impairment, observations of behaviors in interview, and judgment regarding reporting style.

- 0 *No clinically significant symptoms, no distress and no functional impairment*
- 1 *Mild, minimal distress or functional impairment*
- 2 *Moderate, definite distress or functional impairment but functions satisfactorily with effort*
- 3 *Severe, considerable distress or functional impairment, limited functioning even with effort*
- 4 *Extreme, marked distress or marked impairment in two or more major areas of functioning*

Item 28: Global improvement.

Rate total overall improvement since the previous rating. Rate the degree of change, whether or not, in your judgment, it is due to treatment.

- 0 *Asymptomatic*
- 1 *Considerable improvement*
- 2 *Moderate improvement*
- 3 *Slight improvement*
- 4 *No improvement*
- 5 *Insufficient information*

Specify whether with dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

Item 29 (1): Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

In the past week, have there been times when you felt as if you were separated from yourself, like you were watching yourself from the outside or observing your thoughts and feelings as if you were another person?

[If no:] **(What about feeling as if you were in a dream, even though you were awake? Feeling as if something about you wasn't real? Feeling as if time was moving more slowly?)**

Tell me more about that.

How strong is this feeling? (Do you lose track of where you actually are or what's actually going on?)

What do you do while this is happening? (Do other people notice your behavior? What do they say?)

How long does it last?

Circle: Dissociation = *Minimal* *Clearly Present* *Pronounced* *Extreme*

[If not clear:] **(Was this due to the effects of alcohol or drugs? What about a medical condition like seizures?)** [Rate 0=Absent if due to the effects of a substance or another medical condition]

How often has this happened in the past week? # of times _____

Did this feeling start or get worse after (EVENT)? (Do you think it's related to (EVENT)? How so?)

Circle: Trauma-relatedness = *Definite* *Probable* *Unlikely*

- 0 *Absent*
- 1 *Mild / subthreshold*
- 2 *Moderate / threshold*
- 3 *Severe / markedly elevated*
- 4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of dissociation

Moderate = at least 1 X week / dissociative quality clearly present but transient, retains some realistic sense of self and awareness of environment

Severe = at least 2 X week / pronounced dissociative quality, marked sense of detachment and unreality

Item 30 (2): Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

In the past week, have there been times when things going on around you seemed unreal or very strange and unfamiliar?

[If no:] **(Do things going on around you seem like a dream or like a scene from a movie? Do they seem distant or distorted?)**

Tell me more about that.

How strong is this feeling? (Do you lose track of where you actually are or what's actually going on?)

What do you do while this is happening? (Do other people notice your behavior? What do they say?)

How long does it last?

Circle: Dissociation = *Minimal* *Clearly Present* *Pronounced* *Extreme*

[If not clear:] **(Was this due to the effects of alcohol or drugs? What about a medical condition like seizures?)** [Rate 0=Absent if due to the effects of a substance or another medical condition]

How often has this happened in the past week? # of times _____

Did this feeling start or get worse after (EVENT)? (Do you think it's related to (EVENT)? How so?)

Circle: Trauma-relatedness = *Definite* *Probable* *Unlikely*

0 *Absent*

1 *Mild / subthreshold*

2 *Moderate / threshold*

3 *Severe / markedly elevated*

4 *Extreme / incapacitating*

Key rating dimensions = frequency / intensity of dissociation

Moderate = at least 1 X week / dissociative quality clearly present but transient, retains some realistic sense of environment

Severe = at least 2 X week / pronounced dissociative quality, marked sense of unreality

CAPS-5 SUMMARY SHEET

Name: _____ ID#: _____ Interviewer: _____ Study: _____ Date: _____

A. Exposure to actual or threatened death, serious injury, or sexual violence	
Criterion A met?	0 = NO 1 = YES

B. Intrusion symptoms (need 1 for diagnosis)	Past Week	
Symptom	<i>Sev</i>	<i>Sx (Sev ≥ 2)?</i>
(1) B1 – Intrusive memories		0 = NO 1 = YES
(2) B2 – Distressing dreams		0 = NO 1 = YES
(3) B3 – Dissociative reactions		0 = NO 1 = YES
(4) B4 – Cued psychological distress		0 = NO 1 = YES
(5) B5 – Cued physiological reactions		0 = NO 1 = YES
B subtotals	<i>B Sev =</i>	<i>#B Sx =</i>

C. Avoidance symptoms (need 1 for diagnosis)	Past Week	
Symptom	<i>Sev</i>	<i>Sx (Sev ≥ 2)?</i>
(6) C1 – Avoidance of memories, thoughts, feelings		0 = NO 1 = YES
(7) C2 – Avoidance of external reminders		0 = NO 1 = YES
C subtotals	<i>C Sev =</i>	<i>#C Sx =</i>

D. Cognitions and mood symptoms (need 2 for diagnosis)	Past Week	
Symptom	<i>Sev</i>	<i>Sx (Sev ≥ 2)?</i>
(8) D1 – Inability to recall important aspect of event		0 = NO 1 = YES
(9) D2 – Exaggerated negative beliefs or expectations		0 = NO 1 = YES
(10) D3 – Distorted cognitions leading to blame		0 = NO 1 = YES
(11) D4 – Persistent negative emotional state		0 = NO 1 = YES
(12) D5 – Diminished interest or participation in activities		0 = NO 1 = YES
(13) D6 – Detachment or estrangement from others		0 = NO 1 = YES
(14) D7 – Persistent inability to experience positive emotions		0 = NO 1 = YES
D subtotals	<i>D Sev =</i>	<i>#D Sx =</i>

E. Arousal and reactivity symptoms (need 2 for diagnosis)	Past Week	
Symptom	<i>Sev</i>	<i>Sx (Sev ≥ 2)?</i>
(15) E1 – Irritable behavior and angry outbursts		0 = NO 1 = YES
(16) E2 – Reckless or self-destructive behavior		0 = NO 1 = YES
(17) E3 – Hypervigilance		0 = NO 1 = YES
(18) E4 – Exaggerated startle response		0 = NO 1 = YES
(19) E5 – Problems with concentration		0 = NO 1 = YES
(20) E6 – Sleep disturbance		0 = NO 1 = YES
E subtotals	<i>E Sev =</i>	<i>#E Sx =</i>

PTSD totals	Past Week	
Totals	<i>Total Sev</i>	<i>Total # Sx</i>
Sum of subtotals (B+C+D+E)		

F. Duration of disturbance	Current
(22)	NOT APPLICABLE

G. Distress or impairment (need 1 for diagnosis)	Past Week	
Criterion	<i>Sev</i>	<i>Cx (Sev ≥ 2)?</i>
(23) Subjective distress		0 = NO 1 = YES
(24) Impairment in social functioning		0 = NO 1 = YES
(25) Impairment in occupational functioning		0 = NO 1 = YES
G subtotals	<i>G Sev =</i>	<i>#G Cx =</i>

Global ratings	Past Week
(26) Global validity	
(27) Global severity	
(28) Global improvement	

Dissociative symptoms (need 1 for subtype)	Past Week	
Symptom	<i>Sev</i>	<i>Sx (Sev ≥ 2)?</i>
(29) 1 – Depersonalization		0 = NO 1 = YES
(30) 2 – Derealization		0 = NO 1 = YES
Dissociative subtotals	<i>Diss Sev =</i>	<i>#Diss Sx =</i>