

UCLA PTSD Reaction Index Administration and Scoring

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Overview

- DSM-IV Diagnostic Criteria for PTSD
- UCLA PTSD Reaction Index for DSM-IV
 - Trauma History Screening
 - Criterion A2 Items
 - Symptom Frequency Rating Sheet
 - Symptom Scale
 - Scoring Worksheet
- Psychometrics
- Frequently Asked Questions

DSM-IV Diagnostic Criteria for PTSD

DSM-IV Diagnostic Criteria for PTSD

- Exposure to a traumatic event in which the person:
 - A1) Experienced, witnessed, or was confronted by death or serious injury to self or others, AND
 - A2) Responded with intense fear, helplessness, or horror
**In children, may be expressed as disorganized/agitated behavior*
- Symptom Clusters
 - B) Re-experiencing
 - C) Avoidance/Numbing
 - D) Hyperarousal
 - Symptoms present for 1 month or more and cause clinically significant distress/impairment in functioning

DSM-IV Diagnostic Criteria for PTSD

Cluster B: Re-experiencing

- Persistent re-experiencing of ≥ 1 of the following:
 - Recurrent distressing recollections of event
**Repetitive play with trauma themes*
 - Recurrent distressing dreams of event
**Frightening dreams without recognizable content*
 - Acting or feeling event was recurring (e.g., flashback)
**Trauma-specific reenactment*
 - Psychological distress at cues resembling event
 - Physiological reactivity to cues resembling event

** Specifiers for young children*

DSM-IV Diagnostic Criteria for PTSD

Cluster C: Avoidance/Numbing

- Avoidance of stimuli and numbing of general responsiveness indicated by ≥ 3 of the following:
 - Avoid thoughts, feelings, or conversations*
 - Avoid activities, places, or people*
 - Inability to recall part of trauma
 - ↓ interest in activities
 - Estrangement from others
 - Restricted range of affect
 - Sense of foreshortened future

**Related to the trauma*

DSM-IV Diagnostic Criteria for PTSD

Cluster D: Hyperarousal

- Persistent symptoms of increased arousal, indicated by ≥ 2 of the following:
 - Difficulty sleeping
 - Irritability or outbursts of anger
 - Difficulty concentrating
 - Hypervigilance
 - Exaggerated startle response

UCLA PTSD Reaction Index for DSM-IV

UCLA PTSD Reaction Index for DSM-IV

- Brief self-report instrument to screen for trauma exposure and DSM-IV PTSD symptoms
- Appropriate for children and adolescents age 7-17 who have experienced any type of trauma
 - Caregiver-report version
- Provides preliminary DSM-IV diagnostic information and PTSD symptom frequency score

Trauma History Profile

Trauma History Profile: Part I

- Clinician-administered trauma exposure screener
- Prompts clinician to assess age and features of exposure
- Utilizes all available sources of information (e.g., self-report trauma screener, DCFS reports, caregiver interview)
- Completed at intake, updated over course of treatment

Chronic/Repeated Trauma

Trauma Type	Trauma Features		Primary	AGE(S) EXPERIENCED																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Neglect/Maltreatment	<input type="checkbox"/> Physical <input type="checkbox"/> Emotional	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Abuse	<input type="checkbox"/> Penetration <input type="checkbox"/> Non- Family <input type="checkbox"/> Intra-familial <input type="checkbox"/> CPS Report	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Abuse	<input type="checkbox"/> Serious Injury <input type="checkbox"/> Weapon Used <input type="checkbox"/> CPS Report	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/> Caregiver Substance Abuse	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/> Weapon Used <input type="checkbox"/> Reported <input type="checkbox"/> Serious Injury <input type="checkbox"/> Report Filed	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Violence	<input type="checkbox"/> Gang-Related <input type="checkbox"/> High Crime <input type="checkbox"/> Drug Traffic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
War/Political Violence	<input type="checkbox"/> _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life-Threatening Medical Illness	<input type="checkbox"/> _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Circumscribed Trauma

<u>Trauma Type</u>	<u>Trauma Features</u>			AGE(S) EXPERIENCED																
			Primary	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Serious Accident	<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Hospitalized <input type="checkbox"/> Dog Bite <input type="checkbox"/> _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Violence	<input type="checkbox"/> Shooting <input type="checkbox"/> Bullying <input type="checkbox"/> Suicide <input type="checkbox"/> Assault	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disaster	<input type="checkbox"/> Earthquake <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane <input type="checkbox"/> Tornado <input type="checkbox"/> _____	<input type="checkbox"/> Lost home <input type="checkbox"/> Injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism	<input type="checkbox"/> Conventional <input type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Radiological		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidnapping		<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault/Rape	<input type="checkbox"/> Weapon Used <input type="checkbox"/> Stranger <input type="checkbox"/> Date Rape <input type="checkbox"/> Prosecution	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Violence	<input type="checkbox"/> Robbery <input type="checkbox"/> Assault <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Suicide Attempt <input type="checkbox"/> Bullying/Discrimination	<input type="checkbox"/> Victim <input type="checkbox"/> Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Loss/Separations

<u>Trauma Type</u>	<u>Trauma Features</u>		Primary	AGE(S) EXPERIENCED																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Traumatic Bereavement	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Primary Caregiver <input type="checkbox"/> Other Relative	<input type="checkbox"/> Violence <input type="checkbox"/> Accident <input type="checkbox"/> Illness <input type="checkbox"/> Disaster <input type="checkbox"/> Terrorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Separation and Displacement	<input type="checkbox"/> Foster Care <input type="checkbox"/> Refugee <input type="checkbox"/> Parent in Prison <input type="checkbox"/> Parent Hospitalized		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trauma Type	Age In Years																		
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Sexual Maltreatment/Abuse																			
Sexual Assault/Rape																			
Physical Maltreatment/Abuse																			
Physical Assault																			
Emotional Abuse/Maltreatment																			
Neglect																			
Domestic Violence																			
War/Terrorism/Political Violence (U.S.)																			
War/Terrorism/Political Violence (Non-U.S.)																			
Illness/Medical																			
Serious Injury/Accident																			
Natural Disaster																			
Kidnapping																			
Trauma Loss or Bereavement																			
Forced Displacement																			
Impaired Caregiver																			
Extreme Violence																			

Trauma History Profile: Part II

- Self-report screener for trauma exposure history (Items 1-13)
- Administered verbally or completed independently by child/adolescent
- Assesses 12 types of trauma exposure using yes/no format
- For multiple types of trauma exposure, child should indicate which trauma type is currently the most bothersome
- Clinician should indicate when the trauma exposure occurred and write a brief description of the trauma

Peritraumatic Distress (Criterion A2)

- 10 items that assess subjective features of exposure during or immediately after the trauma (Items 14-23)
- Likert and dichotomous items
- Administered verbally or completed independently by child/adolescent
- Not included in PTSD-RI score; for preliminary diagnostic/clinical purposes only

Symptom Scale: Frequency Rating Sheet

- Introduce the Frequency Rating Sheet to client before completing symptom scale
- Check for understanding by asking sample questions
- Use objective time anchors to define past month
- Separate Frequency Rating Sheet from packet for client to use as a visual reference

FREQUENCY RATING SHEET

HOW OFTEN OR HOW MUCH OF THE TIME
DURING THE PAST MONTH, THAT IS SINCE _____,
DOES THE PROBLEM HAPPEN?

0

1

2

3

4

NONE

LITTLE

SOME

MUCH

MOST

S	M	T	W	H	F	S

S	M	T	W	H	F	S
	X					
					X	

S	M	T	W	H	F	S
		X			X	
		X				
			X			
		X		X		

S	M	T	W	H	F	S
	X		X		X	
X		X		X		
	X		X		X	
X	X	X				

S	M	T	W	H	F	S
X	X	X	X	X	X	X
	X	X	X	X		
	X	X		X	X	
X	X	X	X	X	X	X

NEVER

**TWO TIMES
A MONTH**

**1-2 TIMES
A WEEK**

**2-3 TIMES
EACH WEEK**

**ALMOST
EVERY DAY**

Introducing the PTSD-RI Frequency Rating

“Now I am going to ask you about some reactions people sometimes have after very bad things happen to them like [*the trauma*]. I’m going to read you some statements, and then use the Rating Sheet to answer HOW OFTEN you have had the reaction in the past MONTH, that is since _____.

Here are your choices to answer the next question. [*Hand Frequency Rating Sheet to client and point to the calendar as you explain the rating choices*]

“0” means that in the past month, you have not had the reaction at all. “1” means that you have had the reaction A LITTLE of the time, about once every other week. See the 2 X’s on the calendar? “2” means that have had the reaction SOME of the time, like 1-2 times each week. “3” means that you have had the reaction MUCH of the time, about 2-3 times each week. “4” means that you have had the reaction MOST of the time, almost every day.

Let’s do some practice questions to make sure you get how to use the calendar. If I read the statement, “I have had a headache.” Point to the number on the calendar that tells how often in the past month, since _____, you have had a headache. What about the statement, “I have had green hair.” Point to the number on the calendar that tells how often since the last visit you have had green hair.”

Symptom Scale

- 22 items to assess PTSD symptoms and associated features (i.e., self-blame)
- Administered verbally or completed independently by child/adolescent
- For some questions, the child should think about the most bothersome trauma type (identified in self-report) when completing items
- Child rates frequency of symptom in past month

UCLA PTSD Reaction Index for DSM IV©

HOW MUCH OF THE TIME DURING THE PAST MONTH...		None	Little	Some	Much	Most
1 _{D4}	I watch out for danger or things that I am afraid of.	0	1	2	3	4
2 _{B4}	When something reminds me of what happened I get very upset, afraid or sad.	0	1	2	3	4
3 _{B1}	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I do not want them to.	0	1	2	3	4
4 _{D2}	I feel grouchy, angry or mad.	0	1	2	3	4
5 _{B2}	I have dreams about what happened or other bad dreams.	0	1	2	3	4
6 _{B3}	I feel like I am back at the time when the bad thing happened, living through it again.	0	1	2	3	4
7 _{C4}	I feel like staying by myself and not being with my friends.	0	1	2	3	4
8 _{C5}	I feel alone inside and not close to other people.	0	1	2	3	4
9 _{C1}	I try not to talk about, think about, or have feelings about what happened.	0	1	2	3	4
10 _{C6}	I have trouble feeling happiness or love.	0	1	2	3	4
11 _{C6}	I have trouble feeling sadness or anger.	0	1	2	3	4
12 _{D5}	I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	0	1	2	3	4
13 _{D1}	I have trouble going to sleep or I wake up often during the night.	0	1	2	3	4
14 _{AF}	I think that some part of what happened is my fault.	0	1	2	3	4
15 _{C3}	I have trouble remembering important parts of what happened.	0	1	2	3	4
16 _{D3}	I have trouble concentrating or paying attention.	0	1	2	3	4
17 _{C2}	I try to stay away from people, places, or things that make me remember what happened.	0	1	2	3	4
18 _{B5}	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
19 _{C7}	I think that I will not live a long life.	0	1	2	3	4
20 _{D2}	I have arguments or physical fights.	0	1	2	3	4
21 _{C7}	I feel worried or negative about my future.	0	1	2	3	4
22 _{AF}	I am afraid that the bad thing will happen again.	0	1	2	3	4

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Scoring Instructions

Scoring Instructions

- Use PTSD-RI Scoring Sheet to tabulate total score
- Count highest score only for alternatively worded items (Items 4 or 20; 10 or 11; 19 or 21)
- Omit associated feature items from total score (Items 14 and 22)
- Total score ≥ 38 indicates likely PTSD
- Scoring Sheet can also provide preliminary diagnostic information, using item scores of 3 or 4 as a cutoff for symptom presence

PTSD EVALUATION: UCLA PTSD INDEX FOR DSM-IV

Question # /Score

Question # /Score

1. _____

12. _____

2. _____

13. _____

3. _____

[Omit 14].

+4. *or*

15. _____

20. _____

16. _____

5. _____

17. _____

6. _____

18. _____

7. _____

=19. *or*

8. _____

21. _____

9. _____

[Omit 22].

* 10. *or*

Sum total

PTSD SEVERITY

11. _____

of scores) = _____

SCORE

+ Place the highest score from either Question 4 or 20 in the blank above:

Score Question 4. _____ / Score Question 20. _____

* Place the highest score from either Question 10 or 11 in the blank above:

Score Question 10. _____ / Score Question 11. _____

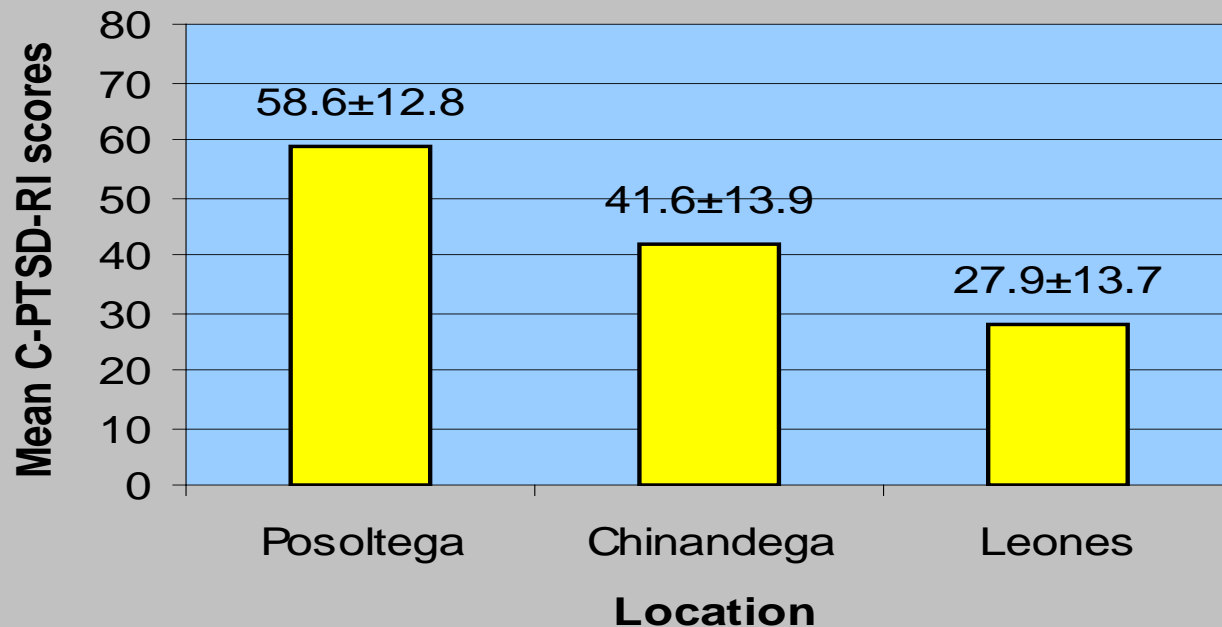
= Place the highest score from either Question 19 or 21 in the blank above:

Score Question 19. _____ / Score Question 21. _____

Psychometrics

Dose of Trauma Exposure

Discriminant Groups Validity - Hurricane Mitch Nicaragua



Psychometrics of PTSD-RI for DSM-IV

- PTSD-RI for DSM-IV correlates 0.70 with the PTSD Module of the Schedule for Affective Disorders and Schizophrenia for School-Age Children; 0.82 with the Child and Adolescent Version of the Clinician-Administered PTSD Scale.
- A cut-off of 38 has a sensitivity of 0.93 and specificity of 0.87 in detecting PTSD (Rodriguez et al. 2001)
- Test-retest reliability has ranged from good to excellent; Roussos et al. (2005) report a test-retest reliability coefficient of 0.84 for the DSM-IV version

Internal Consistency of PTSD-RI (Cronbach's α) by Sex, Age, and Race/Ethnicity in the NCTSN CDS

Group	Total	B	C	D
Full Sample ($n = 6,291$)	.90	.82	.79	.67
Boys ($n = 2,794$)	.89	.79	.77	.65
7-9 ($n = 786$)	.86	.72	.73	.61
10-12 ($n = 929$)	.89	.80	.77	.68
13-15 ($n = 703$)	.90	.83	.80	.66
16-18 ($n = 376$)	.88	.83	.79	.62
Girls ($n = 3,497$)	.90	.84	.80	.68
7-9 ($n = 688$)	.89	.77	.78	.66
10-12 ($n = 868$)	.91	.84	.80	.71
13-15 ($n = 1,177$)	.90	.85	.80	.69
16-18 ($n = 764$)	.90	.86	.80	.67
African American ($n = 1,452$)	.89	.81	.78	.67
American Indian/Alaska Native ($n = 75$)	.88	.80	.73	.60
Hispanic/Latino ($n = 2,288$)	.90	.82	.80	.67
White ($n = 2,012$)	.90	.84	.79	.67

Frequently Asked Questions

Frequently Asked Questions

- Multiple trauma exposures
- Method of administration (group, interview, paper-and-pencil)
- PTSD-RI score and PTSD diagnosis
- Partial PTSD
- Translations

New psychometric data

Steinberg AM, Brymer MJ, Kim S, Ghosh C, Ostrowski SA, Gulley K, , Briggs, EC, Pynoos RS: (2013) Psychometric properties of the UCLA PTSD Reaction Index: Part 1. *Journal of Traumatic Stress*

Elhai JD, Layne CM, Steinberg AS, Brymer, MJ, Briggs EC, Ostrowski SA, Pynoos RS: (2013) Psychometric Properties of the UCLA PTSD Reaction Index. Part 2: Investigating Factor Structure Findings in a National Clinic-Referred Youth Sample. *Journal of Traumatic Stress*

Obtaining the UCLA PTSD-RI

For information about obtaining the PTSD Reaction Index for DSM-IV, please contact Preston Finley at hfinley@mednet.ucla.edu