

Clinician-Administered PTSD Scale (CAPS) - Patient Assessment

Patient Name: _____ Date: _____

Clinician Name: _____

Introduction: *"Today, we will discuss your experiences, thoughts, and feelings related to traumatic events. This will help us understand any symptoms you may be experiencing."*

Trauma Assessment:

Description of Traumatic Event(s):

CAPS Symptom Clusters & Items:

Cluster B: Intrusion Symptoms

Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).

Frequency: _____

Intensity: _____

Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event(s).

Frequency: _____

Intensity: _____

Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.

Frequency: _____

Intensity: _____

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

Frequency: _____

Intensity: _____

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

Frequency: _____

Intensity: _____

Cluster C: Avoidance

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

Frequency: _____

Intensity: _____

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

Frequency: _____

Intensity: _____

Cluster D: Negative Alterations in Cognitions and Mood

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

Frequency: _____

Intensity: _____

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").

Frequency: _____

Intensity: _____

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

Frequency: _____

Intensity: _____

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

Frequency: _____

Intensity: _____

Marked diminished interest or participation in significant activities.

Frequency: _____

Intensity: _____

Feelings of detachment or estrangement from others.

Frequency: _____

Intensity: _____

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

Frequency: _____

Intensity: _____

Cluster E: Alterations in Arousal and Reactivity

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

Frequency: _____

Intensity: _____

Reckless or self-destructive behavior.

Frequency: _____

Intensity: _____

Hypervigilance.

Frequency: _____

Intensity: _____

Exaggerated startle response.

Frequency: _____

Intensity: _____

Problems with concentration.

Frequency: _____

Intensity: _____

Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

Frequency: _____

Intensity: _____

CAPS Total Score: _____

Diagnosis: Based on the CAPS score and clinical judgment, does the patient meet the criteria for PTSD?

Yes

No

Treatment Plan: