

Purpose

- The UCLA PTSD-RI-5 is a brief questionnaire that assesses lifetime history of exposure to trauma and its impact.
- The Reaction Index contains **27 items** that assess the frequency of trauma-related symptoms.
- Four additional items assess dissociative symptoms.
- It is one of the most widely used instruments for assessing symptoms related to trauma in children and adolescents.
- It parallels DSM-5 diagnostic criteria for PTSD.

Administration

The UCLA PTSD-RI-5:

- Completed by a Child/Adolescent **from 7 to 18** years.
- May be read aloud to a child/adolescent if need be
- Should be administered by a trained professional with a **minimum** of a bachelor's degree in psychology or related field, who is supervised by a trained Master's level clinician or higher.
- Must be interpreted by a trained clinician who possesses a Master's degree or higher.

Scoring

- The scoring template provides instructions for calculating the Total PTSD score along with cluster scores and PTSD diagnostic criteria considered "present".



PTSD-RI-5 Quick Guide – Child/Adolescent

UCLA Posttraumatic Stress Disorder-Reaction Index for Children/Adolescents – DSM 5 Version ©

Completed by children/adolescents aged 7 to 18 years, within the "21-day window" associated with the First and Last EBP Treatment Sessions, and every six months for treatment lasting six months or longer, for the following EBPs with treatment cycles that start **before 7/1/2026**:

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Seeking Safety (SS)
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
- Managing and Adapting Practice (MAP-Traumatic Stress)
- Alternatives for Families - Cognitive Behavioral Therapy (AF-CBT)
- Individual Cognitive Behavioral Therapy for Trauma (Ind. CBT)

Sections of the PTSD-RI-5

Trauma/Loss History Screening Questions

- Assesses lifetime history of trauma by surveying 23 specific types
- Captures information from all available sources (e.g. self-report, report of parents, teachers, social worker, DCFS, etc.)

Trauma/Loss Details

- Asks for additional information for any of the 23 specific trauma types endorsed in Part I
- Can also be used to capture information from other sources (e.g., self-report trauma screener, DCFS reports, caregiver interview, etc.)
- Client is asked to identify which trauma (type) is currently the most upsetting
- The clinician is asked to provide a brief description of the trauma/loss that is most bothersome now

Reaction Index (Items 1-27 assess 4 categories of PTSD symptoms)

- **Intrusion Symptom Category:**
 - Recurrent or involuntary distressing dreams, memories, thoughts, repetitive play or dissociative reactions related to the traumatic event(s)
- **Persistent Avoidance Category:**
 - The avoidance or efforts to avoid reminders of the traumatic event(s)
- **Negative Alterations in Cognitions and Mood Category**
 - Persistent and exaggerated negative beliefs about oneself, the world, others, negative mood states, inability to experience positive emotions
- **Increased Arousal Category**
 - Marked increase in arousal or reactivity such as irritability, hypervigilance, exaggerated startle response, sleep or concentration problems

Client circles the number corresponding to how often he/she has experienced trauma-related symptoms **in the past month**:

0	None	Did not experience
1	Little	Approximately twice during the past month
2	Some	Approximately 1-2 times each week
3	Much	Approximately 2-3 times each week
4	Most	Almost daily

PTSD Severity Scores ≥ 35 are clinically significant.

Additional Information

- A score of 1 or more on items 4, 20, 26 and 27 suggests client may pose a risk to self or others
- The developers of the PTSD-RI have an electronic scoring program available that can calculate all Category and Total scores and can assist in treatment planning and in outcome evaluation

COUNTY OF LOS ANGELES
DEPARTMENT OF
MENTAL HEALTH

Quality, Outcomes and Training
Division

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Administration

The UCLA PTSD-RI-5:

- Completed by Parent/Caregivers for children **ages 7 to 18** years.
- May be read aloud to parents/caregivers if need be
- Should be administered by a trained professional with a **minimum** of a bachelor's degree in psychology or related field, who is supervised by a trained Master's level clinician or higher.
- Must be interpreted by a trained clinician who possesses a Master's degree or higher.

Scoring

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LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.



WELLNESS • RECOVERY • RESILIENCE

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PTSD-RI-5 Quick Guide – Parent/Caregiver

UCLA Posttraumatic Stress Disorder-Reaction Index for Parents/Caregivers – DSM 5 Version ©

Completed by Parents/Caregivers of clients aged 7 to 18 years, within the "21-day window" associated with the First and Last EBP Treatment Sessions, and every six months for treatment lasting six months or longer, for the following EBPs, with treatment cycles that start **before 7/1/2026**:

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Sections of the PTSD-RI-5

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NOTE: "Don't Know" responses are considered missed items

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