

Dear Colleague,

Thank you for your interest in the **Child Trauma Screening Questionnaire (CTSQ)**.

The screen used in this study was adapted from the 10-item Trauma Screening Questionnaire (TSQ).<sup>14</sup> This screen was chosen because Brewin (Brewin CR, Rose S, Andrews B, et al. Brief screening instrument for post-traumatic stress disorder. *Br J Psychiatry*. 2002;181; 158 –162) found that the screen was an excellent predictor of PTSD in adult survivors of a rail crash (sensitivity: 0.86; specificity: 0.93; PPV: 0.86; NPV: 0.93; overall efficiency: 0.90). The child version of the TSQ, the CTSQ was adapted for this study by rewording the questions to make them more comprehensible for children. The screen was given to a pilot sample to test for comprehension, and no problems were identified.

The CTSQ assesses for reexperiencing (5 items) and hyperarousal symptoms (5 items). The response format requires participants to respond with yes (scored 1) or no (scored 0) to whether they have experienced the symptoms since the event. Avoidance items were not incorporated in the CTSQ, because avoidance items (ie, amnesia and foreshortened future symptoms) are not easily comprehended by children in the acute post-trauma timeframe.

Reliability analysis for the CTSQ revealed the item-total correlations for each of the items ranged from .14 to .50, and the internal consistency was acceptable ( $\alpha = .69$ ).

Using ROC analyses an optimal cutting score of 5+ was derived as providing the best prediction of later PTSD.

#### Performance of the CTSQ in Predicting PTSD 1 and 6 Months After Trauma

CTSQ Result	Diagnostic Result			
	1 Month		6 Months	
	Negative	Positive	Negative	Positive
Negative, <i>N</i> (%)	91 (74.6)	2 (15.4)	85 (73.9)	2 (18.2)
Positive, <i>N</i> (%)	31 (25.4)	11 (84.6)	30 (26.1)	9 (81.8)
Value (95% confidence interval)				
Sensitivity	0.85 (0.65–1.04)		0.82 (0.59–1.05)	
Specificity	0.75 (0.67–0.82)		0.74 (0.66–0.82)	
PPV	0.26 (0.13–0.39)		0.23 (0.10–0.36)	
NPV	0.98 (0.95–1.01)		0.98 (0.95–1.01)	
Overall efficiency	0.76 (0.68–0.83)		0.75 (0.67–0.82)	

The instrument has also been used as a concurrent screening tool with children and has demonstrated excellent case-finding properties:

Charuvastr, A., Goldfarb, E., Petkova E. & Cloitre, M. (2010) Implementation of a Screen and Treat Program for Child Posttraumatic Stress Disorder in a School Setting After a School Suicide *Journal of Traumatic Stress*, Vol. 23, No. 4, pp. 500–503

If you wish to use the instrument for research it is highly desirable that you forward a copy of your

results to me, as this will allow me to build a database on the performance of the Child Trauma Screening instrument.

If you use the instrument in any publication, I ask that you cite it thus:

Kenardy, J., Spence, S., & Macleod, A. (2006). Screening for risk of Persistent Posttraumatic Morbidity in children following traumatic injury. *Pediatrics*. 118, 1002-1009.

While the instrument is freely available as it is also copyright, I ask that you let me know of your intended use.

If you have any questions please contact me:

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