



CENTER FOR CHILD
& FAMILY HEALTH

ARC Assessment Measures for CAREGIVER Age 7

(English)

CCFH Caregiver Questionnaire

This packet contains a survey that asks caregivers questions about themselves. All of these questions are voluntary – completing this survey is voluntary and any individual items may be skipped.

Why are we asking for this information?

Even though our services are focused on children, we take a family approach to treatment, which means we recognize the critical role of caregivers. We partner with caregivers in providing their child's treatment. We know that caregivers can be impacted by their own experiences, including experiences that were dangerous or violent. Parenting is challenging even in the best of circumstances and caregiver wellness can impact children. We want to make sure that caregivers get the support they need, too.

What will you do with the results of this survey?

This survey screens for health issues and helps us know more about how to best support the families we serve. The point of asking these questions is not to give caregivers a mental health diagnosis. If the survey indicates that a caregiver may benefit from services, we will discuss resources. Caregivers are free to make their own choices about any additional referrals or services that may be offered. This survey will not be saved as part of an electronic medical record.

We would not be required to report abuse or neglect based solely on your responses to these items. However, if you disclose a serious safety concern for your child, we may be required by law to make a report to Child Protective Services.

CCFH Caregiver Questionnaire



Section 1

Over the <u>last 2 weeks</u> how often have you been bothered by any of the following problems?	Not at all	Some days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

If you checked off any of the 9 items above, how difficult has it been for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Section 2

Over the <u>last 2 weeks</u> how often have you been bothered by any of the following problems?	Not at all	Some days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

If you checked off any of the 7 items above, how difficult has it been for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Section 3

When you were a child or teen, did you experience any of the following:			
1. Being hit, slapped, choked, burned, or beat up by a parent or caregiver	Yes	No	Unsure
2. Being made or pressured to have any type of sexual contact	Yes	No	Unsure
3. Being frequently shamed, embarrassed, ignored, or repeatedly told you were "no good" by a parent or caregiver	Yes	No	Unsure
4. Not being fed, not properly clothed, or left to take care of yourself when you were too young or ill	Yes	No	Unsure
5. Being separated from parents or caregivers for a long time (for example, entering foster care, being adopted, or being raised by a relative)	Yes	No	Unsure
6. Having someone in your immediate family die (for example, a caregiver or sibling)	Yes	No	Unsure
7. Seeing violence between family members (for example, hitting, kicking, slapping, punching)	Yes	No	Unsure
8. Having something scary or violent happened to you because of your identity (for example, your race/ethnicity, gender, or sexual orientation)	Yes	No	Unsure
9. Having a scary or violent experience while immigrating to a new country or living in a refugee camp	Yes	No	Unsure
10. Anything else that was scary, dangerous, or violent	Yes	No	Unsure

As an adult, did you experience any of the following:			
1. Being the witness or victim of violence or serious physical injury	Yes	No	Unsure
2. Made or pressured into having some type of unwanted sexual contact	Yes	No	Unsure
3. Being hit, threatened, insulted, or screamed at by a partner or adult in your home	Yes	No	Unsure
4. Having something scary or violent happened to you because of your identity (for example, your race/ethnicity, gender, or sexual orientation)	Yes	No	Unsure
5. Having a scary or violent experience while immigrating to a new country or living in a refugee camp	Yes	No	Unsure
6. Having close family or friends die	Yes	No	Unsure
7. Loss of a child (born, unborn, adoption/foster care disruption)	Yes	No	Unsure
8. Anything else that was scary, dangerous, or violent	Yes	No	Unsure

Section 4

When thinking about drug use, including illegal drug use and the use of prescription drug use other than prescribed:		
1. Have you ever felt that you ought to cut down on your drinking or drug use?	Yes	No
2. Have people annoyed you by criticizing your drinking or drug use?	Yes	No
3. Have you ever felt bad or guilty about your drinking or drug use	Yes	No
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover?	Yes	No

**Caregiver Screening
Section 5**

	Not at all	A little	Somewhat	Moderately so	Very much so
I get/feel easily irritated with my children.	0	1	2	3	4
I feel that I am not the good caregiver that I used to be to my children.	0	1	2	3	4
I wake up exhausted at the thought of another day with my children.	0	1	2	3	4
I find joy in parenting my children.	4	3	2	1	0
I have guilt about being a working caregiver, which affects how I parent my children.	0	1	2	3	4
I feel like I am in survival model as a caregiver.	0	1	2	3	4
Parenting my children is stressful.	0	1	2	3	4
I lose my temper easily with my children.	0	1	2	3	4
I feel overwhelmed trying to balance my job and parenting responsibilities.	0	1	2	3	4
I am doing a good job being a caregiver.	4	3	2	1	0

CCFH Caregiver Questionnaire Scoring

Depression Screening- Section 1 *(Adapted from the PHQ-9: Kroenke K, Spitzer RL, Williams JB., 2001)*

Count the number (#) of boxes checked in a column. Multiply that number by the value indicated below, then add the subtotal to produce a total score. The possible range is 0-27.

Not at all	(#)	x0	=	
Some days	(#)	x1	=	
More than half the days	(#)	x2	=	
Nearly every day	(#)	x3	=	
Total score:				

Interpret the total score based on clinical judgement and the following guidelines:

PHQ-9 Score	Depression Severity
0-4	None-minimal
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe

Anxiety Screening- Section 2 *(Adapted from the GAD-7: Spitzer RL, Kroenke K, Williams JB, Löwe B., 2006)*

Count the number (#) of boxes checked in a column. Multiply that number by the value indicated below, then add the subtotal to produce a total score. The possible range is 0-21.

Not at all	(#)	x0	=	
Some days	(#)	x1	=	
More than half the days	(#)	x2	=	
Nearly every day	(#)	x3	=	
Total score:				

Interpret the total score based on clinical judgement and the following guidelines:

GAD-7 Score	Anxiety Severity
0-4	None-minimal
5-9	Mild
10-14	Moderate
15-21	Severe

Trauma Screening- Section 3

If caregiver endorses any trauma experience you think might have bearing on their child's treatment

- Normalize their experiences
- Check with them to see how much the experience is still bothering them- do they feel like they've gotten the help they need, or would they like additional resources?
- Offer for them to complete the PCL-C, which is a 17-item measure of PTSD symptoms
- If they would like referrals, look for providers with training on adult trauma treatment

Substance Use Screening- Section 4 *(Adapted from the CAGE-AID: Brown RL, Rounds LA. 1995)*

Two positive responses are considered a positive test and indicate further assessment is warranted.

Caregiver Burnout Screening - Section 5 (Scale Copyright, Kate Gawlik and Bernadette

Mazurek Melnyk, 2021)

Scoring:

- For all questions except items 4 and 10, use these point values:
 - Not at all = 0 points
 - A little = 1 point
 - Somewhat = 2 points
 - Moderately so = 3 points
 - Very much so = 4 points
- Questions 4 and 10 use reverse scoring. Use these point values for questions 4 and 10:
 - Not at all = 4 points
 - A little = 3 points
 - Somewhat = 2 points
 - Moderately so = 1 point
 - Very much so = 0 points
- Add all the point values together for a final score.

Interpreting the Results:

- 0-10 Points: No or few signs of burnout
- 11-20 Points: Mild burnout
- 21-30 Points: Moderate burnout
- 31+ Points: Severe burnout

PROMIS[®] Early Childhood Caregiver-Report

Social Relationships – Child-Caregiver Interactions

Please respond to each question or statement by marking one box per row.

In the past 7 days

		Never	Rarely	Sometimes	Often	Always
1	My child was good at expressing his/her needs to me or other parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	My child was affectionate with me or other parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	My child sought comfort from me or other parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	My child came to me or other parent for help when he/she needed it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	My child was excited to spend time with me or other parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Scoring for PROMIS Early Childhood Social Relationships – Caregiver-Report

To score a section of the PROMIS Early Childhood Social Relationships – Caregiver-Report:

1. Add the points of each item in the section to get a Raw Summed Score.
2. Use the appropriate conversion table to obtain a T-Score.

Interpreting the PROMIS Early Childhood Social Relationships – Caregiver-Report

For most PROMIS instruments, a T-Score of 50 is the average for the United States general population with a standard deviation of 10 because calibration testing was performed on a large sample of the general population.

Important: A higher PROMIS T-Score represents more of the concept being measured. Thus, a child who has a T- Score of 60 for Social Relationships is one standard deviation **better** than the general population on that concept. By comparison, a Social Relationships T-score of 40 is one SD **worse** than average.

PROMIS Early Childhood Social Relationships – Caregiver-Report

Client Nickname: _____

Date of Administration: _____

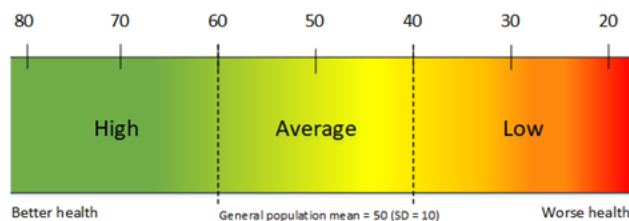
PROMIS Section	Raw Summed Score	T-Score	Interpretation
Early Childhood Social Relationships			

PROMIS Early Childhood Social Relationships Scoring

Add all the point values together for a raw score. Use the table below to find the T-score.

PROMIS Early Childhood Parent Report Bank v1.0 – Social Relationships – Child-Caregiver Interactions – Short Form 5a		
<i>Short Form Conversion Table</i>		
Raw Summed Score	T-Score	SE*
5	12.0	4.9
6	13.9	5.3
7	15.9	5.6
8	18.0	5.7
9	20.2	5.8
10	22.4	5.8
11	24.5	5.8
12	26.7	5.8
13	28.9	5.8
14	31.0	5.8
15	33.2	5.8
16	35.5	5.8
17	37.7	5.8
18	40.1	5.8
19	42.6	5.9
20	45.3	6.0
21	48.2	6.1
22	51.3	6.2
23	54.6	6.4
24	58.3	6.6

Provisional PROMIS® T-Score Cut Points



PROMIS[®] Pediatric Scale - Caregiver-Report

Section 1 – Anger

Please respond to each question or statement by marking one box per row.

In the past 7 days...

		Never	Almost Never	Sometimes	Often	Almost Always
1	My child felt mad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	My child was so angry he/she felt like yelling at somebody	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	My child was so angry he/she felt like throwing something.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	My child felt upset.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	When my child got mad, he/she stayed mad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

PROMIS[®] Pediatric Scales - Caregiver-Report

Section 2 – Anxiety

Please respond to each question or statement by marking one box per row.

In the past 7 days...

		Never	Almost Never	Sometimes	Often	Almost Always
1	My child felt like something awful might happen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	My child felt nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	My child felt worried.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	My child worried when he/she was at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	My child felt scared.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	My child worried when he/she went to bed at night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7	My child got scared really easily.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8	My child worried about what could happen to him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

PROMIS[®] Pediatric Scales - Caregiver-Report

Section 3 – Depressive Symptoms

Please respond to each question or statement by marking one box per row.

In the past 7 days...

		Never	Almost Never	Sometimes	Often	Almost Always
1	My child felt everything in his/her life went wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	My child felt lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	My child felt sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	It was hard for my child to have fun.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	My child could not stop feeling sad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	My child felt like he/she couldn't do anything right.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

PROMIS[®] Pediatric Scales - Caregiver-Report

Section 4 – Cognitive Function

Please respond to each question or statement by marking one box per row.

	In the past 4 weeks...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1	Your child has to use written lists more often than other people his/her age so he/she will not forget things.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2	It is hard for your child to pay attention to one thing for more than 5-10 minutes.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3	Your child has trouble keeping track of what he/she is doing if he/she gets interrupted	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4	Your child has to read things several times to understand them	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5	Your child forgets things easily	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
6	Your child has to work really hard to pay attention or he/she makes mistakes.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
7	Your child has trouble remembering to do things like school projects or chores	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Scoring for PROMIS Pediatric Measures – Caregiver-Report

To score a section of the PROMIS Pediatric Measures – Caregiver-Report:

1. Add the points of each item in the section to get a Raw Summed Score.
2. Use the appropriate conversion table to obtain a T-Score.

Interpreting the PROMIS Pediatric Measures – Caregiver-Report

For most PROMIS instruments, a T-Score of 50 is the average for the United States general population with a standard deviation of 10 because calibration testing was performed on a large sample of the general population. You can read more about the calibration and centering samples on HealthMeasures.net (<http://www.healthmeasures.net/score-and-interpret/interpret-scores/promis>). The T-score is provided with an error term (Standard Error or SE). The Standard Error is a statistical measure of variance and represents the “margin of error” for the T-score.

Important: A higher PROMIS T-Score represents more of the concept being measured. Thus, a child who has a T- Score of 60 for Social Relationships, Family Relationships or Peer Relationships is one standard deviation **better** than the general population on that concept. By comparison, a Social Relationships, Family Relationships or Peer Relationships T-score of 40 is one SD **worse** than average.

PROMIS Pediatric Measures – Caregiver-Report

Client Nickname: _____

Date of Administration: _____

PROMIS Section	Raw Summed Score	T-Score	Interpretation
1. Anger			
2. Anxiety			
3. Depressive Symptoms			
4. Cognitive Function			

PROMIS Pediatric Scales - Caregiver-Report Section 1 – Anger		
<i>Short Form Conversion Table</i>		
Raw Summed Score	T-score	SE*
5	37.2	5.7
6	43.6	3.8
7	47.4	3.1
8	50.3	2.7
9	52.5	2.5
10	54.4	2.5
11	56.2	2.4
12	58.0	2.5
13	59.9	2.5
14	61.7	2.5
15	63.7	2.6
16	65.8	2.6
17	67.9	2.6
18	69.8	2.6
19	71.7	2.6
20	73.6	2.6
21	75.6	2.6
22	77.6	2.6
23	79.7	2.6
24	81.9	2.8
25	84.5	2.8
*SE = Standard Error on T-score metric		

PROMIS Pediatric Scales - Caregiver- Report Section 2 – Anxiety		
<i>Short Form Conversion Table</i>		
Raw Summed Score	T-score	SE*
8	38.8	5.8
9	45.2	3.5
10	48.0	2.8
11	49.9	2.5
12	51.5	2.2
13	52.8	2.1
14	54.0	2.1
15	55.2	2.0
16	56.3	2.0
17	57.3	2.0
18	58.4	2.0
19	59.4	2.0
20	60.4	2.0
21	61.4	2.0
22	62.5	2.0
23	63.4	2.0
24	64.4	2.0
25	65.3	2.0
26	66.3	2.0
27	67.2	2.0
28	68.1	2.0
29	69.0	2.0
30	69.9	2.0
31	70.8	1.9
32	71.7	1.9
33	72.6	2.0
34	73.5	2.0
35	74.5	2.0
36	75.6	2.1
37	76.8	2.2
38	78.2	2.4
39	80.0	2.6
40	82.7	3.0

*SE = Standard Error on T-score metric

PROMIS Pediatric Scales - Caregiver- Report Section 3 – Depressive Symptoms		
<i>Short Form Conversion Table</i>		
Raw Summed Score	T-score	SE*
6	40.8	6.2
7	48.2	3.5
8	51.1	2.9
9	53.2	2.5
10	54.9	2.4
11	56.4	2.3
12	57.9	2.2
13	59.2	2.2
14	60.6	2.2
15	61.9	2.2
16	63.2	2.2
17	64.6	2.2
18	65.9	2.2
19	67.1	2.2
20	68.3	2.2
21	69.6	2.2
22	70.7	2.1
23	71.9	2.1
24	73.0	2.1
25	74.2	2.1
26	75.4	2.2
27	76.7	2.3
28	78.2	2.5
29	79.8	2.6
30	82.7	3.1

*SE = Standard Error on T-score metric

PROMIS Pediatric Scales - Caregiver-Report Section 4 - Cognitive Function		
<i>Short Form Conversion Table</i>		
Raw Score	T-Score	SE*
7	22.3	3.9
8	25.9	2.8
9	27.8	2.5
10	29.3	2.3
11	30.6	2.2
12	31.8	2.1
13	32.9	2.1
14	34.0	2.1
15	35.0	2.1
16	35.9	2.1
17	36.9	2.1
18	37.8	2.0
19	38.7	2.0
20	39.7	2.0
21	40.6	2.0
22	41.5	2.0
23	42.4	2.1
24	43.4	2.1
25	44.4	2.1
26	45.4	2.1
27	46.5	2.1
28	47.6	2.2
29	48.7	2.2
30	50.0	2.2
31	51.3	2.3
32	52.9	2.4
33	54.7	2.7
34	57.2	3.2
35	63.0	5.4
*SE= Standard Error on T-score metric		

Child and Adolescent Trauma Screen (CATS) - Caregiver Report (Ages 7-17 years)

Child's Name: _____

Date: _____

Caregiver Name: _____

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark No if it didn't happen to the child.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Serious accident or injury like a car/bike crash, dog bite, sports injury. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Robbed by threat, force or weapon. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Slapped, punched, or beat up in the family. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Slapped, punched, or beat up by someone not in the family. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Seeing someone in the family get slapped, punched or beat up. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Seeing someone in the community get slapped, punched or beat up. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Someone older touching his/her private parts when they shouldn't. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Someone forcing or pressuring sex, or when s/h e couldn't say no. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Someone close to the child dying suddenly or violently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Attacked, stabbed, shot at or hurt badly. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Seeing someone attacked, stabbed, shot at, hurt badly or killed. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Stressful or scary medical procedure. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Being around war. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Other stressful or scary event? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe: _____

Which one is bothering the child most now? _____

If you marked "YES" to any stressful or scary events for the child, then turn the page and answer the next questions.

Mark 0, 1, 2 or 3 for how often the following things have bothered the child in the last two weeks:

0 Never / 1 Once in a while / 2 Half the time / 3 Almost always

- | | | | | |
|---|---|---|---|---|
| 1. Upsetting thoughts or images about a stressful event. Or re-enacting a stressful event in play. | 0 | 1 | 2 | 3 |
| 2. Bad dreams related to a stressful event. | 0 | 1 | 2 | 3 |
| 3. Acting, playing or feeling as if a stressful event is happening right now. | 0 | 1 | 2 | 3 |
| 4. Feeling very emotionally upset when reminded of a stressful event. | 0 | 1 | 2 | 3 |
| 5. Strong physical reactions when reminded of a stressful event (sweating, heart beating fast). | 0 | 1 | 2 | 3 |
| 6. Trying not to remember, talk about or have feelings about a stressful event. | 0 | 1 | 2 | 3 |
| 7. Avoiding activities, people, places or things that are reminders of a stressful event. | 0 | 1 | 2 | 3 |
| 8. Not being able to remember an important part of a stressful event. | 0 | 1 | 2 | 3 |
| 9. Negative changes in how s/he thinks about self, others or the world after a stressful event. | 0 | 1 | 2 | 3 |
| 10. Thinking a stressful event happened because s/he or someone else did something wrong or did not do enough to stop it. | 0 | 1 | 2 | 3 |
| 11. Having very negative emotional states (afraid, angry, guilty, ashamed). | 0 | 1 | 2 | 3 |
| 12. Losing interest in activities s/he enjoyed before a stressful event. Including not playing as much. | 0 | 1 | 2 | 3 |
| 13. Feeling distant or cut off from people around her/him. | 0 | 1 | 2 | 3 |
| 14. Not showing or reduced positive feelings (being happy, having loving feelings). | 0 | 1 | 2 | 3 |
| 15. Being irritable. Or having angry outbursts without a good reason and taking it out on other people or things. | 0 | 1 | 2 | 3 |
| 16. Risky behavior or behavior that could be harmful. | 0 | 1 | 2 | 3 |
| 17. Being overly alert or on guard. | 0 | 1 | 2 | 3 |
| 18. Being jumpy or easily startled. | 0 | 1 | 2 | 3 |
| 19. Problems with concentration. | 0 | 1 | 2 | 3 |
| 20. Trouble falling or staying asleep. | 0 | 1 | 2 | 3 |

Please mark "YES" or "NO" if the problems you marked interfered with:

- | | | | | | |
|------------------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| 1. Getting along with others | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Family relationships | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Hobbies/Fun | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. General happiness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. School or work | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Total Score _____
Clinical = 15+