



CENTER FOR CHILD  
& FAMILY HEALTH

# ARC Assessment Measures for CAREGIVER Ages 2 – 4

(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**

<b>When you were a child or teen, did you experience any of the following:</b>			
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

<b>As an adult, did you experience any of the following:</b>			
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**

<b>When thinking about drug use, including illegal drug use and the use of prescription drug use other than prescribed:</b>		
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**

	<b>Not at all</b>	<b>A little</b>	<b>Somewhat</b>	<b>Moderately so</b>	<b>Very much so</b>
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<sup>®</sup> 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: \_\_\_\_\_

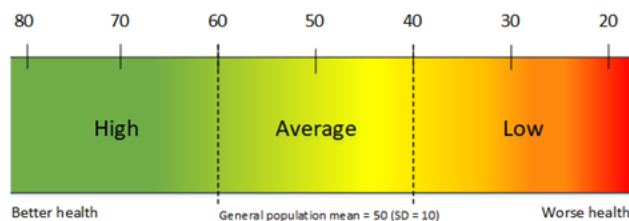
PROMIS Section	Raw Summed Score	T-Score	Interpretation
Early Childhood Social Relationships			

# 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.

<b>PROMIS Early Childhood Parent Report Bank v1.0 – Social Relationships – Child-Caregiver Interactions – Short Form 5a</b>		
<i>Short Form Conversion Table</i>		
<b>Raw Summed Score</b>	<b>T-Score</b>	<b>SE*</b>
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**



## YOUNG CHILD PTSD CHECKLIST (YCPC)

1-6 years. Updated 5/23/14.

Name \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

### TRAUMATIC EVENTS

TO COUNT AN EVENT, YOUR CHILD MUST HAVE FELT ONE OF THESE:

- (1) FELT LIKE HE/SHE MIGHT DIE, OR
- (2) HE/SHE HAD A SERIOUS INJURY OR FELT LIKE HE/SHE MIGHT GET A SERIOUS INJURY, OR
- (3) HE/SHE SAW (1) OR (2) HAPPEN TO ANOTHER PERSON, OR SAW SOMEONE DIE.

	Circle 0 if this <u>did not</u> happen to your child.	Circle 1 if this <u>did</u> happen to your child.	Write your child's <u>age</u> when this happened to him/her the <u>first</u> time.	Write your child's <u>age</u> when this happened to him/her the <u>last</u> time.	Write <u>how many times</u> this happened to your child. If it happened lots of times, please make your best guess.
1. Accident or crash with automobile, plane or boat.	0	1			
2. Attacked by an animal.	0	1			
3. Man-made disasters (fires, war, etc.).	0	1			
4. Natural disasters (hurricane, tornado, flood).	0	1			
5. Hospitalization or invasive medical procedures.	0	1			
6. Physical abuse.	0	1			
7. Sexual abuse, sexual assault, or rape.	0	1			
8. Accidental burning.	0	1			
9. Near drowning.	0	1			
10. Witnessed <u>another person</u> being beaten, raped, threatened with serious harm, shot at seriously wounded, or killed.	0	1			
11. Kidnapped.	0	1			
12. Other:	0	1			

13. If more than one event happened to your child: write the number of the event that you think caused the most distress to him/her:	
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**PLEASE CONTINUE ON NEXT PAGE.....**

## YCPC

Below is a list of symptoms that children can have after life-threatening events.

When you think of ALL the life-threatening traumatic events from the first page, circle the number below (0-4) that best describes how often the symptom has bothered you in the LAST 2 WEEKS.

	0	1	2	3	4
	Not at all	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/ almost always	Everyday
14. Does your child have intrusive memories of the trauma? Does s/he bring it up on his/her own?	0	1	2	3	4
15. Does your child re-enact the trauma in play with dolls or toys? This would be scenes that look just like the trauma. Or does s/he act it out by him/herself or with other kids?	0	1	2	3	4
16. Is your child having more nightmares since the trauma(s) occurred?	0	1	2	3	4
17. Did night terrors start or get worse after the trauma(s)? Night terrors are different from nightmares: in night terrors a child usually screams in their sleep, they don't wake up, and they don't remember it the next day.	0	1	2	3	4
18. Does your child act like the traumatic event is happening to him/her again, even when it isn't? This is where a child is acting like they are back in the traumatic event and aren't in touch with reality. This is a pretty obvious thing when it happens.	0	1	2	3	4
19. Since the trauma(s) has s/he had episodes when s/he seems to freeze? You may have tried to snap him/her out of it but s/he was unresponsive.	0	1	2	3	4
20. Does s/he get upset when exposed to reminders of the event(s)?	0	1	2	3	4
<p>For example, a child who was in a car wreck might be nervous while riding in a car now.            Or, a child who was in a hurricane might be nervous when it is raining.            Or, a child who saw domestic violence might be nervous when other people argue.            Or, a girl who was sexually abused might be nervous when someone touches her.</p>					
21. Does your child get physically distressed when exposed to reminders? Like heart racing, shaking hands, sweaty, short of breath, or sick to his/her stomach?"	0	1	2	3	4
<p>Think of the same type of examples as in #20.</p>					
22. Does your child show persistent negative emotions (fear, guilt, sadness, shame, confusion) that are <u>not</u> triggered by exposure to reminders of the event as in #20?	0	1	2	3	4

**PLEASE CONTINUE ON NEXT PAGE.....**

0 Not at all	1 Once a week or less/ once in a while	2 2 to 4 times a week/ half the time	3 5 or more times a week/ almost always	4 Everyday	
23. Does your child try to avoid people or conversations that might remind him/her of the trauma(s)? For example, if other people talk about what happened, does s/he walk away or change the topic?	0	1	2	3	4
24. Does your child try to avoid things or places that remind him/her of the trauma(s)? For example, a child who was in a car wreck might try to avoid getting into a car. Or, a child who was in a flood might tell you not to drive over a bridge. Or, a child who saw domestic violence might be nervous to go in the house where it occurred. Or, a girl who was sexually abused might be nervous about going to bed because that's where she was abused before.	0	1	2	3	4
25. Has s/he lost interest in doing things that s/he used to like to do since the trauma(s)?	0	1	2	3	4
26. Since the trauma(s) has your child become more distant and withdrawn from family members, relatives, or friends?	0	1	2	3	4
27. Since the trauma(s), does your child show a restricted range of positive emotions on his/her face compared to before?	0	1	2	3	4
28. Has your child become more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma(s)?	0	1	2	3	4
29. Has s/he been more "on the alert" for bad things to happen? For example, does s/he look around for danger?	0	1	2	3	4
30. Does your child startle more easily than before the trauma(s)? For example, if there's a loud noise or someone sneaks up behind him/her, does s/he jump or seem startled?	0	1	2	3	4
31. Has your child had more trouble concentrating since the trauma(s)?	0	1	2	3	4
32. Has s/he had a hard time falling asleep or staying asleep since the trauma(s)?	0	1	2	3	4
33. Has your child become more physically aggressive since the trauma(s)? Like hitting, kicking, biting, or breaking things.	0	1	2	3	4
34. Has s/he become more clingy to you since the trauma(s)?	0	1	2	3	4

**PLEASE CONTINUE ON NEXT PAGE.....**

0	1	2	3	4	
Not at all	Once a week or less/ once in a while	2 to 4 times a week/ half the time	5 or more times a week/ almost always	Everyday	
35. Since the trauma(s), has your child lost previously acquired skills? For example, lost toilet training? Or, lost language skills? Or, lost motor skills working snaps, buttons, or zippers?	0	1	2	3	4
36. Since the trauma(s), has your child developed any new fears about things that <u>don't seem related</u> to the trauma(s)? What about going to the bathroom alone? Or, being afraid of the dark?	0	1	2	3	4

**FUNCTIONAL IMPAIRMENT**

Do the symptoms that you endorsed above get in the way of your child's ability to function in the following areas?

0	1	2	3	4	
Hardly ever/ none	Some of the time	About half the days	More than half the days	Everyday	
37. Do (symptoms) substantially "get in the way" of how s/he gets along with you, interfere in your relationship, or make you feel upset or annoyed?	0	1	2	3	4
38. Do these (symptoms) "get in the way" of how s/he gets along with brothers or sisters, and make them feel upset or annoyed?	0	1	2	3	4
39. Do these (symptoms) "get in the way" with the teacher or the class more than average?	0	1	2	3	4
40. Do (symptoms) "get in the way" of how s/he gets along with friends at all – at daycare, school, or in your neighborhood?	0	1	2	3	4
41. Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?" Is it harder to go out with your child to places like the grocery store? Or to a restaurant?	0	1	2	3	4
42. Do you think that these behaviors cause your child to feel upset?	0	1	2	3	4

version 5/23/14

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# YCPC

0

Not at all

S	M	T	W	Th	F	S

1

Once a week or less/  
Once in a while

S	M	T	W	Th	F	S
	X					
				X		

2

2-4 times a week/  
Half the time

S	M	T	W	Th	F	S
		X		X	X	
	X	X	X	X		

3

5 or more times a week/  
Almost always

S	M	T	W	Th	F	S
X	X	X		X	X	
	X	X	X	X	X	X

4

Everyday

S	M	T	W	Th	F	S
X	X	X	X	X	X	X
X	X	X	X	X	X	X

# YCPC Score Sheet

**Total number of trauma types experienced**  
(sum of items 1-12):

<b>(B) Intrusion Symptoms</b>	<b>Score</b>	<b>Diagnosis Level</b>
14. Involuntary and intrusive distressing memories of the traumatic event		Probable diagnosis ≥ 1 symptom endorsed at 1 or higher
15. Re-enactment in play of the traumatic event		
16. Distressing dreams related to the traumatic event		
17. Night Terrors		
18. Dissociative reactions (e.g. flashbacks)		Number of symptoms endorsed at 1 or higher:
19. Freezes/Dissociates		
20. Intense or prolonged psychological distress to reminders of the traumatic event		
21. Physiological reactions to reminders of the traumatic event		
<b>Total Raw Score:</b>		

<b>(C) Avoidance or Negative Alterations in Cognition and Mood</b>	<b>Score</b>	<b>Diagnosis Level</b>
22. Increased frequency of negative emotional states		Probable diagnosis ≥ 1 symptom endorsed at 1 or higher
23. Avoidance of people, conversations or interpersonal situations related to trauma		
24. Avoidance of activities, places or physical reminders of the trauma		
25. Diminished interest or participation in activities		Number of symptoms endorsed at 1 or higher:
26. Socially withdrawn behavior		
27. Reduction in expression of positive emotions		
<b>Total Raw Score:</b>		

<b>(D) Alterations in Arousal &amp; Reactivity</b>	<b>Score</b>	<b>Diagnosis Level</b>
28. Irritable behavior or angry outbursts		Probable diagnosis ≥ 2 symptoms endorsed at 1 or higher
29. Hyper vigilance		
30. Exaggerated startle response		
31. Problems with concentration		Number of symptoms endorsed at 1 or higher:
32. Sleep disturbance, difficulty falling, staying asleep or restless sleep		
33. Increased physical aggression		
<b>Total Raw Score:</b>		

<b>Other Developmental Concerns</b>	<b>Score</b>	<b>Diagnosis Level</b>
34. More clingy		Number of symptoms endorsed at 1 or higher:
35. Regression		
36. New fears unrelated to current trauma		
<b>Total Raw Score:</b>		

# YCPC Score Sheet

Overall Diagnosis Level (Total)	Score	Diagnosis Level
Total Raw Score: <b>Intrusion Symptoms</b>		Probable PTSD Diagnosis $\geq$ 26
Total Raw Score: <b>Avoidance or Negative Alterations in Cognition &amp; Mood</b>		
Total Raw Score: <b>Alterations in Arousal &amp; Reactivity</b>		
Total Raw Score: <b>Other Developmental Concerns</b>		
<b>Total Raw Score:</b>		Yes      No

Functional Impairment	Score	Diagnosis Level
37. Do symptoms get in the way of parental relationship?		Probable Diagnosis $\geq$ 4
38. Do symptoms interfere with sibling relationships?		
39. Do symptoms interfere with teacher or class?		
40. Do symptoms interfere with relationships with friends?		
41. Do symptoms interfere with going out in public?		
42. Do these behaviors cause child to feel upset?		
<b>Total Raw Score:</b>		Yes      No

# Emotional Reactivity Scale EERBQ

## For Caregivers

1	2	3	4	5	6	7
<b>Strongly Disagree</b>			<b>Neutral</b>			<b>Strongly Agree</b>
						<b>1 2 3 4 5 6 7</b>
1. My child has strong emotional reactions						<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
2. I find it easy to get my child to calm down						<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
3. My child seems more emotional than other children						<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
4. My child is quickly comforted by me						<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
5. I anticipate my child will react poorly when something upsets him/her						<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6. There are specific strategies I know will work to help my child relax						<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

# Emotional Reactivity Scale EERBQ Scoring

Emotional reactivity – 1, 2(reverse coded), 3, 4(reverse coded), 5, 6(reverse coded)

## Scoring for Emotional Reactivity Scale:

- **SUM 1** - Add the scores for items 1, 3, and 5: \_\_\_\_\_
- Reverse Code items 2, 4, and 6 by subtracting each of the item scores from the number 8:
  - $8 - (\text{score for item 2}) = \underline{\hspace{2cm}}$
  - $8 - (\text{score for item 4}) = \underline{\hspace{2cm}}$
  - $8 - (\text{score for item 6}) = \underline{\hspace{2cm}}$
- **SUM 2** - Add the reverse coded scores for items 2, 4, and 6: \_\_\_\_\_
- Get a Total Score by adding Sum 1 and Sum 2: \_\_\_\_\_