Trauma Screen + CPSS

Side 1-Turn Page

Name_____ Date_____

Stressful or scary events happen to many kids. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark NO if it didn't happen to you.

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

Which one is bothering you the most now?_____

If you answered **NO** to all of the above questions, ***STOP***
If you answered **YES** to any of the above questions, please complete the rest of this form.

When the event happened, did you feel?

Afraid I would die or be hurt badly. ☐Yes ☐No

Afraid someone else would die or be hurt badly. ☐Yes ☐No

Helpless to do anything. ☐Yes ☐No

Ashamed or disgusted. ☐Yes ☐No

CHILD PTSD Symptom Scale (CPSS) – 7-17 years

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

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

1.	Having upsetting thoughts or images about the event that came into your head when you didn't want them to.	0	1	2	3
2.	Having bad dreams or nightmares.	0	1	2	3
3.	Acting or feeling as if the event was happening again.	0	1	2	3
4.	Feeling upset when you think about or hear about the event.	0	1	2	3
5.	Having feelings in your body when you think about or hear about the event. (Heart beating fast, upset stomach, breaking out in a sweat)	0	1	2	3
6.	Trying not to think about, talk about or have feelings about the event.	0	1	2	3
7.	Trying to avoid activities or people, or places that remind you of the event.	0	1	2	3
8.	Not being able to remember an important part of the upsetting event.	0	1	2	3
9.	Having much less interest or not doing the things you used to do.	0	1	2	3
10.	Not feeling too close to the people around you.	0	1	2	3
11.	Not being able to have strong feelings (being able to cry or feel really happy).	0	1	2	3
12.	Feeling as if your future hopes or plans will not come true.	0	1	2	3
13.	Having trouble falling or staying asleep.	0	1	2	3
14.	Feeling irritable or having fits of anger.	0	1	2	3
15.	Having trouble concentrating.	0	1	2	3
16.	Being overly careful (checking to see who is around you).	0	1	2	3
17.	Being jumpy or easily startled.	0	1	2	3

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

1.	Saying prayers	☐Yes	☐No	5. Schoolwork	☐Yes	☐No
2.	Doing chores	☐Yes	☐No	6. Family relationships	☐Yes	☐No
3.	Friendships	☐Yes	☐No	7. General happiness	☐Yes	☐No
4.	Hobbies/Fun	☐Yes	☐No			