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

    - Yes
    - No

15. Other stressful or scary event?
    Describe: _____________________________
    - Yes
    - No

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 what were your feelings?

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** Not at all
- **1** Once a week or less
- **2** 2 to 4 times a week
- **3** 5 or more times a week

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
- **2. Doing chores** □ Yes □ No
- **3. Friendships** □ Yes □ No
- **4. Hobbies/Fun** □ Yes □ No
- **5. Schoolwork** □ Yes □ No
- **6. Family relationships** □ Yes □ No
- **7. General happiness** □ Yes □ No

CPSS Foa, Johnson, Feeny, and Treadwell (2001)  
CBT+ 2012