CPSS (Youth and Child Scale)

NAME______________________________AGE_____________SEX________DATE____________

Below is a list of scary, dangerous or violent situations or events. For each of the following questions: Check YES if the event has happened to you and check NO if this did not happen to you.

1. Being in a big earthquake that badly damaged the building you were in. ☐ Yes ☐ No

2. Being in another kind of **disaster,** like a fire, tornado, flood or hurricane. ☐ Yes ☐ No

3. Being in a bad **accident**, like a **very serious** car accident ☐ Yes ☐ No

4. Being in a place where **war** was going on around you. ☐ Yes ☐ No

6. Being **beaten up, shot at or being threatened to be hurt** badly in your town. ☐ Yes ☐ No

7. Seeing **someone** in your town **being beaten up, shot at or killed** ☐ Yes ☐ No

8. Seeing a **dead body** in your town. (DO NOT include funerals) ☐ Yes ☐ No

10. Hearing about the **violent death or serious injury** of a loved one

11. Having **painful and scary medical treatment in a hospital** where you were very badly sick or injured. ☐ Yes ☐ No

12.Of the questions to which you answered YES, which was the *worst. (*Please list the questions #) ______________

Please check YES or NO to answer how you felt about the event in question 14.

1. Were you scared you would die? ☐ Yes ☐ No
2. Were you scared you would be hurt badly? ☐ Yes ☐ No
3. Were you hurt badly? ☐ Yes ☐ No
4. Were you scared someone else would die? ☐ Yes ☐ No
5. Were you scared that someone else would be hurt badly? ☐ Yes ☐ No
6. Was someone else hurt badly? ☐ Yes ☐ No
7. Did someone die? ☐ Yes ☐ No

CPSS / CHILD

Below is a list of problems that kids sometimes have after a difficult event. Please 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 per week or less/ a little bit/ once in a while
2 2 to 4 times per week/ somewhat/ half the time
3 5 or more times per week/ very much/ almost always

__1. Having upsetting thoughts or images about the event that came into your head when you don't want them to.

__2. Having bad dreams or nightmares.

__3. Acting or feeling as if the event was happening again.

__4. Feeling upset when you think about or hear about the event.

__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)

__6. Trying not to think about, talk, about or have feelings about the event.

__7. Trying to avoid activities or people, or places that remind you of the event.

__8. Not being able to remember an important part of the upsetting event.

__9. Having much less interest or not doing the things you used to do

__10. Not feeling too close to the people around you

__11. Not being able to have strong feelings (being able to cry or feel really happy)

__12. Feeling as if your future hope or plans will not come true

__13. Having trouble falling or staying asleep

__14. Feeling irritable of having fits or anger

__15. Having trouble concentrating

__16. Being overly careful (checking to see who is around you)

__17. Being jumpy or easily startled

Please mark YES or NO if the problems above interfered with the following:

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