

Part A.

People may have stressful events happen to them. Read the list of stressful things below and circle YES for each of them that have EVER happened TO YOU. Circle NO if it has never happened to you.

Do not include things you may have only heard about from other people or from the TV, radio, news, or the movies. Only answer what has happened to you in real life. Some questions ask about what you SAW happen to someone else. And other questions ask about what actually happened to YOU.

SAMPLE:

a. Have you EVER gone to a basketball game? (Circle YES or NO)	Yes	No
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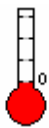



Have any of the following events EVER happened to you? (Circle Yes or No)

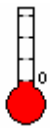



1. Have you been in a serious accident, where you could have been badly hurt or could have been killed?	Yes	No
2. Have you seen a serious accident, where someone could have been (or was) badly hurt or died?	Yes	No
3. Have you thought that you or someone you know would get badly hurt during a natural disaster such as a hurricane, flood, or earthquake?	Yes	No
4. Has anyone close to you been very sick or injured?	Yes	No
5. Has anyone close to you died?	Yes	No
6. Have you had a serious illness or injury, or had to be rushed to the hospital?	Yes	No
7. Have you had to be separated from your parent or someone you depend on for more than a few days when you didn't want to be?	Yes	No
8. Have you been attacked by a dog or other animal?	Yes	No
9. Has anyone told you they were going to hurt you?	Yes	No
10. Have you seen someone else being told they were going to be hurt?	Yes	No
11. Have you yourself been slapped, punched, or hit by someone?	Yes	No
12. Have you seen someone else being slapped, punched, or hit by someone?	Yes	No
13. Have you been beaten up?	Yes	No
14. Have you seen someone else getting beaten up?	Yes	No
15. Have you seen someone else being attacked or stabbed with a knife?	Yes	No
16. Have you seen someone pointing a real gun at someone else ?	Yes	No
17. Have you seen someone else being shot at or shot with a real gun?	Yes	No

PART B:

Below is a list of problems that kids sometimes have after experiencing something scary like we were just talking about. Of all the things that we just talked about, try to remember the thing that bothers you the most.

Now these next questions ask about the thing that bothers you most (whether it was getting hit, beaten up, threatened, or anything else). Listen carefully and circle the word that best describes how often these problems have bothered you IN THE PAST TWO WEEKS.

	<p>0</p> 	<p>1</p> 	<p>2</p> 	<p>3</p> 
1. Have you had upsetting thoughts or images about the event that came into your head when you didn't want them to?	Not at all	Once in a while	Half the time	Almost always
2. Have you had bad dreams or nightmares?	Not at all	Once in a while	Half the time	Almost always
3. Have you been acting or feeling as if the event was happening again (for example, hearing something or seeing a picture about it and feeling as if you were there again)?	Not at all	Once in a while	Half the time	Almost always
4. Have you been feeling upset when you think about or hear about the event (for example, feeling scared, angry, sad, guilty, etc.)?	<u>Not at all</u>	Once in a while	Half the time	Almost always
5. Have you had feelings in your body when you think about or hear about the event (for example, breaking out in a sweat, heart beating fast)?	Not at all	Once in a while	Half the time	Almost always
6. Have you been trying not to think about, talk about, or have feelings about the event?	Not at all	Once in a while	Half the time	Almost always
7. Have you been trying to avoid activities, people, or places that remind you of the event (for example, not wanting to play outside or go to school)?	Not at all	Once in a while	Half the time	Almost always

	0 	1 	2 	3 
8. Have you not been able to remember an important part of the event?	Not at all	Once in a while	Half the time	Almost always
9. Have you had much less interest or not wanting to do things you used to do?	Not at all	Once in a while	Half the time	Almost always
10. Have you not felt close to people around you?	Not at all	Once in a while	Half the time	Almost always
11. Have you not been able to have strong feelings (for example, being unable to feel very happy)?	Not at all	Once in a while	Half the time	Almost always
12. Have you been feeling as if your future plans or hopes will not come true (for example, you will not go to high school, have a job, get married, have kids,)?	Not at all	Once in a while	Half the time	Almost always
13. Have you had trouble falling or staying asleep?	Not at all	Once in a while	Half the time	Almost always
14. Have you been feeling irritable or having fits of anger?	Not at all	Once in a while	Half the time	Almost always
15. Have you had trouble concentrating (for example, losing track of a story on television, forgetting what you read, or not being able to pay attention in class)?	Not at all	Once in a while	Half the time	Almost always
16. Have you been overly careful (for example, checking to see who is around you and what is around you)?	Not at all	Once in a while	Half the time	Almost always
17. Have you been jumpy or easily startled (for example, when someone walks up behind you)?	Not at all	Once in a while	Half the time	Almost always