

CPSS Trauma Symptoms (7- 18) Parent Completed

Below is a list of problems that kids sometimes have after experiencing and upsetting event. Read each one carefully and fill in the number (0-3) that best describes how often that problem has bothered your child **IN THE LAST 2 WEEKS**.

Please mark 0, 1, 2 or 3 for how often the following things have bothered your child in the LAST TWO WEEKS:

- 0** Not at all
- 1** Once per week or less/ once in a while
- 2** 2 to 4 times per week/ half the time
- 3** 5 or more times per week/ almost always

1. Your child having upsetting thoughts or images about the event that came into his/her head when he/she didn't want them to.	0	1	2	3
2. Your child having bad dreams or nightmares.	0	1	2	3
3. Your child acting or feeling as if the event was happening again (hearing something or seeing a picture about it and feeling as if he/she is there again).	0	1	2	3
4. Your child feeling upset when he/she thinks about or hear the event (for example, feeling scared, angry, sad, guilty, etc).	0	1	2	3
5. Your child having feelings in his/her body when he/she thinks about or hears about the event (for example, breaking out into a sweat, heart beating fast).	0	1	2	3
6. Your child trying not to think about, talk about, or have feelings about the event.	0	1	2	3
7. Your child trying to avoid activities, people, or places that remind him/her of the traumatic event.	0	1	2	3
8. Your child not being able to remember an important part of the upsetting event.	0	1	2	3
9. Your child having much less interest in doing things he/she used to.	0	1	2	3
10. Your child not feeling close to people around him/her.	0	1	2	3
11. Your child not being able to have strong feelings (for example, being unable to cry or unable to feel happy).	0	1	2	3
12. Your child feeling as if his/her future plans or hopes will not come true (for example, he/she will not have a job or get married, or have kids).	0	1	2	3
13. Your child having trouble falling or staying asleep.	0	1	2	3
14. Your child feeling irritable or having fits of anger.	0	1	2	3
15. Your child having trouble concentrating (for example, losing track of a story on the television, forgetting what he/she reads, not paying attention in class).	0	1	2	3
16. Your child being overly careful (for example, checking to see who is around you and what is around you).	0	1	2	3
17. Your child being jumpy or easily startled (for example, when someone walks up behind you).	0	1	2	3

Indicate below if the problems you rated above have gotten in the way of any of the following areas of your life DURING THE PAST TWO WEEKS. Please mark YES or NO.

- 18. Yes No Saying your prayers
- 19. Yes No Chores and duties at home
- 20. Yes No Relationships with your friends
- 21. Yes No Fun and hobby activities
- 22. Yes No Schoolwork
- 23. Yes No Relationships with your family
- 24. Yes No General happiness with your life