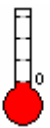





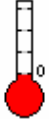
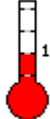


PART B:

CHILD PTSD SYMPTOM SCALE

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.

	0 	1 	2 	3 
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