### Part 1: Trauma-Related Experiences

**INSTRUCTIONS**
We are going to go through a list of very scary things that sometimes happen to people. Choose **YES** if the thing happened to you or **NO** if it has not happened to you. For each ‘YES’ response, write your age when the scary or bad thing happened or started happening on the line next to the ‘YES.’

1. Have you ever been in a really bad storm or disaster, like a flood, earthquake, or hurricane?  
   - [ ] NO  
   - [ ] YES  
   - About how old were you? ________

2. Have you or anyone in your family been in an actual war?  
   - [ ] NO  
   - [ ] YES  
   - About how old were you? ________

3. Have you ever been in a serious fire or lost your home in a fire?  
   - [ ] NO  
   - [ ] YES  
   - About how old were you? ________

4. Have you ever been in a really bad car accident?  
   - [ ] NO  
   - [ ] YES  
   - About how old were you? ________

5. Have you ever had to stay in the hospital because you were really sick or badly injured?  
   - [ ] NO  
   - [ ] YES  
   - About how old were you? ________

6. Has anyone in your family ever had to stay in the hospital because they were really sick or badly injured?  
   - [ ] NO  
   - [ ] YES  
   - About how old were you? ________

7. Has anyone ever beaten you up so badly that you had bruises, cuts, or injuries?  
   - [ ] NO  
   - [ ] YES  
   - About how old were you? ________

8. Have adults in your home ever slapped, punched, or kicked you?  
   - [ ] NO  
   - [ ] YES  
   - About how old were you? ________

9. Have adults in your home ever hit you so hard you had bruises or red marks?  
   - [ ] NO  
   - [ ] YES  
   - About how old were you? ________

10. Have you ever been really hungry because your family did not have enough to eat?  
    - [ ] NO  
    - [ ] YES  
    - About how old were you? ________

11. Did the adults in your home not care if you regularly went to school?  
    - [ ] NO  
    - [ ] YES  
    - About how old were you? ________

12. Have you ever been homeless?  
    - [ ] NO  
    - [ ] YES  
    - About how old were you? ________

13. Have you ever been separated from someone you depend on for love or safety for more than a few days?  
    - [ ] NO  
    - [ ] YES  
    - About how old were you? ________

14. Have you ever known or seen a family member being arrested, put in jail, or taken away by police?  
    - [ ] NO  
    - [ ] YES  
    - About how old were you? ________
Structured Trauma-Related Experiences and Symptoms Screener (STRESS)

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15. Have you ever been told over and over that you were no good or that people you live with would leave you or send you away? □ NO □ YES About how old were you? _________

16. Have you ever seen or heard adults in your home beat each other up or throw things at each other? □ NO □ YES About how old were you? _________

17. Have you ever seen or heard people in your neighborhood get badly hurt or killed? □ NO □ YES About how old were you? _________

18. Has anyone ever told you so much about how someone you loved died that you pictured it in your head? □ NO □ YES About how old were you? _________

19. Has anyone ever told you they were going to hurt or kill you? □ NO □ YES About how old were you? _________

20. Has anyone ever made you feel so scared that you thought they might badly hurt or kill you? □ NO □ YES About how old were you? _________

21. Have you ever thought that someone was going to really hurt or kill someone you love? □ NO □ YES About how old were you? _________

22. Has anyone ever tried to touch your private body parts or tried to make you touch their private body parts when you did not want to? □ NO □ YES About how old were you? _________

23. Has anyone ever touched your private body parts or made you touch their private body parts when you did not want to? □ NO □ YES About how old were you? _________

24. Has anyone much older than you ever touched your private body parts, whether you wanted them to or not? □ NO □ YES About how old were you? _________

25. Has anything else really scary or very bad ever happened to you? Specify [ ] □ NO □ YES About how old were you? _________

If you said YES to any of the above questions, continue to PART 2 below

PART 2 SYMPTOMS & IMPAIRMENT

These questions ask about problems some people have after scary or bad things happen to them. Please think about a scary or bad thing that happened to you and how you have been thinking, feeling, or acting in the PAST WEEK when answering these questions. Check your answer.

26. How often did thoughts or memories about what happened pop up into your mind? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

27. When something reminded you about what happened, how often did it make your body feel bad or sick, like your stomach or head hurt? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS
### Structured Trauma-Related Experiences and Symptoms Screener (STRESS)

28. In the past week, how often was it hard to remember parts of what happened? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

29. How often were you bored doing things you usually like to do? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

30. In the past week, how often did you look around a lot, just in case something bad might happen? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

31. How often did you have scary dreams or nightmares? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

32. How often did you try to keep your body from feeling ways that reminded you of what happened? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

33. How often did you think the world is a bad place or not as good as it used to be? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

34. In the past week, how often did you feel lonely, even when you were around friends or family? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

35. How often did you get really scared when you heard or saw something you were not expecting to happen? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

36. How often did memories about what happened make you lose track of time or forget where you were? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

37. How often did you try to stop yourself from having thoughts, memories, or feelings about what happened? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

38. In the past week, how often did you think that a part of what happened was your fault? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

39. How often did you feel really grumpy? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

40. How often did you feel like you could not focus on things? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

41. How often did you get really upset when you saw, heard, or felt something like what happened? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

42. How often did you try to get away when you were in a place or saw something that reminded you of what happened? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

43. How often did you feel really bad, like mad, scared, or sad for most of the day? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS

44. How often did you do things that other people think are dangerous or not safe? □ NONE □ 1 DAY □ 2-3 DAYS □ MOST DAYS
45. In the past week, how often did you wake up in the middle of the night and have trouble falling back to sleep?  
☐ NONE  □ 1 DAY  □ 2-3 DAYS  □ MOST DAYS

46. How often was it hard for you to feel happiness or love?  
☐ NONE  □ 1 DAY  □ 2-3 DAYS  □ MOST DAYS

47. How often did it feel like you didn’t know yourself or your own body, like you were seeing a stranger when you looked in the mirror?  
☐ NONE  □ 1 DAY  □ 2-3 DAYS  □ MOST DAYS

48. How often did you feel like people or places around you seemed totally strange, like you were in a dream even though you were awake?  
☐ NONE  □ 1 DAY  □ 2-3 DAYS  □ MOST DAYS

49. Have you had these problems for at least the past month?  
☐ NO  □ YES

Since the scary or bad thing or things happened is it harder to...

50. Make or keep friends  
☐ NO  □ YES

51. Get along with other kids your age  
☐ NO  □ YES

52. Do schoolwork  
☐ NO  □ YES

53. Get along with your teachers  
☐ NO  □ YES

54. Get along with people you live with  
☐ NO  □ YES

55. Get your chores done  
☐ NO  □ YES

YOU ARE FINISHED
<table>
<thead>
<tr>
<th>SCORING - ADMINISTRATORS ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ≥ 1 PTSD Qualifying Event (items 1, 2, 3, 4, 5, 6, 7, 8, 9, 13, 14, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25-other)</td>
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<tr>
<td>☐ ≥ 1 Forms of Adversity (items 10, 11, 12, 15)</td>
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<tr>
<td>☐ Intrusion Symptom Criterion B Met (≥ 1 of the following items with scores of ≥ 2 - items 26, 27, 31, 36, 41)</td>
</tr>
<tr>
<td>☐ Avoidance Symptom Criterion C Met (≥ 1 of the following items with scores ≥ 2 - items 32, 37, 42)</td>
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<tr>
<td>☐ Negative Changes in Mood &amp; Cognitions Criterion D Met (≥ 2 of the following items with scores ≥ 2 - items 28, 29, 33, 34, 38, 43, 46)</td>
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<tr>
<td>☐ Alterations in Arousal &amp; Reactivity Criterion E Met (≥ 2 of the following items with scores ≥ 2 - items 30, 35, 39, 40, 44, 45)</td>
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<tr>
<td>☐ Symptoms present for at least the past month (item 49)</td>
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<tr>
<td>☐ Evidence of functional Impairment (≥ 1 of the following items: 50, 51, 52, 53, 54, 55)</td>
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<td>☐ Evidence of Dissociative Symptoms (item 47 or 48 with score of ≥ 2)</td>
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<tr>
<td>☐ Full PTSD Likely (Symptom Criteria B, C, D, and E met)  OR  ☐ Partial PTSD Likely (≥ 1 Symptom Criteria met)</td>
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**NOTES:**