Structured Trauma-Related Experiences and Symptoms Screener (STRESS)

Youth Self-Report

DATE _____ NAME _____ RECORD ID _____

AGE _____ SEX ☐ Male ☐ Female

RACE ☐ White/Caucasian ☐ Black/African American ☐ Asian ☐ American Indian or Alaska Native
☐ Native Hawaiian/Pacific Islander ☐ Other (Specify): _____

ETHNICITY ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

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? _____

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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

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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

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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

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SCORING - ADMINISTRATORS ONLY

☐ ≥ 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)

☐ ≥ 1 Forms of Adversity (items 10, 11, 12, 15)

☐ **PTSD Symptom Severity** (Sum items 26-48 with None = 0, 1 Day = 1, 2-3 Days = 2, Most Days = 3. NOTE. For item 32 and 37, count whichever score is higher in the total, both index C1.

☐ **Intrusion Symptom Criterion B Met** (≥ 1 of the following items with scores of ≥ 2 - items 26, 27, 31, 36, 41)

☐ **Avoidance Symptom Criterion C Met** (≥ 1 of the following items with scores ≥ 2 - items 32, 37, 42)

☐ **Negative Changes in Mood & Cognitions Criterion D Met** (≥ 2 of the following items with scores ≥ 2 - items 28, 29, 33, 34, 38, 43, 46)

☐ **Alterations in Arousal & Reactivity Criterion E Met** (≥ 2 of the following items with scores ≥ 2 - items 30, 35, 39, 40, 44, 45)

☐ **Symptoms present for at least the past month** (item 49)

☐ **Evidence of functional Impairment** (≥ 1 of the following items: 50, 51, 52, 53, 54, 55)

☐ **Evidence of Dissociative Symptoms** (item 47 or 48 with score of ≥ 2)

☐ **Full PTSD Likely** (Symptom Criteria B, C, D, and E met) *OR* ☐ **Partial PTSD Likely** (≥ 1 Symptom Criteria met)

NOTES:

