

Structured Trauma-Related Experiences and Symptoms Screener (STRESS)

Youth Self-Report (Symptoms Only)

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 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? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> 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? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 28. In the past week, how often was it hard to remember parts of what happened? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 29. How often were you bored doing things you usually like to do? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 30. In the past week, how often did you look around a lot, just in case something bad might happen? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 31. How often did you have scary dreams or nightmares? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 32. How often did you try to keep your body from feeling ways that reminded you of what happened? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 33. How often did you think the world is a bad place or not as good as it used to be? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 34. In the past week, how often did you feel lonely, even when you were around friends or family? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 35. How often did you get really scared when you heard or saw something you were not expecting to happen? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 36. How often did memories about what happened make you lose track of time or forget where you were? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 37. How often did you try to stop yourself from having thoughts, memories, or feelings about what happened? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 38. In the past week, how often did you think that a part of what happened was your fault? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |
| 39. How often did you feel really grumpy? | <input type="checkbox"/> NONE | <input type="checkbox"/> 1 DAY | <input type="checkbox"/> 2-3 DAYS | <input type="checkbox"/> MOST DAYS |

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(Continued from Page 1)

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

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(Continued from Page 2)

SCORING - ADMINISTRATORS ONLY

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 symptom

- 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: