Structured Trauma-Related Experiences and Symptoms Screener (STRESS)

Adult-Report on Child (Symptoms Only)

DATE _____ YOUTH NAME _____ RECORD ID _____

AGE _____ SEX ☐ Male ☐ Female INFORMANT _____

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 children have after scary or bad things happen to them. Please think about a scary or bad thing that happened to this child and how he or she has been thinking, feeling, or acting in the PAST WEEK when answering these questions. Check your answer.

26. In the past week, how often did this child think about what happened when he/she did not want to?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
27. How often did this child complain of stomachaches or headaches when reminded of what happened?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
28. How often did this child think that he/she is a bad person or not as good as he/she used to be?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
29. In the past week, how often did this child feel lonely, even when he/she was around friends or family?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
30. How often did this child get really surprised when he/she heard a loud noise or something snuck up behind him/her?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
31. How often did this child act irritable or grumpy?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
32. How often did this child have scary dreams or nightmares?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
33. How often did this child try to stop having thoughts, memories or feelings about what happened?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
34. In the past week, how often did this child think that part of what happened was his/her fault?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
35. How often is it hard for this child to feel happiness or love?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
36. How often did this child have trouble paying attention to things he/she was told to do, like homework or chores?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
37. How often did memories about what happened make this child lose track of time or forget where he/she was?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
38. How often did this child try not to go places, see people, or do things that would remind him/her of what happened?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS

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39. In the past week, how often did this child feel really bad, like mad, scared, or sad, for most of the day?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
40. How often did this child do reckless things that might hurt him/her?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
41. In the past week, how often was it hard for this child to fall asleep?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
42. When something reminded this child about what happened, how often did he/she feel really sad, scared, or mad?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
43. How often did this child have trouble remembering a part of what happened even when he/she tried to?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
44. How often was this child bored doing things he/she usually likes to do?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
45. How often did this child look around a lot, just in case something bad might happen?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
46. How often did this child try to keep his/her body from feeling ways that would remind him/her of what happened?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
47. How often did this child feel like he/she didn't know him/herself or his/her own body, like he/she was seeing a stranger when he/she looked in the mirror?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
48. How often did this child feel like people or places around him/her seemed totally strange, like he/she were in a dream even though he/she was awake?	☐ NONE	☐ 1 DAY	☐ 2-3 DAYS	☐ MOST DAYS
49. Has this child had these problems for at least the past month?	☐ NO	☐ YES		

Since the scary or bad thing or things happened is it harder for this child to…

50. Make or keep friends	☐ NO	☐ YES
51. Get along with other kids his/her age	☐ NO	☐ YES
52. Do schoolwork	☐ NO	☐ YES
53. Get along with his/her teachers	☐ NO	☐ YES
54. Get along with others he/she lives with	☐ NO	☐ YES
55. Get his/her chores done	☐ NO	☐ YES

YOU ARE FINISHED

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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 33 and 46, count whichever score is higher in the total, both index C2.

☐ Intrusion Symptom Criterion B Met (≥ 1 of the following items with scores of ≥ 2 - items 26, 27, 32, 37, 42)

☐ Avoidance Symptom Criterion C Met (≥ 1 of the following items with scores ≥ 2 - items 33, 38, 46)

☐ Negative Changes in Mood & Cognitions Criterion D Met (≥ 2 of the following items with scores ≥ 2 - items 28, 29, 34, 35, 39, 43, 44)

☐ Alterations in Arousal & Reactivity Criterion E Met (≥ 2 of the following items with scores ≥ 2 - items 30, 31, 36, 40, 41, 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:

