Structured Trauma-Related Experiences and Symptoms Screener (STRESS)

Adult-Report on Child

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 1 TRAUMA-RELATED EXPERIENCES

INSTRUCTIONS We are going to go through a list of very scary things that sometimes happen to children. Choose YES if the thing happened to this child or NO if it has not happened to this child. For each 'YES' response, provide the child's age when the scary or bad thing happened or started happening on the line next to

1. Has this child ever been in a really bad storm or disaster, like a flood, earthquake, or hurricane?	☐ NO	☐ YES	About how old was he/she? _____
2. Has this child or anyone in your child's family been in an actual war?	☐ NO	☐ YES	About how old was he/she? _____
3. Has this child ever been in a serious fire or lost his/her home in a fire?	☐ NO	☐ YES	About how old was he/she? _____
4. Has this child ever been in a really bad car accident?	☐ NO	☐ YES	About how old was he/she? _____
5. Has this child ever had to stay in the hospital because he/she was really sick or badly injured?	☐ NO	☐ YES	About how old was he/she? _____
6. Has anyone in this child's family ever had to stay in the hospital because they were really sick or badly	☐ NO	☐ YES	About how old was he/she? _____
7. Has anyone ever beaten this child up so badly that he/she had bruises, cuts, or injuries?	☐ NO	☐ YES	About how old was he/she? _____
8. Have adults in this child's home ever slapped, punched, or kicked him/her?	☐ NO	☐ YES	About how old was he/she? _____
9. Have adults in this child's home ever hit this child so hard he/she had bruises or red marks?	☐ NO	☐ YES	About how old was he/she? _____
10. Has this child ever been really hungry because his/her family did not have enough to eat?	☐ NO	☐ YES	About how old was he/she? _____
11. Have the adults in this child's home ever not care if he/she regularly went to school?	☐ NO	☐ YES	About how old was he/she? _____
12. Has this child ever been homeless?	☐ NO	☐ YES	About how old was he/she? _____
13. Has this child ever been separated from someone he/she depends on for love or safety for more than a few days?	☐ NO	☐ YES	About how old was he/she? _____
14. Has this child ever known or seen a family member being arrested, put in jail, or taken away by police?	☐ NO	☐ YES	About how old was he/she? _____

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15. Has this child ever been told over and over that he/she was no good or that people he/she lives with would leave or send him/her away?	☐ NO	☐ YES	About how old was he/she? _____
16. Has this child ever seen or heard adults in his/her home beat each other up or throw things at each other?	☐ NO	☐ YES	About how old was he/she? _____
17. Has this child ever seen or heard people in his/her neighborhood get badly hurt or killed?	☐ NO	☐ YES	About how old was he/she? _____
18. Has anyone ever told this child so much about how someone he/she loved died that he/she pictured it in his/her head?	☐ NO	☐ YES	About how old was he/she? _____
19. Has anyone ever told this child they were going to hurt or kill him/her?	☐ NO	☐ YES	About how old was he/she? _____
20. Has anyone ever made this child feel so scared that he/she thought they might badly hurt or kill him/her?	☐ NO	☐ YES	About how old was he/she? _____
21. Has this child ever thought that someone was going to really hurt or kill someone he/she loves?	☐ NO	☐ YES	About how old was he/she? _____
22. Has anyone ever tried to touch this child's private body parts or tried to make him/her touch their private body parts when he/she did not want to?	☐ NO	☐ YES	About how old was he/she? _____
23. Has anyone ever touched this child's private body parts or made him/her touch their private body parts when he/she did not want to?	☐ NO	☐ YES	About how old was he/she? _____
24. Has anyone much older than this child ever touched his/her private body parts, whether he/she wanted them to or not?	☐ NO	☐ YES	About how old was he/she? _____
25. Has anything else really scary or very bad ever happened to this child? *Specify* [	☐ NO	☐ YES	About how old was he/she? _____

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 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

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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
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

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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

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 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:

