

Name or ID#: _____ Date: _____

CPSS - V

Sometimes scary or upsetting things happen to kids. It might be something like a car accident, getting beaten up, living through an earthquake, being robbed, being touched in a way you didn't like, having a parent get hurt or killed, or some other very upsetting event.

Please write down the scary or upsetting thing that bothers you the most when you think about it:

When did it happen? _____

0 Not at all	1 Once a week or less/a little	2 2 to 3 times a week/somewhat	3 4 to 5 times a week/a lot	4 6 or more times a week/almost always
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These questions ask about how you feel about the upsetting thing you wrote down. Read each question carefully. Then circle the number (0-4) that best describes how often that problem has bothered you **IN THE LAST MONTH**.

- 0 1 2 3 4 Having upsetting thoughts or pictures about it that came into your head when you didn't want them to
- 0 1 2 3 4 Having bad dreams or nightmares
- 0 1 2 3 4 Acting or feeling as if it was happening again (seeing or hearing something and feeling as if you are there again)
- 0 1 2 3 4 Feeling upset when you remember what happened (for example, feeling scared, angry, sad, guilty, confused)
- 0 1 2 3 4 Having feelings in your body when you remember what happened (for example, sweating, heart beating fast, stomach or head hurting)
- 0 1 2 3 4 Trying not to think about it or have feelings about it
- 0 1 2 3 4 Trying to stay away from anything that reminds you of what happened (for example, people, places, or conversations about it)
- 0 1 2 3 4 Not being able to remember an important part of what happened
- 0 1 2 3 4 Having bad thoughts about yourself, other people, or the world (for example, "I can't do anything right", "All people are bad", "The world is a scary place")
- 0 1 2 3 4 Thinking that what happened is your fault (for example, "I should have known better", "I shouldn't have done that", "I deserved it")

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| 11. | 0 | 1 | 2 | 3 | 4 | Having strong bad feelings (like fear, anger, guilt, or shame) |
| 12. | 0 | 1 | 2 | 3 | 4 | Having much less interest in doing things you used to do |
| 13. | 0 | 1 | 2 | 3 | 4 | Not feeling close to your friends or family or not wanting to be around them |
| 14. | 0 | 1 | 2 | 3 | 4 | Trouble having good feelings (like happiness or love) or trouble having any feelings at all |
| 15. | 0 | 1 | 2 | 3 | 4 | Getting angry easily (for example, yelling, hitting others, throwing things) |
| 16. | 0 | 1 | 2 | 3 | 4 | Doing things that might hurt yourself (for example, taking drugs, drinking alcohol, running away, cutting yourself) |
| 17. | 0 | 1 | 2 | 3 | 4 | Being very careful or on the lookout for danger (for example, checking to see who is around you and what is around you) |
| 18. | 0 | 1 | 2 | 3 | 4 | Being jumpy or easily scared (for example, when someone walks up behind you, when you hear a loud noise) |
| 19. | 0 | 1 | 2 | 3 | 4 | Having trouble paying attention (for example, losing track of a story on TV, forgetting what you read, unable to pay attention in class) |
| 20. | 0 | 1 | 2 | 3 | 4 | Having trouble falling or staying asleep |

Have the problems above been getting in the way of these parts of your life IN THE PAST MONTH?

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| 21. | YES | NO | Fun things you want to do |
| 22. | YES | NO | Doing your chores |
| 23. | YES | NO | Relationships with your friends |
| 24. | YES | NO | Praying |
| 25. | YES | NO | Schoolwork |
| 26. | YES | NO | Relationships with your family |
| 27. | YES | NO | Being happy with your life |