

SCREENER AGE 0

Screener ID:

Child Name:

**COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES**

SCREENER REPORT

Screener ID:

Case Number:

Original Individual ID:

Individual ID:

Child Name:

Child DOB:

Child Age at Time Screener Started:

Child's Gender

Case Manager Name:

Case Manager Region:

Case Manager County:

Date Screener Started:

Date Screener Finalized:

Screener ID:

Child Name:

YOUNG CHILD PTSD A CHECKLIST (0-6 YRS)

Below is a list of stressful or scary events. Select whether your child has experienced each below ***during the past 12 months and/or prenatal exposure.***

1. Accident or crash with automobile, plane or boat

YES

NO

2. Attacked by an animal

YES

NO

3. Man-made disasters (fire, war, etc.)

YES

NO

4. Natural Disasters (hurricane, tornado, flood)

YES

NO

5. Hospitalization or invasive medical procedures (**for example, extended stays related to premature birth, in utero exposure to drugs or alcohol**)

YES

NO

6. Physical abuse

YES

NO

7. Sexual abuse, sexual assault, or rape

YES

NO

8. Accidental burning

YES

NO

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9. Near drowning

YES

NO

10. Witnessed another person being beaten, raped, threatened with serious harm, shot at, seriously wounded, or killed (**for example, violence against any household members**)

YES

NO

11. Kidnapped

YES

NO

12. Not having basic needs met, such as food and shelter; or left alone repeatedly for more than a few minutes

YES

NO

13. ***Has this child experienced any other traumatic events that were NOT captured elsewhere on this screener? If yes, please add details below. If no, please leave text box blank.***

YES

NO

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YOUNG CHILD SCREENER – ADDENDUM (0-6 YRS)

Select whether your child has experienced each below **during the past 12 months and/or prenatal exposure.**

1. Multiple separations from parent or caregiver

YES

NO

2. Multiple moves or homelessness

YES

NO

3. Exposure to drugs and/or drug activity (including NAS diagnosis, fetal alcohol, etc.)

YES

NO

4. Failure to reciprocate (e.g. lack of eye contact; not responding to vocalizations, play, or smiling)

YES

NO