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

SAFESPACE SCREENER REPORT

Screener ID:

Case Number:

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.

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

- ☐ 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

- [ ] 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. Other:

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YOUNG CHILD PTSD B CHECKLIST (1-6 YRS)

Below is a list of symptoms that children can have after life-threatening events. Please mark the box for the answer that best describes how often the symptom has bothered your child in the last month.

1. Does your child have intrusive memories of the trauma? Does s/he bring it up on his/her own?

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

2. Does your child re-enact the trauma in play with dolls or toys? This would be scenes that look just like the trauma. Or does s/he act it out by him/herself or with other kids?

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

3. Is your child having more nightmares since the trauma(s) occurred?

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

4. Does your child act like the traumatic event is happening to him/her again, even when it isn't? This is where a child is acting like they are back in the traumatic event and aren't in touch with reality. This is a pretty obvious thing when it happens.

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

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5. Since the trauma(s) has s/he had episodes when s/he seems to freeze? You may have tried to snap him/her out of it but s/he was unresponsive.

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

6. Does s/he get upset when exposed to reminders of the event(s)? For example, a child who was in a car wreck might be nervous while riding in a car now. Or, a child who was in a hurricane might be nervous when it is raining. Or, a child who saw domestic violence might be nervous when other people argue. Or, a girl who was sexually abused might be nervous when someone touches her.

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

7. Does your child get physically distressed when exposed to reminders? Like heart racing, shaking hands, sweaty, short of breath, or sick to his/her stomach? Think of the same type of examples as in #6.

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

8. Does your child try to avoid conversations that might remind him/her of the trauma(s)? For example, if other people talk about what happened, does s/he walk away or change the topic?

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

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9. Does your child try to avoid things or places that remind him/her of the trauma(s)? For example, a child who was in a car wreck might try to avoid getting into a car. Or, a child who saw domestic violence might be nervous to go in the house where it occurred. Or, a girl who was sexually abused might be nervous about going to bed because that's where she was abused before.

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

10. Does your child have difficulty remembering the whole incident? Has s/he blocked out the entire event?

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

11. Has s/he lost interest in doing things that s/he used to like to do since the trauma(s)?

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

12. Since the trauma(s), does your child show a restricted range of emotions on his/her face compared to before?

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

13. Has your child lost hope for the future? For example, s/he believes will not have fun tomorrow, or will never be good at anything.

- ☐ Not at all
- ☐ Once a week or less/once in a while
- ☐ 2 to 4 times a week/half the time
- ☐ 5 or more times a week/almost always
- ☐ Everyday

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14. Since the trauma(s) has your child become more distant and detached from family members, relatives, or friends?

- [ ] Not at all
- [ ] Once a week or less/once in a while
- [ ] 2 to 4 times a week/half the time
- [ ] 5 or more times a week/almost always
- [ ] Everyday

15. Has s/he had a hard time falling asleep or staying asleep since the trauma(s)?

- [ ] Not at all
- [ ] Once a week or less/once in a while
- [ ] 2 to 4 times a week/half the time
- [ ] 5 or more times a week/almost always
- [ ] Everyday

16. Has your child become more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma(s)?

- [ ] Not at all
- [ ] Once a week or less/once in a while
- [ ] 2 to 4 times a week/half the time
- [ ] 5 or more times a week/almost always
- [ ] Everyday

17. Has your child had more trouble concentrating since the trauma(s)?

- [ ] Not at all
- [ ] Once a week or less/once in a while
- [ ] 2 to 4 times a week/half the time
- [ ] 5 or more times a week/almost always
- [ ] Everyday

18. Has s/he been more "on the alert" for bad things to happen? For example, does s/he look around for danger?

- [ ] Not at all
- [ ] Once a week or less/once in a while
- [ ] 2 to 4 times a week/half the time
- [ ] 5 or more times a week/almost always
- [ ] Everyday

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19. Does your child startle more easily than before the trauma(s)? For example, if there's a loud noise or someone sneaks up behind him/her, does s/he jump or seem startled?

- [ ] Not at all
- [ ] Once a week or less/once in a while
- [ ] 2 to 4 times a week/half the time
- [ ] 5 or more times a week/almost always
- [ ] Everyday

20. Has your child become more physically aggressive since the trauma(s)? Like hitting, kicking, biting, or breaking things.

- [ ] Not at all
- [ ] Once a week or less/once in a while
- [ ] 2 to 4 times a week/half the time
- [ ] 5 or more times a week/almost always
- [ ] Everyday

21. Has s/he become more clingy to you since the trauma(s)?

- [ ] Not at all
- [ ] Once a week or less/once in a while
- [ ] 2 to 4 times a week/half the time
- [ ] 5 or more times a week/almost always
- [ ] Everyday

22. Did night terrors start or get worse after the trauma(s)? Night terrors are different from nightmares: in night terrors a child usually screams in their sleep, they don't wake up, and they don't remember it the next day.

- [ ] Not at all
- [ ] Once a week or less/once in a while
- [ ] 2 to 4 times a week/half the time
- [ ] 5 or more times a week/almost always
- [ ] Everyday

23. Since the trauma(s), has your child lost previously acquired skills? For example, lost toilet training? Or, lost language skills? Or, lost motor skills working snaps, buttons, or zippers?

- [ ] Not at all
- [ ] Once a week or less/once in a while
- [ ] 2 to 4 times a week/half the time
- [ ] 5 or more times a week/almost always
- [ ] Everyday

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24. Since the trauma(s), has your child developed any new fears about things that don't seem related to the trauma (s)? What about going to the bathroom alone? Or, being afraid of the dark?

- [ ] Not at all
- [ ] Once a week or less/once in a while
- [ ] 2 to 4 times a week/half the time
- [ ] 5 or more times a week/almost always
- [ ] Everyday

Do the symptoms that you endorsed above get in the way of your child's ability to function in the following areas?

25. Do (symptoms) substantially "get in the way" of how s/he gets along with you, interfere in your relationship, or make you feel upset or annoyed?

- [ ] Hardly ever/none
- [ ] Some of the time
- [ ] About half the days
- [ ] More than half the days
- [ ] Everyday

26. Do these (symptoms) "get in the way" of how s/he gets along with brothers or sisters, and make them feel upset or annoyed?

- [ ] Hardly ever/none
- [ ] Some of the time
- [ ] About half the days
- [ ] More than half the days
- [ ] Everyday

27. Do these (symptoms) "get in the way" with the teacher or the class more than average?

- [ ] Hardly ever/none
- [ ] Some of the time
- [ ] About half the days
- [ ] More than half the days
- [ ] Everyday

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28. Do (symptoms) "get in the way" of how s/he gets along with friends at all - at daycare, school, or in your neighborhood?

- [ ] Hardly ever/none
- [ ] Some of the time
- [ ] About half the days
- [ ] More than half the days
- [ ] Everyday

29. Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child? Is it harder to go out with your child to places like the grocery store? Or to a restaurant?

- [ ] Hardly ever/none
- [ ] Some of the time
- [ ] About half the days
- [ ] More than half the days
- [ ] Everyday

30. Do you think that these behaviors cause your child to feel upset?

- [ ] Hardly ever/none
- [ ] Some of the time
- [ ] About half the days
- [ ] More than half the days
- [ ] Everyday

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Strengths and Difficulties Questionnaire (4-10 YRS)

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

1. Considerate of other people's feelings

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

2. Restless, overactive, cannot stay still for long

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

3. Often complains of headaches, stomach-aches or sickness

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

4. Shares readily with other children, for example toys, treats, pencils

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

5. Often loses temper

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

6. Rather solitary, prefers to play alone

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

7. Generally well behaved, usually does what adults request

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

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8. Many worries or often seems worried

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

9. Helpful if someone is hurt, upset or feeling ill

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

10. Constantly fidgeting or squirming

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

11. Has at least one good friend

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

12. Often fights with other children or bullies them

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

13. Often unhappy, depressed or tearful

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

14. Generally liked by other children

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

15. Easily distracted, concentration wanders

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

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16. Nervous or clingy in new situations, easily loses confidence

- [ ] Not True
- [ ] Somewhat True
- [ ] Certainly True

17. Kind to younger children

- [ ] Not True
- [ ] Somewhat True
- [ ] Certainly True

18. Often lies or cheats

- [ ] Not True
- [ ] Somewhat True
- [ ] Certainly True

19. Picked on or bullied by other children

- [ ] Not True
- [ ] Somewhat True
- [ ] Certainly True

20. Often offers to help others (parents, teachers, or other children)

- [ ] Not True
- [ ] Somewhat True
- [ ] Certainly True

21. Thinks things out before acting

- [ ] Not True
- [ ] Somewhat True
- [ ] Certainly True

22. Steals from home, school or elsewhere

- [ ] Not True
- [ ] Somewhat True
- [ ] Certainly True

23. Gets along better with adults than with other children

- [ ] Not True
- [ ] Somewhat True
- [ ] Certainly True

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24. Many fears, easily scared

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True

25. Good attention span, sees work through to the end

- ☐ Not True
- ☐ Somewhat True
- ☐ Certainly True