

Screener ID:

Screener Age 7

Child Name:

**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:

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

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7. Generally well behaved, usually does what adults request

- Not True
- Somewhat True
- Certainly True

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

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15. Easily distracted, concentration wanders

- Not True
- Somewhat True
- Certainly True

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

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23. Gets along better with adults than with other children

- Not True
- Somewhat True
- Certainly True

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

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Upsetting Events Survey

1. **Have you ever been in a natural disaster such as a flood, fire, mudslide, hurricane or earthquake?**
 No
 Yes
 More than Once
 I don't know

2. **Have you ever been in a bad motor vehicle or car accident? By bad accident, we mean an accident that was bad enough so you had to get medical care or that badly injured or killed someone else?**
 No
 Yes
 More than Once
 I don't know

3. **Have you ever been in any other kind of accident where you or someone else was badly hurt? By accident, we mean something like a plane crash, an explosion or fire, or someone almost drowning?**
 No
 Yes
 More than Once
 I don't know

4. **Did a close friend or someone you loved die suddenly (when you didn't expect it) because of an accident, illness, suicide or murder?**
 No
 Yes
 More than Once
 I don't know

5. **Have you ever been robbed or been there during a robbery where the robber(s) used or showed a weapon?**
 No
 Yes
 More than Once
 I don't know

6. **Have you ever been hit or beaten up and badly hurt by a stranger or by someone you didn't know very well?**
 No
 Yes
 More than Once
 I don't know

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7. **Did you ever see a stranger, or someone you didn't know very well, attack, beat up, badly hurt or kill someone?**
- No
- Yes
- More than Once
- I don't know
8. **Has anyone ever threatened to kill you or badly hurt you?**
- No
- Yes
- More than Once
- I don't know
9. **Have you ever been badly hurt or punished by a parent, teacher, or caretaker? By badly hurt we mean in a way that caused you to have bruises, burns, cuts, or broken bones?**
- No
- Yes
- More than Once
- I don't know
10. **Did you see or hear family fighting? By family fighting we mean any family member beating up or causing bruises, burns or cuts on another family member.**
- No
- Yes
- More than Once
- I don't know
11. **Have you ever been slapped, punched, kicked, beaten up, or otherwise badly hurt by a friend, acquaintance, boyfriend or girlfriend?**
- No
- Yes
- More than Once
- I don't know
12. **Before your 16th birthday, did anyone touch or stroke your body in a sexual way when you did not want them to? Or did they make you touch or stroke their body in a sexual way when you did not want them to?**
- No
- Yes
- More than Once
- I don't know

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13. **Before your 16th birthday, did anyone who was at least 5 years older than you touch or stroke your body in a sexual way? Or did they make you touch or stroke their body in a sexual way?**
- No
- Yes
- More than Once
- I don't know
14. **After your 16th birthday, did anyone touch your sexual parts or make you touch their sexual parts against your will?**
- No
- Yes
- More than Once
- I don't know
15. **Has anyone stalked you, in other words, followed you or kept track of you in a way that made you feel scared or worried about being safe?**
- No
- Yes
- More than Once
- I don't know
16. **Did you go through any other events that were life threatening, caused a bad injury, or were very upsetting to you? Did you see any other events that were life threatening, caused bad injury, or were very upsetting? We are talking about events like being lost, tortured, and kidnapped or held captive.**
- No
- Yes
- More than Once
- I don't know
17. **Have you had a great shock because one of the events on this list happened to someone close to you (parent, close relative, close friend)?**
- No
- Yes
- More than Once
- I don't know

If you checked yes for questions number 16 or 17, please write down what event you were thinking of when you answered.