

## **Screener Age 0**

Screener ID:

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:

**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:**