SCREENER AGES 7-10

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:

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

Screener ID:

Child Name:

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

Screener ID:

Child Name:

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, 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

Screener ID:

Child Name:

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

Screener ID:

Child Name:

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

Screener ID:

Child Name:

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

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

Screener ID:

Child Name:

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

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

Screener ID:

Child Name:

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.

Screener ID:

Child Name:

Child PTSD Symptom Scale 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?

1. **Having upsetting thoughts or pictures about it that came into your head when you didn't want them to**
   - ☐ Not at all
   - ☐ Once a week or less/a little
   - ☐ 2 to 3 times a week/somewhat
   - ☐ 4 to 5 times a week/a lot
   - ☐ 6 or more times a week/almost always

2. **Having bad dreams or nightmares**
   - ☐ Not at all
   - ☐ Once a week or less/a little
   - ☐ 2 to 3 times a week/somewhat
   - ☐ 4 to 5 times a week/a lot
   - ☐ 6 or more times a week/almost always

3. **Acting or feeling as if it was happening again (seeing or hearing something and feeling as if you are there again)**
   - ☐ Not at all
   - ☐ Once a week or less/a little
   - ☐ 2 to 3 times a week/somewhat
   - ☐ 4 to 5 times a week/a lot
   - ☐ 6 or more times a week/almost always

4. **Feeling upset when you remember what happened (for example, feeling scared, angry, sad, guilty, confused)**
   - ☐ Not at all
   - ☐ Once a week or less/a little
   - ☐ 2 to 3 times a week/somewhat
   - ☐ 4 to 5 times a week/a lot
   - ☐ 6 or more times a week/almost always

Screener ID:

Child Name:

5. **Having feelings in your body when you remember what happened (for example, sweating, heart beating fast, stomach or head hurting)**
   - ☐ Not at all
   - ☐ Once a week or less/a little
   - ☐ 2 to 3 times a week/somewhat
   - ☐ 4 to 5 times a week/a lot
   - ☐ 6 or more times a week/almost always

6. **Trying not to think about it or having feelings about it**
   - ☐ Not at all
   - ☐ Once a week or less/a little
   - ☐ 2 to 3 times a week/somewhat
   - ☐ 4 to 5 times a week/a lot
   - ☐ 6 or more times a week/almost always

7. **Trying to stay away from anything that reminds you of what happened (for example, people, places, or conversations about it)**
   - ☐ Not at all
   - ☐ Once a week or less/a little
   - ☐ 2 to 3 times a week/somewhat
   - ☐ 4 to 5 times a week/a lot
   - ☐ 6 or more times a week/almost always

8. **Not being able to remember an important part of what happened**
   - ☐ Not at all
   - ☐ Once a week or less/a little
   - ☐ 2 to 3 times a week/somewhat
   - ☐ 4 to 5 times a week/a lot
   - ☐ 6 or more times a week/almost always

9. **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 scare place")**
   - ☐ Not at all
   - ☐ Once a week or less/a little
   - ☐ 2 to 3 times a week/somewhat
   - ☐ 4 to 5 times a week/a lot
   - ☐ 6 or more times a week/almost always

Screener ID:

Child Name:

10. **Thinking about what happened is your fault (for example, "I should have known better," "I shouldn't have done that," "I deserved it")**
    - ☐ Not at all
    - ☐ Once a week or less/a little
    - ☐ 2 to 3 times a week/somewhat
    - ☐ 4 to 5 times a week/a lot
    - ☐ 6 or more times a week/almost always

11. **Having strong bad feelings (like fear, anger, guilt, or shame)**
    - ☐ Not at all
    - ☐ Once a week or less/a little
    - ☐ 2 to 3 times a week/somewhat
    - ☐ 4 to 5 times a week/a lot
    - ☐ 6 or more times a week/almost always

12. **Having much less interest in doing things you used to do**
    - ☐ Not at all
    - ☐ Once a week or less/a little
    - ☐ 2 to 3 times a week/somewhat
    - ☐ 4 to 5 times a week/a lot
    - ☐ 6 or more times a week/almost always

13. **Not feeling close to your friends or family or not wanting to be around them**
    - ☐ Not at all
    - ☐ Once a week or less/a little
    - ☐ 2 to 3 times a week/somewhat
    - ☐ 4 to 5 times a week/a lot
    - ☐ 6 or more times a week/almost always

14. **Trouble having good feelings (like happiness or love) or trouble having any feelings at all**
    - ☐ Not at all
    - ☐ Once a week or less/a little
    - ☐ 2 to 3 times a week/somewhat
    - ☐ 4 to 5 times a week/a lot
    - ☐ 6 or more times a week/almost always

Screener ID:

Child Name:

15. **Getting angry easily (for example, yelling, hitting others, throwing things)**
    - ☐ Not at all
    - ☐ Once a week or less/a little
    - ☐ 2 to 3 times a week/somewhat
    - ☐ 4 to 5 times a week/a lot
    - ☐ 6 or more times a week/almost always

16. **Doing things that might hurt yourself (for example, taking drugs, drinking alcohol, running away, cutting yourself)**
    - ☐ Not at all
    - ☐ Once a week or less/a little
    - ☐ 2 to 3 times a week/somewhat
    - ☐ 4 to 5 times a week/a lot
    - ☐ 6 or more times a week/almost always

17. **Being very careful or on the lookout for danger (for example, checking to see who is around you and what is around you)**
    - ☐ Not at all
    - ☐ Once a week or less/a little
    - ☐ 2 to 3 times a week/somewhat
    - ☐ 4 to 5 times a week/a lot
    - ☐ 6 or more times a week/almost always

18. **Being jumpy or easily scared (for example, when someone walks up behind you, when you hear a loud noise)**
    - ☐ Not at all
    - ☐ Once a week or less/a little
    - ☐ 2 to 3 times a week/somewhat
    - ☐ 4 to 5 times a week/a lot
    - ☐ 6 or more times a week/almost always

19. **Having trouble paying attention (for example, losing track of a story on TV, forgetting what you read, unable to pay attention in class)**
    - ☐ Not at all
    - ☐ Once a week or less/a little
    - ☐ 2 to 3 times a week/somewhat
    - ☐ 4 to 5 times a week/a lot
    - ☐ 6 or more times a week/almost always

Screener ID:

Child Name:

20. **Having trouble falling or staying asleep**
    - ☐ Not at all
    - ☐ Once a week or less/a little
    - ☐ 2 to 3 times a week/somewhat
    - ☐ 4 to 5 times a week/a lot
    - ☐ 6 or more times a week/almost always

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

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