OFFICE ONLY ID:_____ Respondent: _____ Times @ Clinic_____ Date:_____
Assessor:_____ Vscale_____ VP1: ❑ Y ❑ N VP2: ❑ Y ❑ N VP3: ❑ Y ❑ N

TRAUMATIC EVENTS SCREENING INVENTORY- PARENT REPORT REVISED

Children may experience stressful events, which may affect their health and well-being. Please indicate *if* your child has experienced any of these potentially stressful events by answering the shaded questions. If the answer is yes, please answer the follow-up questions. If it's no, please go to the next shaded question.

If you have any questions or comments about any of the questions, we would be happy to talk to you about them.

SAMPLE ITEM *(instructions are in italics)*

A. **Has your child ever had a doctor's visit?** *(Mark your answer in the next column. If yes answer the questions below.)* → ❑Yes ❑ No ❑ Unsure

If YES ➪ How old was your child?

The first time:_____ **The last time:_____** **The most stressful:_____**

Your child's age the first time s/he saw a doctor (even if s/he would not have remembered it).

Your child's age during his/her most recent doctor's visit.

Your child's age during the most stressful visit for your child (in your opinion).

Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure
(By strongly affected we mean: did your child seem: a) to be extremely frightened; b) to be very confused or helpless; c) to be very shocked or horrified, d) to have difficulty getting back to her or his normal way of behaving or feeling when it was over, OR e) to behave differently in important ways after it was over.)

1.1 Has your child ever ***been in*** a serious accident where someone could have been (or actually was) severely injured or died? (like a serious car or bicycle accident, a fall, a fire, an incident where s/he was burned, an actual or near drowning, or a severe sports injury) → ❑Yes ❑ No ❑ Unsure

If YES ➪ Identify the type of accident(s):_____

Victim's relationship to your child:_____ Did anyone die? ❑ yes ❑ no ❑ unsure

How old was your child? The first time:_____ The last time:_____ The most stressful:_____

Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure

1.2 Has your child ever ***seen*** a serious accident where someone could have been (or actually was) severely injured or died? (like a serious car or bicycle accident, a fall, a fire, an incident where someone was burned, an actual or near drowning, or a severe sports injury) → ❑Yes ❑ No ❑ Unsure

If YES ➪ Identify the type of accident(s) _____

Victim's relationship to your child:_____ Did anyone die? ❑ yes ❑ no ❑ unsure

How old was your child? The first time:_____ The last time:_____ The most stressful:_____

Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure

1.3 Has your child ever been in a natural disaster where someone could have been (or actually was) severely injured or died, or where your family or people in your community lost or had to permanently leave their home (like a tornado, fire, hurricane, or earthquake)? → ❑Yes ❑ No ❑ Unsure

If YES ➪ Type of disaster:_____ Did anyone die? ❑ yes ❑ no ❑ unsure

How old was your child? The first time:_____ The last time:_____ The most stressful:_____

Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure

1.4a Has your child ever experienced the severe illness or injury of someone close to him/her? ⟶ IF YES ➪ What was this person's relationship to your child?_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	❑Yes ❑ No ❑ Unsure
1.4b Has your child ever experienced the death of someone close to him/her? ⟶ IF YES ➪ What was this person's relationship to your child?_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was the death(s) due to: *(check all that apply)* ❑ natural causes ❑ illness ❑ accident ❑ violence ❑ unknown Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	❑Yes ❑ No ❑ Unsure
1.5 Has your child ever undergone any serious medical procedures or had a life threatening illness? Or been treated by a paramedic, seen in an emergency room, or hospitalized overnight for a medical procedure? ⟶ IF YES➪ Describe _____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	❑Yes ❑ No ❑ Unsure
1.6 Has your child ever been separated from you or another person who your child depends on for love or security for more than a few days OR under very stressful circumstances? For example due to foster care, immigration, war, major illness, or hospitalization. ⟶ IF YES➪ Who was your child separated from: _____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	❑Yes ❑ No ❑ Unsure
1.7 Has someone close to your child ever attempted suicide or harmed him or herself? ⟶ IF YES ➪ What was this person's relationship to your child?_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	❑Yes ❑ No ❑ Unsure
2.1 Has someone ever physically assaulted your child, like hitting, pushing, choking, shaking, biting, or burning? Or punished your child and caused physical injury or bruises. Or attacked your child with a gun, knife, or other weapon? (This could be done by someone in the family or by someone not in your child's family). ⟶ IF YES➪ What was this person's relationship to your child? _____ Was a weapon used? ❑ unsure ❑ no ❑ yes (type)_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	❑Yes ❑ No ❑ Unsure

2.2 Has someone ever directly threatened your child with serious physical harm? →	❑Yes ❑ No ❑ Unsure
IF YES➪ What was this person's relationship to your child? _____ Did they threatened to use a weapon? ❑ unsure ❑ no ❑ yes (type)_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	
2.3 Has someone ever mugged or tried to steal from your child? Or has your child been present when a family member, other caregiver, or friend was mugged? →	❑Yes ❑ No ❑ Unsure
IF YES➪ Who was mugged? (If not your child indicate the person's relationship to your child.) _____ Was a weapon used? ❑ unsure ❑ no ❑ yes (type)_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	
2.4 Has anyone ever kidnapped your child? (including a parent or relative) Or has anyone ever kidnapped someone close to your child? →	❑Yes ❑ No ❑ Unsure
IF YES➪ Who was kidnapped? (If not your child indicate the person's relationship to your child.) _____ What was the kidnapper's relationship to your child? _____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	
2.5 Has your child ever been attacked by a dog or other animal? →	❑Yes ❑ No ❑ Unsure
IF YES➪ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child seriously physically hurt as a result of the attack? ❑yes ❑ no ❑ unsure Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	
3.1 Has your child ever seen, heard, or heard about people ***in your family*** physically fighting, hitting, slapping, kicking, or pushing each other. Or shooting with a gun or stabbing, or using any other kind of dangerous weapon? →	❑Yes ❑ No ❑ Unsure
IF YES➪ What were these people's relationships to your child? _____ Was a weapon used? ❑ unsure ❑ no ❑ yes (type)_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Did your child see what happened? ❑yes ❑ no ❑ unsure Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	

3.2 Has your child ever seen or heard people ***in your family*** threaten to seriously harm each other? →	❑Yes ❑ No ❑ Unsure
IF YES➪ What were these people's relationships to your child? _____ Did they threatened to use a weapon? ❑ unsure ❑ no ❑ yes (type)_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child present when the threat was made? ❑yes ❑ no ❑ unsure Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	
3.3 Has your child ever known or seen that a family member was arrested, jailed, imprisoned, or taken away (like by police, soldiers, or other authorities)? →	❑Yes ❑ No ❑ Unsure
IF YES➪ What was this person's relationship to your child?_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child there when the police came? ❑yes ❑ no ❑ unsure Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	
4.1 Has your child ever seen or heard people ***outside your family*** fighting, hitting, pushing, or attacking each other? Or seen or heard about violence such as beatings, shootings, or muggings that occurred in settings that are important to your child, such as school, your neighborhood, or the neighborhood of someone important to your child? →	❑Yes ❑ No ❑ Unsure
IF YES➪ What were these people's relationship to your child? _____ Was a weapon used? ❑ unsure ❑ no ❑ yes (type)_____ Where did this happen? _____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Did your child see what happened? ❑yes ❑ no ❑ unsure Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	
4.2 Has your child ever been directly exposed to war, armed conflict, or terrorism? →	❑Yes ❑ No ❑ Unsure
IF YES➪ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	
4.3 Has your child ever seen or heard acts of war or terrorism on the television or radio? →	❑Yes ❑ No ❑ Unsure
IF YES➪ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	
5.1 Has someone ever ***made*** your child see or do something sexual (like touching in a sexual way, exposing self or masturbating in front of the child, engaging in sexual intercourse) →	❑Yes ❑ No ❑ Unsure
IF YES➪ What was this person's relationship to your child? _____ Was physical violence used? ❑ unsure ❑ no ❑ yes Was a weapon used? ❑ unsure ❑ no ❑ yes (type)_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	

5.2 Has your child ever been present when someone was being forced to engage in any sort of sexual activity? ⟶ IF YES➪ What were these people's relationship to your child? Victim:_____ Aggressor:_____ Was physical violence used? ❑ unsure ❑ no ❑ yes Was a weapon used? ❑ unsure ❑ no ❑ yes (type)_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	❑Yes ❑ No ❑ Unsure
6.1 Has your child ever repeatedly been told s/he was no good, yelled at in a scary way, or had someone threaten to abandon, leave or send him/her away? ⟶ IF YES➪ What was this person's relationship to your child?_____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	❑Yes ❑ No ❑ Unsure
6.2 Has your child ever gone through a period when s/he lacked appropriate care (like not having enough to eat or drink, lacking shelter, being left alone when s/he was too young to care for herself/himself, or being left with a caregiver who was abusing drugs) ⟶ IF YES➪ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	❑Yes ❑ No ❑ Unsure
7.1 Have there been other stressful things that have happened to your child? ⟶ IF YES➪ Briefly describe these things:_____ _____ How old was your child? The first time:_____ The last time:_____ The most stressful:_____ Was your child strongly affected by one or more of these experiences? ❑ yes ❑ no ❑ unsure	❑Yes ❑ No ❑ Unsure