ID_________	Times@clinic____	Resp.____
Date__/__/__	Time Period_____	Assessor_____
VScale___	VP1__VP1__VP3__	
RC Event#___	Interview □ Questionnaire □	Mixed □

TRAUMATIC EVENTS SCREENING INVENTORY PARENT REPORT REVISED 2013 Version

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.

Age coding instructions: Please mark all ages at which the child experienced each event. For ages 2 years and above, please round down to the nearest year. For example, if an event occurred when the child was 5.11, it should be coded as 5.

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

SAMPLE ITEM

Has your child ever had a doctor's visit? (*Mark your answer in the next column*) ❑Yes ❑ No ❑ Unsure

Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+

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

Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+

Victim's relationship to child:_______________________________________ Did anyone die? ❑ 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

Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+

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

1.3 Has your child ever been in a serious natural disaster where someone could have been (or actually was) severely injured or died? (like a tornado, hurricane, fire, or earthquake) ❑Yes ❑ No ❑ Unsure

Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+

Did anyone **your child knows personally** die? ❑ yes ❑ no ❑ unsure

1.4a Has your child ever experienced the severe illness or injury of someone closes to him/her?											❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
Person's relationship to your child?____											

1.4b Has your child ever experienced the death of someone closes to him/her?											❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
Person's relationship to your child?____											

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?											❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
Notes:											

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 <u>OR</u> under very stressful circumstances? For example due to foster care, immigration, war, major illness, or hospitalization.											❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
Who was your child separated from: ____											

1.7 Has someone close to your child ever attempted suicide or harmed him or herself?											❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
Person's relationship to your child?____											

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).											❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
Person's relationship to your child?____											

2.2 Has someone ever directly threatened your child with serious physical harm?											❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
Person's relationship to your child?____											

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
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
Who was mugged? (If not your child indicate the person's relationship to your child)____											

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
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
Who was kidnapped? (If not your child indicate the person's relationship to your child)____ Kidnapper's relationship to your child? ____											

2.5 Has your child ever been attacked by a dog or other animal?

❑Yes
❑ No
❑ Unsure

Age? *(check all that apply)*	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+

Was child seriously physically hurt as a result of the attack? ❑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

Age? *(check all that apply)*	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+

People's relationship to your child?____

3.2 Has your child ever seen or heard people ***in your family*** threaten to seriously harm each other?

❑Yes
❑ No
❑ Unsure

Age? *(check all that apply)*	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+

People's relationship to your child?____

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

Age? *(check all that apply)*	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+

People's relationship to your child?____

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
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+
What were these people's relationship to your child?____										
4.2 Has your child ever been directly exposed to war, armed conflict, or terrorism?										❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+
Notes:										
4.3 Has your child ever seen or heard acts of war or terrorism on the television or radio?										❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+
Notes:										
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
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+
What was this person's relationship to your child?____										

5.2 Has your child ever been present when someone was being forced to engage in any sort of sexual activity?											❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
What were these people's relationship to your child? Victim: _________________________ Aggressor: __________________________											

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?											❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
What was this person's relationship to your child?____											

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)?											❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
Notes:											

7.1 Have there been other stressful things that have happened to your child?											❑Yes ❑ No ❑ Unsure
Age? ***(check all that apply)***	Pregnancy	0-6 mo	6-12 mo	12-18 mo	18-24 mo	2	3	4	5	6+	
Briefly describe these things:											