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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/DCYF_logo_BW.png | **Brief Assessment of Anxiety and PTSD:****Caregiver / Parent** |
| COMPLETED BY: | DATE | CHILD’S NAME | CHILD AGE |
| Anxiety:Here is a list of sentences that describe how people feel. Decide if it is "Not True or Hardly Ever True,” or "Somewhat True or Sometimes True,” or "Very True or Very Often True" for your child. Then, for each sentence, choose the answer that seems to describe your child for the last three (3) months. |
|  | **0****Not True or****Hardly Ever True** | **1****Somewhat true or Sometimes True** | **2****Very True or****Often True** |
| My child gets really frightened for no reason at all. | [ ]  | [ ]  | [ ]  |
| My child is afraid to be alone in the house. | [ ]  | [ ]  | [ ]  |
| People tell me that my child worries too much. | [ ]  | [ ]  | [ ]  |
| My child is scared to go to school. | [ ]  | [ ]  | [ ]  |
| My child is shy. | [ ]  | [ ]  | [ ]  |
|  Anxiety: 3+ = clinical. Score:   |
| Post-traumatic Stress Symptoms: Here is a list of sentences that describe how people feel. Decide if it is "Not True or Hardly Ever True,” or "Somewhat True or Sometimes True,” or "Very True or Very Often True" for your child. Then, for each sentence, choose the answer that seems to describe your child for the last three (3) months. |
|  | **0****Not True or****Hardly Ever True** | **1****Somewhat true or Sometimes True** | **2****Very True or****Often True** |
| My child has very scary dreams about a very bad thing that once happened to him / her. | [ ]  | [ ]  | [ ]  |
| My child tries not to think about a very bad thing that once happened to him / her. | [ ]  | [ ]  | [ ]  |
| My child gets scared when he / she thinks back on a very bad thing that once happened to him / her. | [ ]  | [ ]  | [ ]  |
| My child keeps thinking about a very bad thing that once happened to him / her even when he / she doesn’t want to think about it. | [ ]  | [ ]  | [ ]  |
|  PTSD: 6+ = clinical. Score:   |