

ASSESSMENT QUESTIONS:

These questions can be addressed to a child/youth or, for younger children, to the parent/caregiver of a child, who answers in terms of their concerns for the child.

SPECIFY PERSON COMPLETING ASSESSMENT: CHILD PARENT/GUARDIAN CHILD AND PARENT TOGETHER

INTRODUCTION:

I want to talk to you about your (your child's) feelings and thoughts about the hurricane/flooding and how much they are causing problems **now**. Think about your thoughts, feelings, and behavior **DURING THE LAST MONTH** (please remind child/parent of this **for each question**)

For each question choose **ONE** of the following responses and enter the NUMBER of the response in the box for that question.

ANSWER CHOICES: (0) NONE (1) LITTLE (2) SOME (3) MUCH (4) MOST

Item	ASSESSMENT QUESTIONS	SCORE 0 - 4
1	Do you get upset, afraid or sad when something makes you think about the hurricane/flood/evacuation?	
2	Do you have bad dreams or nightmares about what happened?	
3	Do you have upsetting thoughts or pictures that come into your mind about what happened?	
4	Do you try not to think about or talk about what happened?	
5	Do you stay away from places, people or things that make you remember the hurricane/flood/evacuation?	
6	<i>Since the hurricane/flood/evacuation, especially in the past four weeks</i> , do you feel that nothing is fun for you any more or that you just aren't interested in anything?	
7	Do you have difficulty falling asleep at night or find that you wake up in the night because of what happened?	
8	Do you often feel jumpy or nervous?	
9	Do you find it harder to concentrate or pay attention to things than you usually do?	
10	<i>Since the hurricane/flood/evacuation, especially in the past four weeks</i> , do you worry about what is going to happen to you/your family/your friends?	
11	Do you often feel irritable or grouchy?	
12	Do you often feel sad, down or depressed?	
13	Have your been more or less interested in eating since what happened?	
14	<i>Since the hurricane/flood/evacuation, especially in the past four weeks</i> , have you had more aches and pains such as stomachaches or headaches?	
15	Do you have less energy than usual?	
16	If in school: Do you find it harder to get your schoolwork done?	
17	Do you worry about something else bad happening to you/ your family/your friends?	
18	<i>Since the hurricane/flood/evacuation, especially in the past four weeks</i> are you having a harder time getting along with your family or your friends?	
19	If in a new school: Are you having a hard time making new friends?	
20	Are you finding it harder to do or enjoy activities that you used to enjoy?	
21	How bothered are you by these questions?	
22	Have you used drugs or alcohol since the hurricane/evacuation/flood?	

Additional Questions for Parents (Required for parents of young children; recommended for parents of all children and adolescents)

1	Has your child been more clingy or worried about separation?	
2	Has your child been more quiet and withdrawn?	
3	Has your child talked repeatedly about or asked questions about the hurricane/flooding/evacuation?	
4	<i>For parents of young children</i> , has your child's play been about the hurricane/flooding/evacuation?	
5	<i>For parents of young children</i> , have you noticed changes in your child's development (e.g., bedwetting, baby talk, need more help with self care)	
6	Is your child having more behavior problems?	
7	Do you have other concerns about your child since the hurricane/flooding? What are they? _____	

Count the number of entries in the last column of the above table that have a score of 3 or 4. **Items scored 3 or 4, total HERE:**

REFERRAL: If the total is 4 or more for scores of 3 or 4, discuss the possibility of a referral for mental health services.

Did you offer a referral for services?

NO YES, based on the total score. YES, but not based on total score – SPECIFY REASON: _____

Did the child/parent accept the referral? NO YES

If the referral was accepted, did the child/parent choose a specific agency/provider to make contact with?

NO YES, please INDICATE AGENCY NAME & PROVIDER:

AGENCY NAME: _____ PROVIDER: _____