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| --- | --- | --- | --- | --- | --- | --- |
| DCYF Logo   Description automatically generated with medium confidence | | **Brief Assessment of Anxiety and PTSD:**  **Child / Youth** | | | | |
| 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 you. Then, for each sentence, choose the answer that seems to describe you 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** | |
| I get really frightened for no reason at all. | |  | |  |  | |
| I am afraid to be alone in the house. | |  | |  |  | |
| People tell me that I worry too much. | |  | |  |  | |
| I am scared to go to school. | |  | |  |  | |
| I am 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 you. Then, for each sentence, choose the answer that seems to describe you 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** | |
| I have scary dreams about a very bad thing that once happened to me. | |  | |  |  | |
| I try not to think about a very bad thing that once happened to me. | |  | |  |  | |
| I get scared when I think back on a very bad thing that once happened to me. | |  | |  |  | |
| I keep thinking about a very bad thing that once happened to me even when I don’t want to think about it. | |  | |  |  | |
| PTSD: 6+ = clinical Score: | | | | | | |