CHILD STRESS DISORDERS CHECKLIST- SHORT FORM (CSDC-SF) (v. 3.0- 8/10)

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Child's Name (or ID Person Completing) #): Questionnaire:	Age:	Sex: Date_	М	F
Relationship to Chil	d:				
serious harm to him	erienced or witnessed an or herself or to someo child at the time of the e	ne else? Please check			
1) Car Accident 2) Other Accident 3) Fire 4) Storm	Age(s) Age(s) Age(s) Age(s)	5) Physical Illness6) Physical Assault7) Sexual Assault8) Any Other Eve	ult t	Age(s) Age(s) Age(s) Age(s)	

Directions: Below is a list of behaviors that describe reactions that children may have following a frightening event. For each item that describes your child **NOW** or **WITHIN THE PAST MONTH**, please circle **2** if the item is **VERY TRUE** or **OFTEN TRUE** of your child. Circle **1** if the item is **SOMEWHAT** or **SOMETIMES TRUE** of your child. If the item is **NOT TRUE** of your child, circle **0**. Please answer all items as well as you can, even if some do not seem to apply to your child. The term "event" refers to the **most** stressful experience that you have described above.

- 0 = Not True (as far as you know)
- 1 = Somewhat or Sometimes True
- 2 = Very True or Often True
- **0 1 2** Child reports more physical complaints when reminded of the event, such as headaches, stomachaches, nausea, difficulty breathing.
- **0 1 2** Child avoids doing things that remind him or her of the event.
- **0 1 2** Child startles easily. For example, he or she jumps when hears sudden or loud noises.
- **0 1 2** Child gets very upset if reminded of the event.