

Traumatic Events Screening Inventory (TESI-C)

Full name: _____ Age: _____

Assessed by: _____ Date: _____

Instructions for clinical interviewers:

The interview is designed for use ONLY by qualified mental health professionals or advanced trainees supervised by a qualified mental health professional. The critical qualifications are:

- Licensure for independent practice in child assessment and psychotherapy
- Supervised experience in assessment or psychotherapy with child survivors of trauma and their families

The protocol should not supersede clinical judgment in making the following judgments to ensure that all relevant data are obtained and that the child is not retraumatized in the process:

- If a child's affective or behavioral state or level of distress warrants either pausing from or discontinuing the protocol or doing a more detailed inquiry than provided in the protocol
- If event(s) that do not qualify as DSM-IV Criterion A traumata still warrant clinical exploration (e.g., exposure to sexualized activities not covered by items #12 and 13; family separation due to divorce)

The interview includes 16 items that survey the domains of potential traumatic experiences. Each item rated YES is followed immediately with probes to determine the child and interviewer's view of the life threat/severe injury/risk of severe injury involved (OBJECTIVE) and three probes eliciting the child's appraisal of the potentially traumatic incident(s) described for that item (APPRAISAL).

For each item:

- Ask the initial question verbatim, and follow with open-ended probe questions to clarify EACH incident
- Ask the additional question(s) verbatim, again following up with open-ended probes for EACH incident
- Elicit sufficient information to make an informed choice among the rating options:
 - **YES** = child describes one or more incidents of the type defined by the question; note that a "YES" does NOT automatically indicate traumatic exposure. Trauma requires determination of life/physical threat (Criterion A1) and subjective fear, helplessness, or horror (Criterion A2) by the specific probe questions that follow.
 - **NO** = child states that s/he has not experienced any incident of the type defined. If no other information indicates such an incident, continue to the next TESI-C item.
 - **NOT SURE** = insufficient information for YES or NO; gather additional data if possible. If no further information indicates such an incident, continue to the next TESI-C item.
 - **REFUSED** = child responded "pass" or otherwise refused to answer the question(s). If no other information indicates such an incident, continue to the next TESI-C item.
 - **QV (QUESTIONABLE VALIDITY)** = child's credibility as historian or circumstances cause reasonable doubt [Provide written explanation in space provided just below the rating boxes]
- Use closed-ended probes to definitively indicate the following key trauma-specific information, for each individual incident:
 - **OBJECTIVE HARM/THREAT** according to child = child's view of whether serious harm did or could have occurred. Mark "YES" for each event endorsed by the child. Mark "YES" if the child's open-ended responses clearly indicate s/he views the event as causing/threatening

death/severe physical harm. Ask the specific probe question only if the child's open-ended answer does not clearly give this information. Mark "NO" if the child does not indicate the event involved or threatened severe harm/death.

- **OBJECTIVE HARM/THREAT** according to Interviewer = based on a careful review of the incident with the child, answer "YES" if you judge the event caused or threatened severe physical harm/death to ANYONE involved, and "NO" if you judge the event did not cause or threaten harm/death to ANYONE involved.
- **SUBJECTIVE APPRAISAL** of extreme fear = Mark "YES" if the child's open-ended answer or response to the specific probe question indicates they felt extreme fear in or immediately following the incident. Mark "NO" if the child specifically says they did not feel extreme fear, in response to the probe.
- **SUBJECTIVE APPRAISAL** of helplessness = Mark "YES" if the child's open-ended answer or response to the specific probe question indicates they felt helpless in or immediately following the incident. Mark "NO" if the child specifically says they did not feel helpless, in response to the probe question.
- **SUBJECTIVE APPRAISAL** of horror = Mark "YES" if the child's open-ended answer or response to the specific probe question indicates s/he felt sick, disgusted, or horrified in or immediately following the incident. Mark "NO" if the child specifically says s/he did not, in response to the probe question.

If information provided in answers to subsequent questions indicates a need for clarification and possible revision of the rating of a prior question, it is appropriate to return and, if necessary, modify the rating of the earlier question. Follow-probes on each question determine whether each identified event qualifies as a traumatic stressor based upon the DSM-V definition of post-traumatic stress disorder:

- A(1) Involves experiencing, witnessing, or being “confronted with” actual or threatened death or serious physical injury, or a threat to the physical integrity of self or others. Both the child's and the interviewer's appraisal must be documented for each event.
- A(2) Be appraised by the individual as causing “intense fear, helplessness, or horror” which may be expressed by children as “disorganized or agitated behavior.” The child's recollection of fear, confusion, or disgust must also be documented.

Say the following, verbatim:

"I'M GOING TO ASK YOU ABOUT SOME THINGS THAT SOMETIMES HAPPEN TO KIDS (TEENAGERS). WE'LL TALK ABOUT A BUNCH OF OTHER THINGS THAT HAVE HAPPENED TO YOU, BUT RIGHT NOW I'D LIKE TO KNOW ABOUT THINGS THAT WERE THE SCARIEST THINGS THAT EVER HAPPENED TO YOU. IF I ASK ABOUT SOMETHING YOU DON'T WANT TO TALK ABOUT, JUST SAY 'PASS' OK?"

1.1 Have you ever been in a really bad accident, like a car accident, a fall, or a fire?

If yes, briefly record the incident(s):

1.

2.

3.

1.1 Have you ever been in a really bad accident, like a car accident, a fall, or a fire?

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

- 1. Yes No
- 2. Yes No
- 3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

- 1. Yes No
- 2. Yes No
- 3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

- 1. Yes No
- 2. Yes No
- 3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

- 1. Yes No
- 2. Yes No
- 3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

- 1. Yes No
- 2. Yes No
- 3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

- Yes
- No
- Not sure
- Refused
- QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 1.2]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

What happened? Was someone you know in the accident? Who? Were any strangers in the accident?

B]. Were you hurt? (What was the hurt?) Did you go to the doctor or hospital? [If Yes, note for Section 1.5 below]. Was someone else hurt in the accident? (Who? What was the hurt? Did they go to the doctor or the hospital?) Did someone die in the accident?

1.1 Have you ever been in a really bad accident, like a car accident, a fall, or a fire?

Item 1.1 notes:

1.2 Have you ever seen a really bad accident that you weren't actually in?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes
No
Not sure
Refused
QV

1.2 Have you ever seen a really bad accident that you weren't actually in?

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 1.3]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

What happened? Was someone you know in the accident? Who? Were any strangers in the accident?

B]. Was someone hurt? Did someone die? (Who? What happened? Did they go to the doctor or the hospital?)

Item 1.2 notes:

1.3 Have you ever been in a really bad storm, like a tornado, a hurricane, or a blizzard? Or in a flood or an earthquake? Or were you ever hit by lightning?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

1.3 Have you ever been in a really bad storm, like a tornado, a hurricane, or a blizzard? Or in a flood or an earthquake? Or were you ever hit by lightning?

CRITERION A2 (a):

Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):

Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):

Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes

No

Not sure

Refused

QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 1.4]

A]. How old were you when this happened? AGE(s) (1) _____ (2) _____ (3) _____

What happened? Was someone you know in the accident? Who? Were any strangers in the accident?

B]. Was someone hurt? Did someone die? (Who? What happened? Did they go to the doctor or the hospital?)

Item 1.3 notes:

1.4 Have you ever known someone who got really hurt or sick, or even died?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes

No

Not sure

Refused

QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 1.5]

A]. Who got really hurt or sick, or died? (clinician circle all applicable persons)

mother/stepmother

father/stepfather

a sibling

a grandparent

another relative

a grown-up you know

somebody your age you know

another person:

1.4 Have you ever known someone who got really hurt or sick, or even died?

B]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

What happened?

Item 1.4 notes:

1.5 Have you ever had to stay overnight at the hospital or have an operation?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:

When you stayed in the hospital were you really badly hurt or did you think you might die?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [ask if not already clear from child's description]:

When you stayed in the hospital did you see or hear people who were badly hurt or died?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1(c) [for interviewer]:

In your clinical judgment, when the child was an inpatient, was their life at risk or could they have died?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1(d) [for interviewer]:

Did they witness others in severe pain, severely injured or ill, or dying?

1. Yes No

2. Yes No

3. Yes No

1.5 Have you ever had to stay overnight at the hospital or have an operation?

CRITERION A2 (a):

Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):

Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):

Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes

No

Not sure

Refused

QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 1.6]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

B]. What happened? How many times? How long were you/they away? Did someone else look after you? Were you still with other people in your family, like your brothers or sisters, or your grandparents, or with kids who are your friends?

Item 1.5 notes:

1.6 Have you ever had to go away from your parents or family for a long time? Like going to live with another family, or a boarding school or camp, or a hospital or detention center? Or did your mother, father, or someone else who looks after you ever go away for a long time?

If yes, briefly record the incident(s):

1.

2.

3.

1.6 Have you ever had to go away from your parents or family for a long time? Like going to live with another family, or a boarding school or camp, or a hospital or detention center? Or did your mother, father, or someone else who looks after you ever go away for a long time?

CRITERION A1 (a) [for interviewer]:

in your clinical judgment, when the child was separated, was this a separation from their primary caregiver(s)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:

Was the child unable to establish a secure relationship with an alternative caregiver?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):

Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):

Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):

Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes

No

Not sure

Refused

QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 2.1]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

B]. What happened? How many times? How long were you/they away? Did someone else look after you? Were you still with other people in your family, like your brothers or sisters, or your grandparents, or with kids who are your friends?

Item 1.6 notes:

2.1 Has someone ever attacked you or tried to hurt you really badly on purpose—like beating, shaking, biting, burning or choking you, or stabbing you with a knife or shooting you with a gun? Or has anyone ever punished you so hard that you were hurt really badly or had to go to the doctor or hospital-like a spanking, whipping, or beating?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes

No

Not sure

Refused

QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 2.2]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

2.1 Has someone ever attacked you or tried to hurt you really badly on purpose—like beating, shaking, biting, burning or choking you, or stabbing you with a knife or shooting you with a gun? Or has anyone ever punished you so hard that you were hurt really badly or had to go to the doctor or hospital-like a spanking, whipping, or beating?

Item 2.1 notes:

2.2 Has someone ever told you they were going to hurt you really badly, or acted like they were going to hurt you really badly?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

2.2 Has someone ever told you they were going to hurt you really badly, or acted like they were going to hurt you really badly?

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

- Yes
- No
- Not sure
- Refused
- QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 2.3]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

[for 2.1 and 2.2] Who tried on purpose to hurt you really badly or threatened to hurt you really badly? (clinician circle all applicable persons):

- mother/stepmother
- father/stepfather, a sibling (indicate age) ____
- a grandparent, another relative
- a grown-up you know, a grown-up you don't know
- a child/teenager you know (indicate age) ____
- a child/teenager you don't know (indicate age) ____
- someone else

B]. *[for 2.1 and 2.2: Interviewer ask for specific actions/weapons listed below ONLY if child indicates that some were or may have been used, but does not give sufficient detail to determine exact actions/weapons]*

What happened? How did they try to hurt you or say they'd hurt you? Did they use something like a weapon?

C]. How often did they try on purpose or threaten to hurt you really badly?

- only once or twice
- several times
- several times a month
- daily

Item 2.2 notes:

2.3 Children 12 or younger: Has someone a lot older ever tried to steal from you? Or from a family member or friend when you were right there?

Teenagers: Has someone ever mugged you or held you up to try to steal from you? Or have you ever been present when a family member or close friend was mugged?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes

No

Not sure

Refused

QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 2.4]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

2.3 Children 12 or younger: Has someone a lot older ever tried to steal from you? Or from a family member or friend when you were right there?

Teenagers: Has someone ever mugged you or held you up to try to steal from you? Or have you ever been present when a family member or close friend was mugged?

Item 2.3 notes:

2.4 Has someone ever kidnapped you or taken you away when they weren't supposed to? Or has someone in your family or a close friend ever been kidnapped?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

2.4 Has someone ever kidnapped you or taken you away when they weren't supposed to? Or has someone in your family or a close friend ever been kidnapped?

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

- Yes
- No
- Not sure
- Refused
- QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 2.5]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

[for 2.3 and 2.4] Who tried on purpose to hurt you really badly or threatened to hurt you really badly? (clinician circle all applicable persons):

- mother/stepmother
- father/stepfather, a sibling (indicate age) ____
- a grandparent, another relative
- a grown-up you know, a grown-up you don't know
- a child/teenager you know (indicate age) ____
- a child/teenager you don't know (indicate age) ____
- someone else

B]. **[for 2.3 and 2.4: Interviewer ask for specific actions/weapons listed below ONLY if child indicates that some were or may have been used, but does not give sufficient detail to determine exact actions/weapons]**

What happened? How did they try to mug you or kidnap you? Did they use something like a weapon?

C]. How often did they try mug or kidnap you?

- only once or twice
- several times
- several times a month
- daily

Item 2.4 notes:

2.5 Have you ever been attacked by a dog or another animal?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes

No

Not sure

Refused

QV

A]. What happened?

2.5 Have you ever been attacked by a dog or another animal?

Item 2.5 notes:

3.1 Have you ever seen people in your family fighting or attacking each other? Or shooting with a gun? Or stabbing with a knife? Or beating each other up?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

3.1 Have you ever seen people in your family fighting or attacking each other? Or shooting with a gun? Or stabbing with a knife? Or beating each other up?

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

- Yes
- No
- Not sure
- Refused
- QV

Item 3.1 notes:

3.2 Even if they weren't physically attacking each other, have you ever heard people in your family really yelling and screaming at each other a lot?

If yes, briefly record the incident(s):

- 1.
- 2.
- 3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

- 1. Yes No
- 2. Yes No
- 3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

- 1. Yes No
- 2. Yes No
- 3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd ever been, like this was one of the scariest things that EVER happened to you?

- 1. Yes No
- 2. Yes No
- 3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

- 1. Yes No
- 2. Yes No
- 3. Yes No

3.2 Even if they weren't physically attacking each other, have you ever heard people in your family really yelling and screaming at each other a lot?

CRITERION A2 (c):

Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes

No

Not sure

Refused

QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 3.3]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

Item 3.2 notes:

3.3 Has someone in your family ever been put in jail or prison? Or have the police or soldiers ever come to your house and said you or your family were in big trouble?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

3.3 Has someone in your family ever been put in jail or prison? Or have the police or soldiers ever come to your house and said you or your family were in big trouble?

CRITERION A2 (a):

Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):

Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):

Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes

No

Not sure

Refused

QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 4.1]

A]. How old were you when this happened? AGE(s) (1) _____ (2) _____ (3) _____

B]. Who did this? Who else was there?

C]. What happened? **[Interviewer: If the child describes being assaulted or threatened personally, GO BACK TO SECTION 2.]**

D]. How did they fight with or yell and scream at each other? Did someone use something like a weapon?

Item 3.3 notes:

4.1 Have you ever seen people outside your home fighting or attacking each other? Or shooting with a gun? Or stabbing with a knife? Or beating each other up?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes

No

Not sure

Refused

QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 4.2]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

4.1 Have you ever seen people outside your home fighting or attacking each other? Or shooting with a gun? Or stabbing with a knife? Or beating each other up?

Item 4.1 notes:

4.2 Even if they weren't physically attacking each other, have you ever heard people outside your home really yelling and screaming at each other a lot?

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

4.2 Even if they weren't physically attacking each other, have you ever heard people outside your home really yelling and screaming at each other a lot?

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

- Yes
- No
- Not sure
- Refused
- QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 4.3]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

Item 4.2 notes:

4.3 Have you seen or heard people attacking each other for real on television or radio? Like a war or a building blowing up? [Note: Ask probes even if child cannot distinguish fictitious from real events].

If yes, briefly record the incident(s):

1.

2.

3.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

4.3 Have you seen or heard people attacking each other for real on television or radio? Like a war or a building blowing up? [Note: Ask probes even if child cannot distinguish fictitious from real events].

<p>CRITERION A2 (a): Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?</p>	1. <input type="radio"/> Yes <input type="radio"/> No
	2. <input type="radio"/> Yes <input type="radio"/> No
	3. <input type="radio"/> Yes <input type="radio"/> No
<p>CRITERION A2 (b): Did you feel confused or mixed up (or helpless)?</p>	1. <input type="radio"/> Yes <input type="radio"/> No
	2. <input type="radio"/> Yes <input type="radio"/> No
	3. <input type="radio"/> Yes <input type="radio"/> No
<p>CRITERION A2 (c): Did you feel sick or disgusted (or horrified)?</p>	1. <input type="radio"/> Yes <input type="radio"/> No
	2. <input type="radio"/> Yes <input type="radio"/> No
	3. <input type="radio"/> Yes <input type="radio"/> No
<p>[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure <input type="radio"/> Refused <input type="radio"/> QV

[interviewer continue only for events that qualify as trauma A1 & A2, otherwise go to item 5]

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

B]. [for items 4.1, 4.2 and 4.3. If the child describes being assaulted or threatened personally, GO BACK TO SECTION 2.] What did you see or hear?

C]. [for items 4.1, 4.2 and 4.3.] How did they fight with or threaten or attack each other? Did someone use something like a weapon?

D]. [for items 4.1, 4.2 and 4.3.] How often did you see or hear this?

- only once or twice several times several times a month daily

Item 4.3 notes:

5. Has someone ever touched your body in a way you didn't want them to or in a way that made you uncomfortable?

Yes No Not sure Refused QV

Comments:

[Interviewer: ask the following additional probes only if child's answer is 'no' or unclear.]

Children under 13:

Has someone ever touched or taken pictures of your body's private parts? Yes No

Has someone ever made you touch their body's private parts? Yes No

Has someone ever made you see people doing things with their private parts? Yes No

Teenagers:

Has someone ever touched your sexual parts or molested you? Yes No

Has someone ever made you touch their sexual body parts? Yes No

Has someone made you do or see something sexual that you didn't want to? Yes No

A]. How old were you when this first happened? AGE _____

When this most recently happened? AGE _____

B]. Who did this to you? *[circle all that apply. if different perpetrators at different times, indicate this clearly]*

- mother/stepmother
- sibling (indicate age at the time) _____
- father/stepfather
- another adult you know: _____
- a grandparent
- another adult you don't know: _____
- another adult relative
- a child/teen outside your family (indicate age at time) _____

C]. What happened? Did this happen to you any times with someone else? ***[describe]:***

1. Age _____

2. Age _____

3. Age _____

[Interview **do not read** the following items to the child. Check which known aspects apply to each incident]:

Perpetrator at least five years older than child	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Force or violence used by perpetrator in sexual contact	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Touched child's genitals	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Oral-genital contact (perpetrator to child)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Oral-genital contact (child to perpetrator)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Digital penetration of vagina/anus	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Intercourse (specify: anal/vaginal _____)	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Pornographic photography, filming, or activity	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Prostitution of child/teenager	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Other (describe):	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

D]. How often has this happened?

1. only once once or twice one or two times a month
 about 1x per week several times a week daily
2. only once once or twice one or two times a month
 about 1x per week several times a week daily
3. only once once or twice one or two times a month
 about 1x per week several times a week daily

Item 5 notes:

6. Have there been some other times when somebody did or said something that made you feel sad or scared or unhappy you've ever felt, or that bothers you a lot now? Or when you were left and you were afraid you would die or no one would ever help.

Yes No Not sure Refused QV

Comments:

6. Have there been some other times when somebody did or said something that made you feel the most sad or scared or unhappy you've ever felt, or that bothers you a lot now? Or when you were left all alone and you were afraid you would die or no one would ever help.

CRITERION A1 (a) [ask if not already clear from child's description]:
When this happened, were you really hurt? Was someone else really hurt or even killed?

1. Yes No

2. Yes No

3. Yes No

CRITERION A1 (b) [for interviewer]:
In your clinical judgement, was each incident life-threatening? Was or could the child or another person have been killed/severely injured?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (a):
Did you feel as scared as you'd even been, like this was one of the scariest things that EVER happened to you?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (b):
Did you feel confused or mixed up (or helpless)?

1. Yes No

2. Yes No

3. Yes No

CRITERION A2 (c):
Did you feel sick or disgusted (or horrified)?

1. Yes No

2. Yes No

3. Yes No

[for interviewer]: In your clinical judgement, did the child's behavior indicate they felt extremely frightened, helpless, or horrified?

Yes

No

Not sure

Refused

QV

A]. How old were you when this happened? AGE(s) (1) ____ (2) ____ (3) ____

B]. Who did this? [circle all that apply. if different perpetrators at different times, indicate this clearly]

mother/stepmother

sibling (indicate age at the time) ____

father/stepfather

another adult you know: _____

a grandparent

another adult you don't know: _____

another adult relative

a child/teen outside your family (indicate age at time) ____

C]. What happened?

Final instructions:

1. Review all items to determine if any missing information should be obtained or additional clarification is needed to classify each item accurately.
2. Check that all items being marked 'yes' fulfill the criterion of the involving a direct or indirect threat, witnessing of, or being confronted with death or serious physical injury -- except for item 5, which requires sexual contact that involves force, threat, coercion, or is developmentally inappropriate.

Clinical summary	
Possible physical abuse indicated?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Possible sexual abuse indicated?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
Is a report to protective services required now?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure
If yes, who will be placing the call?	
If unsure, with whom will you be discussing this for clarification?	
Clinician name:	Date:
	Signature:

Ford, J. D., Racusin, R., Rogers, K., Ellis, C., Schiffman, J., Ribbe, D., & Edwards, J. (2002). *Traumatic Events Screening Inventory for Children (TESI-C) Version 8.4*. National Center for PTSD and Dartmouth Child Psychiatry Research Group.