

SCREENING INSTRUMENT FOR TRAUMATIC STRESS IN EARTHQUAKE SURVIVORS
CHILD VERSION (SITSES-C)
PART I: SURVIVOR INFORMATION FORM

Please put X in the box next to the correct answer.

1. Your name and surname? _____
2. Your age? _____
3. Your gender? Male Female
4. Your grade? _____
5. In which village, town, or city were you living during the earthquake? _____
6. Where do you live now?
 Our usual house 1. A new house 2. Temporary shelter (camp)
 3. Own built shelter (makeshift barrack, tent) 4. Another place (Indicate where _____)
7. Your current address? _____
8. Home telephone number (if any)? _____
9. Did the building where you were staying during the earthquake collapse? 0. No 1. Yes
10. Were you trapped under rubble? 0. No 1. Yes
11. Did any of your close ones die in the earthquake?
 No My mother My father Some of my brothers / sisters
 Some of my relatives Some of my friends Some of our neighbours
12. How much damage did the earthquake cause in your house?
 No damage Minimal damage Moderate damage Severe damage
 Collapsed Demolished after the earthquake Don't know
13. Which of the events below did you experience before the earthquake?
 Earthquake Flood Fire Traffic accident Physical injury
 Physical assault Falling from a high place Burglary
 Other such events (Indicate which _____)
14. How frightened were you during the earthquake?
 Not at all A little Much Very much
15. How much fear have you had lately thinking about new earthquakes?
 Not at all A little Much Very much

PART II - TRAUMATIC STRESS SYMPTOM CHECKLIST

Below are some questions about the problems some people have after earthquakes. Please answer these questions by putting X under the appropriate column.

	No	A little	Fairly	Very much
1. Do you keep thinking about what happened during the earthquake even when you do not want to?				
2. Do you suddenly feel like the same events are happening all over again and feel scared?				
3. Do you try to keep away from situations that remind you of the earthquake?				
4. Do you have frightening dreams?				
5. Have you lost interest in doing things you used to like?				
6. Do you have difficulty sleeping?				
7. Do you feel like other people do not understand what you have been through during the earthquake?				
8. Do you have difficulty remembering any events that happened during the earthquake?				
9. Do you find yourself unable to feel emotions like joy or sadness as you used to?				
10. Do you feel you will not live as long as you used to think?				
11. Do you get startled by sudden noises or movements?				
12. Do you feel on edge thinking there might be an earthquake anytime?				
13. Do you feel bad when something reminds you of the earthquake?				
14. Do you find yourself trying not to think about the earthquake?				
15. Do you have difficulty remembering things or concentrating on something?				
16. Do you have racing of the heart, sweating, trembling, dizziness, headaches, or stomach aches when something reminds you of the earthquake?				
17. Are you more snappy than usual?				
18. Are you afraid of doing certain things for fear of earthquakes (like going into safe buildings, taking a shower, staying at home alone, or sleeping in the dark)?				
19. Have you been feeling sad and tearful lately?				
20. Do you find yourself feeling guilty about something at times?				
21. Do you ever find yourself wishing you were dead?				
22. Do you have less appetite than usual?				
23. Do you get more easily tired than usual?				
24. Do you feel restless or fidgety?				

PART III – FUNCTIONAL IMPAIRMENT SCALE

Please place “X” next to the appropriate answer.

1. How bothered are you by the problems listed above?

- Not bothered at all
- Slightly
- Fairly
- Very much bothered

2. How much do these problems interfere with your daily activities, such as going to school, attending classes, doing homework, helping with housework, playing, or meeting your friends?

- I can do everything as usual.
- I cannot do some of the things I used to do.
- I cannot do most of the things I used to do.
- I cannot do any of the things I used to do.