



Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### SCARED BRIEF ASSESSMENT

#### Posttraumatic 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 Often True" for you. Then, for each sentence, choose the answer that seems to describe you for the last 3 months.

Symptom	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.			

*Muris, P, Merckelbach, H., & Korver, P., & Meesters, C. (2000)*

PTSD: 6+ = clinical

Score \_\_\_\_\_