

STUDENT FORM

Name _____ Date _____

Mark how true each statement feels for you **in the past week**.
Don't skip any, even if you're not sure. There is no right or wrong answer.
Answer by circling **0 for none**, **1 for some**, and **2 for lots**.

None Some Lots

- | | | | |
|---|---|---|---|
| 0 | 1 | 2 | I daydream. |
| 0 | 1 | 2 | I "space out" when people are talking to me. |
| 0 | 1 | 2 | I find it hard to concentrate. |
| 0 | 1 | 2 | I think about bad things that have happened. |
| 0 | 1 | 2 | I try to forget about bad things that have happened. |
| 0 | 1 | 2 | I avoid reminders of bad things that have happened. |
| 0 | 1 | 2 | I worry that bad things will happen. |
| 0 | 1 | 2 | I do special things to make sure nothing bad happens. |
| 0 | 1 | 2 | I do some things that I'm probably too old for. |
| 0 | 1 | 2 | Things make me upset or mad. |
| 0 | 1 | 2 | It is hard for me to go to sleep at night. |
| 0 | 1 | 2 | I have bad dreams or nightmares. |
| 0 | 1 | 2 | I get headaches. |
| 0 | 1 | 2 | I get stomach aches. |
| 0 | 1 | 2 | I feel sick or have pains. |
| 0 | 1 | 2 | I feel tired or low energy. |
| 0 | 1 | 2 | I feel all alone. |
| 0 | 1 | 2 | I feel strange or different than other kids. |
| 0 | 1 | 2 | I feel like there's something wrong with me. |
| 0 | 1 | 2 | I feel like it's my fault when bad things happen. |
| 0 | 1 | 2 | I'm a jinx, or bad-luck charm. |
| 0 | 1 | 2 | I feel sad or depressed. |
| 0 | 1 | 2 | I don't feel like doing much. |
| 0 | 1 | 2 | My future looks bad. |
| 0 | 1 | 2 | I'm on the lookout for bad things that might happen. |
| 0 | 1 | 2 | I am nervous or jumpy. |