

**TESI**

From time to time many kids experience stressful events. I am going to ask you about a list of stressful things that can happen to people. When I name the stressful event, if it has happened TO YOU, please say 'yes'. If it hasn't happened TO YOU you would just say 'no'. If you have any questions, let me know and I would be happy to talk to you about them.

SAMPLE:

a. <b>Have you ever had a doctor's visit?</b> ( <i>Mark child's answer in the next column.</i> )	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
1. Have you ever <b><i>been in</i></b> a bad accident where someone could have been or actually was hurt really badly or died? (like a car accident or a bicycle accident, or a bad fall, or a fire, or a time where someone was burned, or someone drowned or almost drowned, or got hurt really bad while playing sports?)	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
2. Have you ever <b><i>seen</i></b> a serious accident <b><i>in real life</i></b> (not on tv) where someone could have been or actually was hurt badly or died? (like a car or bicycle accident, a fall, a fire, an incident where someone was burned, an actual or near drowning, or getting hurt really bad while playing sports?)	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
3. Have you ever <b><i>been in</i></b> a pretty bad disaster like a tornado, hurricane, fire, or earthquake?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
4. Has someone close to you ever been very very sick or injured or hurt really badly?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
5. Has someone close to you ever died?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
6. Have <b><i>you</i></b> ever had to have a very serious medical test or surgery or been so sick that they thought you might die? What about <b><i>you</i></b> having to go in an ambulance or go to the emergency room or having to stay overnight at the hospital?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
7. Have <b><i>you</i></b> ever been separated from someone who you depend on for love or security (like your parents) for more than a few days OR when it was very stressful? Like if <b><i>you</i></b> had to be taken away from your parents for some reason, or if <b><i>your</i></b> parent was deported or had to leave to move to another state or country without you or they had to be in the hospital?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>

8. Has someone ever physically hurt <b>you</b> , like hit, pushed, choked, or shaken you? (if between siblings, follow up with severity: “did it leave a mark or a bruise or did you have to go to the doctor because of it)?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
9. Have <b>you</b> ever been attacked with a gun, knife, or other weapon by anyone?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
10. Has someone ever directly threatened that they would physically hurt you or beat you up?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
11. Has someone ever threatened to steal from you or robbed you? Or have you ever seen that happen to a family member, or friend, or anyone else <b>in real life</b> ?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
12. Has anyone ever kidnapped you (including a parent or relative)? Or has anyone ever kidnapped someone close to you?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
13. Have you ever been attacked by a dog or other animal?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
14. Have you ever seen or heard <b>other people</b> physically fighting, hitting, slapping, kicking, or pushing each other?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
15. Or fighting with a gun or a knife or using any other kind of dangerous weapon <b>in real life</b> (not on tv)?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
16. Have you ever seen or heard people threaten to seriously hurt or harm each other <b>in real life</b> ?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
17. Have you ever known or seen that a <b>family member or someone close to you</b> was arrested, had to go to jail or prison, or was deported back to another country or taken away by police, soldiers, or other authorities?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
18. Have you ever seen or heard violence <b>in real life</b> ( not on tv) such as people getting beaten up, shootings, or robberies that happened at your school, in your neighborhood, or the neighborhood of someone important to you?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
19. Have <b>you</b> ever gone through times when you didn’t have a place to live, didn’t have enough to eat or drink, didn’t have a place to stay, or had to be left alone when you were too young to care for yourself?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
20. Have you ever been with a parent or caregiver (someone who was taking care of you) who was abusing drugs or drinking too much?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>
21. Have there been other stressful things that have happened to you?	<b>Yes</b>	<b>No</b>	<b>Unsure</b>